

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  255218	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/22/2024
NAME OF PROVIDER OR SUPPLIER  Tishomingo Manor		STREET ADDRESS, CITY, STATE, ZIP CODE  230 Khaki Street Iuka, MS 38852	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>30908</p> <p>Based on observation, staff interview, record review, and facility policy review, the facility failed to maintain a medication administration error rate by less than 5% for four (4) of 25 medication administration opportunities. The medication error rate was 16%.</p> <p>Findings Include:</p> <p>Record review of the facility titled, Administration of Medications, dated 01/24, revealed, PURPOSE: To administer medications in accordance with best practice .ORAL MEDICATION ADMINISTRATION PROCEDURE . 7. If resident requires crushed medications Do not crush time release or enteric coated medications. Consult pharmacist for direction with questions .</p> <p>During a medication administration observation on 5/21/24 at 8:15 AM, with Licensed Practical Nurse (LPN) #1 on the C-Hall revealed the following: LPN #1 gathered medications for Resident #81 that included Coreg 12.5 mg (milligrams) (1) tablet, Potassium 20 meq (milliequivalents) CL (Chloride) ER (Extended Release) (1) tablet, Loratadine 10 mg (1) tablet and Citracel plus Vitamin D Maximum 250 units (1) tablet and placed the medications all in a bag and crushed together and mixed with a spoonful of yogurt to administer to the resident.</p> <p>Interview on 05/21/24 at 8:17 AM, with LPN #1 stated, It doesn't say that it is okay to crush them. I've just always done it because her cognitive ability is declined a lot and she will just hold them in her mouth if I don't.</p> <p>Interview on 05/21/24 at 9:00 AM, with the Pharmacy Consultant confirmed potassium extended release should not be crushed. He confirmed that he had recently completed an in-service with the nurses related to not crushing extended release potassium. The Pharmacy Consultant stated They have not told me that they were having to crush her medications or I could have reviewed her medications and notified the physician.</p> <p>Interview on 05/21/24 at 9:15 AM, with LPN #1 stated I do remember being in-serviced that we shouldn't crush potassium if it is extended release but I was thinking it was okay to crush it if it wasn't enteric coated. LPN #1 confirmed that these medications had not been approved to crush and administer all together like she had given them to the resident.</p>

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.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  255218	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/22/2024
NAME OF PROVIDER OR SUPPLIER  Tishomingo Manor		STREET ADDRESS, CITY, STATE, ZIP CODE  230 Khaki Street Iuka, MS 38852	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0851</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data.</p> <p>46013</p> <p>Based on staff interview and record review the facility failed to submit accurate data into the Payroll-Based Journal (PBJ) system for one (1) of four (4) quarters reviewed. First quarter 2024.</p> <p>Findings include:</p> <p>Record review of PBJ Staffing Data Report CASPER Report 1705D FY (Fiscal Year) Quarter 1 2024 (October 1-December 31), revealed Excessively Low Weekend Staffing-Triggered. Triggered=Submitted Weekend Staffing data is excessively low.</p> <p>During an interview on 5/21/24 at 9:53 AM, the Administrator (ADM) revealed the PBJ data is based on the hours entered in the time clock and goes directly to the corporate office. She revealed the agency staff that we utilize is manually entered into the system along with nursing administrative staff who occasionally work on the weekends doing patient care. The Administrator confirmed the hours worked by the nursing administrative staff were not captured correctly on the PBJ and were done so in error. She revealed the shifts for the first quarter of 2024 were covered, however, the data was entered incorrectly and did not capture the direct care on the PBJ.</p> <p>During an interview on 5/22/24 at 9:11 AM, the Administrative Assistant confirmed she was responsible for manually inputting the hours worked for the agency staff but had been unaware that the hours the nursing administrative staff worked on weekends doing direct patient care were also to be manually keyed in.</p>		