STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255227	A. Building B. Wing	05/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Columbia Rehabilitation and Healthcare Center	1506 North Main Street Columbia, MS 39429

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)
F 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube. 41680 Based on observation, interview, record review and policy review, the facility failed to ensure placement was checked for a Percutaneous Endoscopic Gastrostomy (PEG) tube prior to administration of medications for one (1) of two (2) residents observed with PEG tubes. Resident #6. Findings include: Review of the facility's policy titles, Enteral Feedings Safety Precautions, reviewed January 2023, revealed, Purpose: To ensure the safe administration of enteral nutrition . General Guidelines . Prevention aspiration 1. Check enteral tube placement every 4 hours and prior to feeding or administration of medication . On 5/8/24 at 8:06 AM, in an observation of Resident #6 receiving medications per PEG tube, Licensed Practice Nurse (LPN) #1 did not confirm placement prior to administering Ferrous Sulfate solution 220 milligrams (mg), Clonidine HCL 0.1 mg, Levothyroxine Sodium 175 micrograms (mcg) and Amlodipine Besylate 10 mg. On 5/8/24 at 8:18 AM, in an interview with LPN #1, she confirmed she forgot to check PEG tube placement prior to administering medications through Resident #6's tube. She stated that by not checking placement, the resident's medication can go into the wrong area and cause the resident to become sick. On 5/9/24 at 12:40 PM, during an interview with the Director of Nurses (DON), she confirmed LPN #1 should have checked placement of the PEG tube prior to administering medications. She revealed that by not checking placement, Resident #6 could develop serious complications related to displacement of the tube. A record review of the Admission Record for Resident #6 revealed the facility admitted the resident on 8/9/22, with diagnoses that included Esophageal obstruction, Personal History of Malignant Neoplasm of Larynx, and Dysphagia, Oropharyngeal Phase. Review of the Quarterly Minimum Data Set (MDS) for Resident #6, with Assessment Reference Date (ARD) 4/2/24, revealed a Brief Interview for Mental Status (BIMS) score of 15, which indicated the resident was cognitively intact.

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