MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	48AM	A. BUILDING: _____ B. WING _____	10/19/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF AMORY	1215 EARL FRYE DRIVE AMORY, MS 38821

(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) COMPLETE DATE
M 000	Initial Comments The State Agency (SA) conducted an annual recertification survey at the facility from 10/16/23 through 10/19/23. During the survey, the SA determined the facility was not in compliance with the Minimum Standards of Operations for Alzheimer's Disease/Dementia Care Unit and a deficiency was cited at M0040 for staffing.	M 000		
M 040	50.2.1 Staffing Staffing. In addition to the staffing requirements as set forth for licensed facilities, the following staffing requirements shall apply to A/D Units: 1. Minimum requirements for nursing staff shall be based on the ratio of three (3.0) hours of nursing care per resident per twenty-four (24) hours Licensed nursing staff and nursing aides can be included in the ratio. Staffing requirements are based upon resident census. 2. A Registered Nurse or Licensed Practical Nurse shall be present on all shifts. 3. If the designated A/D Unit is not freestanding, licensed nursing staff may be shared with the rest of the facility for the purpose of meeting the minimum staffing requirements. 4. Only staff trained as specified in Rule 50.2.2 and Rule 50.2.3 below shall be assigned to the A/D Unit. 5. A minimum of two (2) staff members shall be on the A/D Unit at all times. This Statute is not met as evidenced by: Level II Based on observation, staff interviews, record review and facility policy review the facility failed to ensure the Alzheimer's Unit was sufficiently staffed to meet the required needs of the	M 040	1. Each resident in the memory care unit was assessed on 10/25/2023 by the Memory Care Director without any additional negative outcome observed. Resident #21 was shaved and mouthcare	11/18/23

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M 040	Continued From page 1 residents for a 14 day look back period, for 14 of 14 days reviewed. Findings include: Record review of the facility policy on letterhead dated 10/19/23 revealed facility (Proper name) is licensed as an Alzheimer's unit however we do not operate an Alzheimer's unit. We market the unit as a Memory Care Unit. The residents are admitted as Long Term Care (LTC) residents and staffing is based on needs and acuity. We do not have a ratio of staff per resident because we staff according to resident needs. Additionally, our center assessment identifies that we care for residents with memory care needs. Admission criteria for our memory care unit require a diagnosis of dementia. A record review of the Staffing Grid revealed between the dates of 10/2/23 and 10/16/23 the facility failed to maintain minimal staffing of 3.0 for the Alzheimer's Unit with a census of 27 residents. An interview on 10/19/23 at 11:20 AM the Workforce manager revealed she is responsible for doing the staff scheduling and was unaware that the Alzheimer's unit was supposed to be minimally staffed at 3.0 Per Patient Day (PPD). She confirmed through verification of the facility staffing grid that from the dates of 10/2/23 through 10/16/23 they did not run the minimum for facility staffing. She confirmed on 3 days they ran a 2.66 PPD and the remaining days at a 2.96 PPD. She confirmed that the "Memory Care Coordinator" is counted in the staffing each day and revealed that she is not also in the unit to assist with the residents.	M 040	was provided by the Memory Care Unit Director on 10/17/23. The center formally submitted a request to the Mississippi Department of Health on 11/3/2023 to surrender of the current Alzheimer's license. The Mississippi State Department of Health approved the request on 11/3/2023 and re-issued the license. Going forward, the center will provide staffing to meet the needs of each resident based on the acuity of the residents. 2. All residents in the unit have the potential to be affected by this deficient practice. 3. The Administrator was provided training on the staffing requirements by the Senior Director of Clinical Operations on 11/2/23. Approval for the surrender of the Alzheimer's license was provided by the Senior Vice President of Diversicare Services on 11/2/23. The center will assure staffing is maintained in the center to meet the needs of residents based on acuity. At a minimum, the center will maintain a 2.80 staffing ratio of nursing staff per resident per 24 hour period. 4. The Administrator will review staffing every morning with the Director of Nursing and the Work Force Manager to assure that the center has at a minimum 2.80 hours of nursing services per available per resident per 24 hour period beginning on 10/23/2023. The review will consist of identifying any call ins or shift coverage needs. Any variance to maintaining a minimum of 2.80 hours will be addressed immediately and corrected. Staffing provisions will be addressed in Quality	

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M 040	Continued From page 2 An interview on 10/19/23 at 11:30 AM the Human Resource Coordinator revealed she had no idea that staffing needed to be at 3.0 PPD for the Alzheimer Unit. She confirmed that they were not running 3.0 PPD and that she felt like the nurse and aides worked together on that unit to get the job done. She revealed this is just how it has always been done. An interview on 10/19/23 at 12:00 PM with the Administrator (ADM) confirmed the minimum regulations stated that they are supposed to have a 3.0 staffing ratio and confirmed that they had not been doing that. She revealed we have always just added the Alzheimer's unit along with the rest of the facility for the staffing grid but confirmed after she read the regulations that they were not supposed to be doing that. She also confirmed that they do not have a designated activity person in the unit to solely provide scheduled activities daily and she was not aware that the Alzheimer's unit was a certified unit. The CNAs share the activity responsibility. An interview on 10/19/23 at 12:10 PM the Alzheimer's Care Coordinator Certified Nursing Assistant (CNA) #4 revealed she oversees the Alzheimer's unit, but she doesn't work in the unit unless someone calls in. She confirmed that the CNA's were responsible for doing the activities, performing activities of daily living (ADL's), doing all the showers, toileting needs, prepping each meal in the kitchen, and feeding and assisting with meals. She revealed that they could use more aides on the 3PM-11PM shift as this is the time when the residents experience sundowners and it is hard to meet all the residents needs on that shift. CNA #4 confirmed that she was not aware that she was counted in the staffing needs of the facility each day to make the count of four	M 040	Assurance Performance Improvement Committee for a minimum of three months or longer to assure the continued compliance with the regulatory requirements beginning with the November Quality Assurance and Performance Improvement Meeting on November 17,2023.	

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M 040	Continued From page 3 CNAs on the staffing list provided to the State Agency. An interview on 10/19/23 at 12:15 PM, the Director of Nurses (DON) revealed that they have scheduled one nurse and two CNAs on the 3:00 PM to 11:00 PM shift and one nurse and one CNA on the 11:00 PM to 7:00 AM shift as far back as she could remember. She revealed that she was not aware of the minimal staffing ratio requirement for the Alzheimer's Unit and that they had always figured up their staffing numbers for the whole building and were not separating the Alzheimer's unit from the rest of the buildings needs for staffing. An interview on 10/19/23 at 12:20 PM CNA #7 confirmed that whatever nurse aide is assigned to the Alzheimer's Unit, then they must do their own activities with the residents along with providing ADLs for that shift. CNA #7 stated that she is the van driver and came into the unit because she had a few minutes before her next transport. During an observation on the Alzheimer's Unit on 10/16/23 at 11:01 AM, Resident # 21 was sitting in a chair and noted a buildup of a thick white substance on her lower teeth. Observed gray facial hair to her entire chin area measuring approximately one-fourth (1/4) inch in length and a thin layer of gray hair over the top lip measuring three-eight (3/8) inch. An observation and interview on 10/17/23 at 1:00 PM, with Certified Nurse Aide (CNA) #3 revealed she was assigned to Resident # 21 today. She confirmed that the resident's teeth needed brushing, and she was the person responsible for providing oral hygiene. She revealed that oral hygiene had not been done today, and it should	M 040		

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M 040	Continued From page 4	M 040		

be done after meals. She stated that the resident should have gotten the facial hair shaved on her bath day, which was yesterday, and confirmed that the aides were responsible for shaving facial hair and this care was included as part of bathing.

An observation and interview with Licensed Practical Nurse (LPN) # 2 on 10/17/23 at 1:06 PM, confirmed that Resident # 21 had a white substance on her lower teeth. She stated, "It looks like gingivitis." She revealed that the aides should be brushing her teeth three times a day after meals. Not only that, but she confirmed that poor oral hygiene could cause infection, decay or could cause the resident to lose teeth. She confirmed that the resident should have facial hair shaved as part of bathing routine or whenever needed.

Record review of the "Admission Record" for Resident # 21 revealed an admission date of 10/07/19 and medical diagnoses that included Unspecified Dementia, Hypothyroidism, Type 2 Diabetes Mellitus with Hyperglycemia and Mild Intellectual Disabilities.

Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 9/11/23 revealed, under section C, a Brief Interview for Mental Status (BIMS) score of 10, which indicated Resident # 21 is moderately cognitively impaired. Also revealed under section G, the resident required one (1) person physical assist with personal hygiene.