STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255228	A. BUILDING _____ B. WING _____	11/16/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DELTA REHABILITATION AND HEALTHCARE CENTER	200 DR MARTIN LUTHER KING JR DRIVE CLEVELAND, MS 38732

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS The State Agency (SA) conducted an annual re-certification survey at the facility from 11/13/23 through 11/16/23. During the survey, the SA determined that the facility was not in compliance with the requirements for participation in Medicare and Medicaid and cited F755 for failure to safely administer medication. The census at the time of the survey was 69 and the facility is licensed for 75 beds	F 000		
F 755 SS=D	Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3) §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who- §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility. §483.45(b)(2) Establishes a system of records of	F 755		12/8/23

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 12/05/2023

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 755	Continued From page 1 receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and §483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, record review, and facility policy review the facility failed to safely administer a resident's medication when staff failed to check the five rights of medication administration and sign the medication as administered for two (2) of five (5) residents observed during medication administration observations. (Resident #2 and #54). Findings include: A review of the facility policy titled, "Administering Medications" revised April 2019 revealed, "Policy heading: Medications are administered in a safe and timely and as prescribed... Policy Interpretation and implementation: ...10. The individual administering the medications checks the label three (3) times to verify the right resident, right medication, right dosage, right time and right method (route) of administration before giving the medication... 22. The individual administering the medication initials the resident's MAR (medication administration record) on the appropriate line after giving each medication and before administering the next ones..." An observation of the Respiratory Therapist (RT) on 11/15/23 at 8:00 AM, revealed the RT removed 2 vials of nebulizer medications from the medication cart and a box that read Trelegy	F 755	Preparation and submission of the plan of correction by Delta Rehabilitation and Healthcare, does not constitute an admission or agreement to the facts alleged or the correctness of the conclusions set forth on the statement of deficiencies. The plan of correction is prepared and submitted solely pursuant to the requirements under state and federal laws. 1.) On 11/15/23, Respiratory Therapist (RT) #1 was in-serviced by the Director of Nurses (DON) on checking the five rights of medication prior to administering medications and signing off on medication given as soon as medication were administered. On 11/15 & 11/16 the DON assessed residents #2 and #54 for signs/symptoms of respiratory concerns, no negative issues were identified. On 11/15/23, staff Development Coordinator (SDC) observed RT #1 perform medication pass/breathing treatments; no issues were identified. 2.) Eight (8) of eight (8) residents that receive nebulizer treatments have the	

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F 755	Continued From page 2 Ellipta. The RT revealed she was going to give the nebulizers to Resident #54 and then would go and administer Resident #2 her Trelegy Ellipta Inhaler. There was no observation of the RT checking the five rights of medication for any of the three medications removed from the medication cart. An observation on 11/15/23 at 8:23 AM, revealed the RT administered Budesonide and Albuterol solution via nebulizer to Resident #54 with no observation of the RT verifying the five rights of medication. The RT left the room with no observation of the RT signing the medication for Resident #54's medications as administered. An observation on 11/15/23 at 8:50 AM, revealed the RT administer the Trelegy Ellipta Inhaler, one puff, to Resident #2 with no observation of the RT verifying the five rights of medication administration. The RT then exited the room and verbalized she was finished with the medications with no observation of Resident #2's medications being signed off as administered. An interview with the RT on 11/15/23 8:55 AM, she confirmed she did not check the five rights of medication prior to administering the medications for Resident #54 or Resident #2. She revealed she had looked the information up in the computer earlier in the morning. The RT confirmed she was aware and trained to check the five rights of medication administration prior to giving the medications and to sign the medication as administered prior to going to another resident but confirmed she normally gives all the respiratory medications and signs them all off later. The RT then revealed possible concerns from not checking the five rights of	F 755	potential to be affected. 3.) One (1) of one (1) RT and Nine (9) of Nine (9) Licensed Practical Nurses were educated on 11/15/23 by the SDC on checking the five (5) rights and documenting medication administration when given. The week of 11/20/23, the DON and/or SDC conducted medication administration observations with RT and all nurses, and five rights were checked and properly documented medication on residents. 4.) Beginning the week of 11/20/23, the DON and/or RN (Registered Nurse) Supervisor will conduct three (3) medication observations weekly to ensure five (5) rights are checked and proper documentation of medication for four (4) weeks. Four (4) monthly observations will be performed for two (2) months and three (3) observations performed quarterly thereafter. A report will be submitted to the Quality Assurance Performance Committee for three (3) months by the Director of Nursing (DON) for review and further recommendations. On 12/4/23 the Quality Assurance Performance Improvement Committee will review observations and make further recommendations if needed. The Director of Nursing is responsible for ongoing monitoring and overall compliance.	

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F 755	Continued From page 3	F 755		

medication using the medication record and the medication label prior to giving the medication is that the medication order could have changed, and she could have given the wrong medication or dosage.

During an interview with the Director of Nursing (DON) on 11/15/23 at 10:30 AM, she revealed that the five rights of medication should always be checked prior to administration and signed off as administered prior to going to another resident and revealed that a possible concern from not checking the five rights is the wrong medication or dose may have been given.

A record review of the Order Summary Report printed 11/15/23 for Resident #54 revealed orders with a start date of 10/25/23, "Budesonide Inhalation Suspension 0.5 MG/2 ML (milligram/milliliter) (Budesonide (Inhalation))1(one) inhalation inhale orally two times a day for Cough and Congestion related to PERSONAL HISTORY OF OTHER DISEASES OF THE RESPIRATORY SYSTEM... Albuterol Sulfate Inhalation Nebulization Solution (Albuterol Sulfate) 2.5 mg inhale orally via nebulizer three times a day for Cough and Congestion related to PERSONAL HISTORY OF OTHER DISEASES OF THE RESPIRATORY SYSTEM ..."

Record review of the Admission Record revealed that the facility admitted Resident #54 on 7/28/23 with diagnoses including Pulmonary Hypertension due to lung diseases and Hypoxia.

A record review of the Order Summary Report printed 11/15/2023 for Resident #2's revealed, "Trelegy Ellipta Inhalation Aerosol Powder Breath Activated 100-62.5-25 MCG/ACT

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F 755	Continued From page 4 (microgram/Actuation) (Fluticasone-Umeclidinium-Vilanterol) 1 (one) inhalation inhale orally one time a day related to CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED..." Record review of the Admission Record revealed that the facility admitted Resident #2 on 7/30/21 with diagnoses including Chronic Obstructive Pulmonary Disease.	F 755		