STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	12AC	A. BUILDING: _____ B. WING _____	C 11/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF QUITMAN	191 HIGHWAY 511 EAST QUITMAN, MS 39355

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M 000	Initial Comments The State Agency (SA) conducted Complaint Investigations (CIs), MS #22897 and MS #23204, at the facility from 11/27/23 through 11/28/23. MS #22897 was investigated for improper incontinent care products for residents and there were no deficiencies cited for this complaint. The SA also investigated the Facility Reported Incident (FRI) MS #23204 related to employee-to-resident verbal abuse. During the survey, the SA determined the facility was not in compliance with the Minimum Standards for Institutions for the Aged or Infirm, state licensure requirement and cited M500 related to CI MS #23204.	M 000		
M 500	45.17.2 Residents' Rights Residents' Rights. The residents' rights policies and procedures ensure that each resident admitted to the facility: 1. is fully informed, as evidenced by the resident's written acknowledgment, prior to or at the time of admission and during stay, of these rights and is given a statement of the facility's rules and regulations and an explanation of the resident's responsibility to obey all reasonable regulations of the facility and to respect the personal rights and private property of other residents; 2. is fully informed, and is given a written statement prior to or at time of admission and during stay, of services available in the facility, and of related charges including any charges for services covered by the facility's basic per diem rate; 3. is assured of adequate and appropriate medical care, is fully informed by a physician or nurse practitioner/physician assistant of his	M 500		12/5/23

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M 500	Continued From page 1 medical conditions unless medically contraindicated (as documented by a physician or nurse practitioner/physician assistant in his medical record), is afforded the opportunity to participate in the planning of his medical treatment, to not be limited in his/her choice of a pharmacy or pharmacist provider in accordance with state law, as referenced in House Bill 1439, which states that the facility shall not limit a resident ' s choice of pharmacy or pharmacy provider if that provider meets the same standards of dispensing guidelines required of long term care facilities, to refuse to participate in experimental research, and to refuse medication and treatment after fully informed of and understanding the consequences of such action; 4. is transferred or discharged only for medical reasons, or for his welfare or that of other residents, or for nonpayment for his stay (except as prohibited by sources of third-party payment), and is given a two weeks advance notice in writing to ensure orderly transfer or discharge. A copy of this notice is maintained in his medical record; 5. is encouraged and assisted, throughout his period of stay, to exercise his rights as a resident and as a citizen, and to this end may voice grievances, has a right of action for damages or other relief for deprivations or infringements of his right to adequate and proper treatment and care established by an applicable statute, rule, regulation or contract, and to recommend changes in policies and services to facility staff and/or to outside representatives of his choice, free from restraint, interference, coercion, discrimination, or reprisal;	M 500		

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M 500	Continued From page 2 6. may manage his personal financial affairs, or is given at least a quarterly accounting of financial transactions made on his behalf should the facility accept his written delegation of this responsibility to the facility for any period of time in conformance with State law; 7. is free from mental and physical abuse; 8. is free from restraint except by order of a physician or nurse practitioner/physician assistant, or unless it is determined that the resident is a threat to himself or to others. Physical and chemical restraints shall be used for medical conditions that warrant the use of a restraint. Restraint is not to be used for discipline or staff convenience. The facility must have policies and procedures addressing the use and monitoring of restraint. A physician order for restraint must be countersigned within 24 hours of the emergency application of the restraint; 9. is assured security in storing personal possessions and confidential treatment of his personal and medical records, and may approve or refuse their release to any individual outside the facility, except, in the case of his transfer to another health care institution, or as required by law of third-party payment contract; 10. is treated with consideration, respect, and full recognition of his dignity and individuality, including privacy in treatment and in care for his personal needs; 11. is not required to perform services for the facility that are not included for therapeutic purposes in his plan of care; 12. may associate and communicate privately with persons of his choice, may join with other	M 500		

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M 500	Continued From page 3 residents or individuals within or outside of the facility to work for improvements in resident care, and send and receive his personal mail unopened, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 13. may meet with, and participate in activities of, social, religious and community groups at his discretion, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 14. may retain and use his personal clothing and possessions as space permits, unless to do so would infringe upon rights of other residents, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 15. if married, is assured privacy for visits by his/her spouse; if both are inpatients in the facility, they are permitted to share a room, unless medically contraindicated (as documented by the attending physician or nurse practitioner/physician assistant in the medical record); and 16. is assured of exercising his civil and religious liberties including the right to independent personal decisions and knowledge of available choice. The facility shall encourage and assist in the fullest exercise of these rights. This Statute is not met as evidenced by: Level II Based on staff interviews, record review, facility	M 500	Past Non-Compliance, No POC needed	

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M 500	Continued From page 4	M 500		

investigation, and policy review, the facility failed to protect a resident from verbal abuse for one (1) of four (4) residents sampled. Resident #1

Findings include:

A review of the facility's policy, "Abuse, Neglect, Misappropriation Policy," dated January 2019 revealed, " ...Purpose: To prohibit and prevent abuse, neglect, exploitation, ...Definitions ...Verbal abuse includes the use of oral, written, or gestured communication, or sounds, to residents within hearing distance ..."

A record review of the "Investigation Template", dated 10/24/2023, revealed on 10/20/23, the Administrator was in her office when she overheard Certified Nurse Assistant (CNA) #1 being disrespectful when yelling at Resident #1 to "be still" with profanity used. Several other residents heard the encounter with CNA #1 and Resident #1. CNA #1 admitted to using profanity to Resident #1... "Actions taken post investigation: ... CNA (Proper Name) was terminated due to poor customer service ..."

A record review of the handwritten statement, dated 10/23/23, and signed by CNA #1 indicated that CNA #1 said to Resident #1, " ...why don't he stay his ass at the table ...", and "I know I shouldn't have said that to him."

On 11/27/23 at 12:15 PM, during an interview with the Administrator, she confirmed that on 10/20/23, CNA #1 used a loud tone with profanity while speaking to Resident #1. She immediately escorted CNA #1 to clock out and out of the building, placing her on suspension pending the investigation. With the assistance of Registered Nurse (RN) #1 as her witness, the Administrator

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M 500	Continued From page 5	M 500		

discussed the incident with CNA #1. CNA #1 admitted to saying, "Why don't he stay his ass at the table." The Administrator reported the incident to State Agency (SA), the Medicaid Fraud Control Unit of the Attorney General's Office (AGO), and the local police department. She stated the facility provided in-services regarding abuse prevention and dementia training to all staff and had a Quality Assurance Performance Improvement (QAPI) meeting to discuss the event and what measures would be implemented.

During a phone interview on 11/27/23 at 2:10 PM, CNA #1 confirmed that she stated to Resident #1, "Stay your ass at the table," because she was trying to redirect him that meal trays were being served. She stated that she couldn't believe what came out of her mouth and she knew better than to curse the resident. CNA #1 confirmed she had attended many in-services on abuse and resident rights before this incident occurred.

On 11/27/23 at 2:58 PM, during an interview with Registered Nurse (RN) #1, she revealed on 10/20/23, she assisted the Administrator in escorting CNA #1 out of the building. RN #1 confirmed CNA #1 admitted to cursing Resident #1 to at the dining room table.

A record review of the personnel file for CNA #1 revealed a transcript of courses attended, which included courses completed on 8/29/23 of "Abuse and Neglect", "Abuse Neglect Misappropriation Exploitation Policy", and "Elder Justice Act Reporting Requirements."

Record review of the "Admission Record" revealed the facility admitted Resident #1 on 6/28/21 with diagnoses including Alzheimer's Disease and Dementia.

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M 500	Continued From page 6 Record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 9/16/23, revealed a staff interview was required for assessment and his cognitive skills for daily decision making were severely impaired. Based on the facility's implementation of corrective actions on 10/20/23, the State Agency (SA) determined the deficiency to be Past Non-Compliance (PNC) and the deficiency was corrected as of 10/21/23, prior to the SA's first entrance on 11/27/23. Validation: On 11/28/23, the SA validated through staff interviews, record review, and facility policy review the facility began an immediate investigation when the incident occurred. A review of the emergency QAPI meeting minutes revealed the facility held a QAPI meeting on 10/21/23 at 5:16 PM, in which the Infection Preventionist (IP) was out of the facility for this emergency meeting and the Medical Director attended via phone. The SA verified through an interview with the DON and Social Services Director that they attended the QAPI meeting to discuss the situation and the facility policies related to abuse were discussed and no changes needed. The QAPI meeting concluded that the Plan of Correction was to in-service all staff, terminate the employee, and have a resident council meeting. The SA reviewed in-service sign-in sheets that began on 10/20/23 related to abuse prevention and dementia training and the Administrator conducted in-services in which she had every employee sign the policies on abuse prevention	M 500		

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M 500	Continued From page 7 and dementia training. On 11/28/23, the SA verified the facility reported the verbal abuse to SA and the AGO on 10/20/23.	M 500		