

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  25A414	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/11/2024
NAME OF PROVIDER OR SUPPLIER  Methodist Specialty Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1 Layfair Drive Suite 500 Flowood, MS 39232	

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47874</b></p> <p>Based on observation, resident and staff interviews, and facility policy review, the facility failed to secure smoking materials in a safe manner for one (1) of two (2) smokers in the facility. Resident #15</p> <p>Findings Include:</p> <p>Review of facility policy titled Smoking Program with a revision date of 3/10/2023 revealed under, Procedure . Residents should have smoking materials labeled and locked in the medication room. Residents should not have smoking, vaping, lighters or other smoking devices or material in their possession or in their room .</p> <p>An observation and interview on 4/10/2024 at 9:15 AM, with Resident #15 revealed he was sitting in a motorized wheelchair in his room. A small green box that was labeled (proper name of cigarette brand) was lying on his lap. The contents of the box contained 10 cigarettes and the resident acknowledged that he had a cigarette lighter in his possession as well.</p> <p>An observation and interview on 4/10/2024 at 9:20 AM, with Registered Nurse (RN) #1, confirmed Resident #15 had a pack of cigarettes and a lighter in his possession, which was a fire hazard for the facility. She revealed smoking materials were to be kept locked at the nurse's desk and never in the possession of the resident.</p> <p>An interview with the Director of Nursing (DON) on 4/10/2024 at 4:50 PM, confirmed smoking materials were to be stored in the medication room due to potential accident hazards.</p> <p>Record review of Resident #15's Safe Smoking assessment dated [DATE] revealed . Resident Observation . Does resident attempt to keep smoking paraphernalia on self or in room? No was answered.</p> <p>Record review of Resident #15's Face Sheet revealed the facility admitted the resident on 11/06/2008 with medical diagnoses that included Quadriplegia and Tobacco use.</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
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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47874</b></p> <p>Based on staff interviews, record review, and facility policy review, the facility failed to ensure an as-needed (PRN) psychotropic medication had a stop date for two (2) of five (5) residents reviewed for unnecessary medications. Resident #27 and Resident #33</p> <p>Findings Include:</p> <p>Review of the facility policy titled Medication Management dated 1/2024 revealed, Based on a comprehensive assessment of a resident, the facility must ensure: . PRN (as needed) orders for psychotropic drugs are limited to 14 days. Exceptions: If the attending physician or prescribing practitioner believes that it is appropriate for the PRN (as needed) order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN (as needed) order.</p> <p>Resident #27</p> <p>Record review of the April 2024 Physician Orders for Resident #27 revealed an order dated, 10/25/23, Xanax (antianxiety) 0.5 - 1.0 MG (milligram) tablet: Administer 0.5 - 1.0 milligram(s) by mouth PRN Q (every) 8 HRS (hours) PRN (as needed) for anxiety with no stop date.</p> <p>Record review of Resident #27's Face Sheet revealed the facility admitted the resident on 11/03/2017 with medical diagnoses that included Quadriplegia, Post-traumatic stress disorder, Generalized anxiety disorder, and Major depressive disorder.</p> <p>Resident #33</p> <p>Record review of the April 2024 Physician Orders revealed an order dated 8/3/23 for Clonazepam 0.5 mg (milligram) tablet Administer 0.5 milligram(s) by mouth as necessary daily PRN. There was not a stop date for this medication.</p> <p>Record review of Face Sheet revealed Resident #33 was admitted to the facility on [DATE] with diagnoses of Quadriplegia, Major depressive disorder, and Generalized anxiety disorder.</p> <p>An interview on 4/10/24 at 4:25 PM, with the facility's Pharmacy Consultant revealed he was aware of the regulations requiring a stop date for PRN psychotropic medications. He stated these residents were a special population that had been on those medications for a long period of time. He confirmed Resident #27's PRN order for Xanax did not have a stop date and confirmed Resident #33 had an active order for PRN Clonazepam, which was a psychotropic medication, that did not have a stop date as required. He also revealed he had not notified the physician that PRN psychotropic medications required a stop date.</p> <p>During an interview on 4/10/24 at 4:30 PM, the DON revealed she was unaware of the requirement for PRN psychotropic medications to have a stop date.</p> <p>(continued on next page)</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>41878</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41878</b></p> <p>Based on observation, staff interviews, record review, and facility policy review, the facility failed to prevent the possible spread of infection as evidenced by lack of a biohazard container in one (1) of three (3) residents on transmission-based precautions on initial entrance to the facility. Resident #25</p> <p>Findings include:</p> <p>Record review of facility policy titled, Tracheostomy Care revised 4/11/24, revealed, Procedure: Remove and throw away inner cannula . i. If resident is on MDRO (multi-drug resistant organism) isolation, dispose of in biohazard bag.</p> <p>Record review of facility policy titled, Isolation - Categories of Transmission-Based Precautions, dated 4/1/24, revealed, .Policy Interpretation and Implementation: 1. Transmission-Based Precautions will be used whenever measures more stringent than Standard Precautions are needed to prevent or control the spread of infection.</p> <p>An observation and interview on 04/09/24 at 10:40 AM, revealed signage on Resident #25's door for droplet isolation. An interview with the Respiratory Therapy (RT) Supervisor revealed the resident had bacteria in his sputum that required droplet isolation and gowns, gloves, masks, and goggles were needed when entering room.</p> <p>Record review of lab results of the sputum culture dated 3/15/24, revealed result of Carbapenem-resistant pseudomonas aeruginosa Heavy growth.</p> <p>Record review of the April 2024 Physician Orders revealed an order dated 2/17/24 for Droplet isolation due to carbapenem-resistant pseudomonas aeruginosa in sputum.</p> <p>An observation and interview on 4/10/24 at 10:45 AM, with Licensed Practical Nurse (LPN) #1 revealed there was not a biohazard container for trash in the resident's room and the personal protective equipment (PPE) was being discarded in a regular trash can with a white plastic liner. LPN #1 revealed this resident was in droplet isolation and the infection control staff determined what to use for disposal of items in the isolation rooms and she was unsure why a red biohazard container was not used.</p> <p>An interview with the Infection Preventionist on 4/10/24 at 10:55 AM, revealed only residents in isolation for clostridium difficile colitis (C-diff) used a red biohazard trash system. She revealed Resident #25 tested positive for carbapenem-resistant pseudomonas aeruginosa in his sputum and for that bacteria, the staff contained the trash in a regular trash bag and it was disposed of with the regular trash.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 4/10/24 at 3:30 PM, the Director of Nursing revealed she thought items from a resident positive for carbapenem-resistant pseudomonas aeruginosa could be disposed of in the regular trash if there was not a large amount of bodily fluid on the items. She confirmed that the inner trachea cannula of Resident #25 contained sputum fluid from the trachea and had the potential to spread infection. She stated the regular trash bag had no identifying information that would alert others of the infectious waste. She confirmed that by not disposing of infectious material properly, the potential for the spread of infection could increase.</p> <p>Record review of Face Sheet revealed the resident was admitted to the facility on [DATE] with the diagnoses of Hemiplegia, dependence on respirator ventilator status, and Tracheostomy status.</p>