STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	38BH	A. BUILDING: _____ B. WING _____	01/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF MERIDIAN	4728 HIGHWAY 39 NORTH MERIDIAN, MS 39301

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M 000	Initial Comments The State Agency (SA) conducted an Annual Recertification Survey at the facility from 1/22/24 to 1/25/24. 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 and M610.	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 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	M 500		2/28/24

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M 500	Continued From page 1 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; 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;	M 500		

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M 500	Continued From page 2 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 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	M 500		

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M 500	Continued From page 3 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 observation, staff and resident interview, and facility policy review the facility failed to ensure residents' rights as evidenced by staff members using their cell phones in the resident's rooms for two of four survey days. Residents #30, 32, 35 and 61. Findings Include	M 500	This Plan of Correction constitutes Diversicare of Meridian□s credible allegations of compliance for the cited deficiencies. Nothing in this plan of correction should be construed as admission by the Center of any violation of State and Federal Statues, regulations, or standards of care. This Plan of Correction is to demonstrate compliance of the State	

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M 500	Continued From page 4 Review of the facility's policy, "Resident's Rights and Quality of Life", with an effective date of 5/1/2012, revealed "Policy Statement ...It is the policy ...that all residents have the right to a dignified existence, self-determination, and communication with an access to people and services inside and outside the facility ..." Review of the facility's policy, "Personal Cell Phone and Portable Electronic Device Usage Policy", with an effective date of 7/1/2014, revealed "Purpose...we require that our employee follow the guidelines listed below for the safety of the residents, patients, our associates, and others ... Policy ...Usage in Work Areas During Work Time ...Personal cell phones and/or portable electronic devices may not be used in resident care areas or other work areas during work time. Usage may only take place during regular break and meal periods in non-work areas ..." An observation and interview on 1/23/24 at 3:30 PM, revealed Certified Nurse Aide (CNA) #1 standing in the corner of Resident #39's room talking on a cell phone with the resident lying in bed. When the State Agency (SA)entered the resident's room, the staff member stated, "Ok I've got to get off here". CNA #1 stated he should not have been in the resident's room talking on the phone. During a resident council meeting on 1/24/24 at 10:00 AM, there were four (4) residents (Residents #30, 32, 35 and 61) that complained the staff talked on their cell phone or those "ear things" while they were in resident rooms. Resident #30 stated that staff came into his room and went behind the curtain to his roommate's side and talked on their phones for personal	M 500	and Federal requirements cited during the survey. 1. The Activity Director (AD) confirmed with Residents #30, 32, 35, 61, and 39 on 1/24/2024 that no staff members were current using their cell phones while in their rooms on 1/30/2024 and again on 2/7/2024. All Staff members were immediately in-serviced on the use of cell phones while in the center and informed to stop using cell phones in any resident care areas and only on break□this was done by the Director of Clinical Education (DCE), Director of Nursing Services (DNS), the Assistant Director of Nursing Services (ADNS), and Human Resource Coordinator (HRC) on 1/24/2024. No staff member was allowed to work until this in-service was completed. 2. The center identified that all residents in the Center have the potential to be affected by the same deficient practice. 3. A resident Council was held on 2/7/2024 to discuss the center□s expectation that no cell phone should be used during resident care. Each resident was encouraged to notify the NHA or any supervisor if a team member was using a cell phone for follow-up action. All team members were educated regarding no cell phones use during resident care by the DCC as of 1/30/2024. The cell phone policy will be educated during orientation for all new hires by the Human Resource Coordinator. 4. To monitor the performance of our corrective action, the Nursing Home Administrator (NHA), DNS, ANDS, Unit Managers (UM) will review patient care	

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M 500	Continued From page 5 conversations. He stated that his roommate was bed bound and did not talk much, but they both could hear. Resident #32 revealed he agreed with Resident #30, and he had also had staff come into his room talking on the phone and at times has thought they were talking to him, but they were talking to someone on those "ear things". Resident #35 agreed with Resident #30 and #32 and stated that she had complained about staff doing that to her and that several had come into her room and had about a 20-minute conversation. Resident #61 agreed with the other residents and admitted that staff had done that to her in her room on their cell phones. All four residents stated they had complained about this to other staff members but could not remember anyone's name. Resident #35 stated she had told the head nurse on her hall, but nothing had changed. Resident #30 stated they did not need to be coming in our rooms and talking on their phone because that is our home. An observation and interview on 1/24/24 at 10:55 AM, revealed CNA #2 standing in an unsampled resident's room, with the door closed and the resident not present in the room. This observation revealed she was looking at her cell phone and stated in the interview that she was on her cell phone checking messages. She admits that she should not have been in the resident's room doing that and the facility policy was that staff are not to use their cell phones in front of the residents and that they are supposed to use them in a break area. She revealed the reason they should not use their cell phones in resident areas is because it is disrespectful. An interview on 1/24/24 at 11:22 AM, with the Director of Nursing (DON) confirmed that staff should not use their cell phones or earpiece	M 500	areas five (5) times a week for 12 weeks to ensure no cell phones are used in resident care areas, beginning 1/30/2024. Any negative findings will be brought to the QAPI (Quality Assurance Performance Improvement) meeting monthly beginning February 27, 2024 for a minimum of three months by the Nursing Home Administrator. The QAPI Committee will review the findings and determine if there is a need to alter our corrective action.	

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M 500	Continued From page 6	M 500		

phones while in the resident areas. She stated they are supposed to use those in break areas if needed. She revealed the reason they should not use them was because they would not be able to provide care. She confirmed the facility policy was that cell phone usage was not permitted in the resident care areas.

Resident #30

Record review of Resident #30's "Admission Record" revealed the resident was admitted to the facility on 4/29/15 with medical diagnoses that included Anxiety disorder.

Record review of Resident #30's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 12/26/23 revealed under Section C a Brief Interview for Mental Status (BIMS) score of 15, which indicates the resident is cognitively intact.

Resident #32

Record review of Resident #32's "Admission Record" revealed the resident was admitted to the facility on 3/21/23 with diagnoses that included Heart Failure and Major Depressive Disorder.

Record review of Resident #32's MDS with an ARD of 12/22/23 revealed under Section C a BIMS score of 15, which indicates the resident is cognitively intact.

Resident #35

Record review of Resident #35's "Admission Record" revealed the resident was admitted to the facility on 8/9/22 with diagnoses that included

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M 500	Continued From page 7 Generalized Anxiety Disorder Record review of Resident #35's MDS with an ARD of 10/31/23 revealed under Section C a BIMS score of 15, which indicates the resident is cognitively intact. Resident #61 Record review of Resident #61's "Admission Record" revealed the resident was admitted to the facility on 2/10/20 with diagnoses that included Chronic Kidney Disease. Record review of Resident #61's MDS with an ARD of 11/7/23 revealed under Section C a BIMS score of 15, which indicates the resident is cognitively intact.	M 500		
M 610	45.21.2 Activities of daily living Activities of daily living. Each resident shall receive assistance as needed with activities of daily living to maintain the highest practicable well being. These shall include, but not be limited to: 1. Bath, dressing and grooming; 2. Transfer and ambulate; 3. Good nutrition, personal and oral hygiene; and 4. Toileting. This Statute is not met as evidenced by: Level II Based on observation, resident and staff interview, record review, and facility policy review,	M 610	1. Resident # 52 was shaved on 1/23/2024. 2. The Center identified that all residents in the Center that have the potential to be	2/28/24

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M 610	Continued From page 8 the facility failed to shave a resident who required staff assistance for Activities of Daily Living (ADLs) for one (1) of 21 sampled residents. Resident # 52 Findings Include: A review of the facility policy, "ADL's", with an effective date of August 2021, revealed "Policy: Ensure ADL's are provided in accordance with accepted standards of practice, the care plan, and reasonable accommodation of the resident's choices and preferences ..." An observation and interview on 01/22/24 at 2:30 PM, with Resident #52 revealed he had facial hair that was approximately a quarter of an inch in length. The resident's mother was at the bedside and stated, "He needs to be shaved and I have told them that I can't do it anymore." The resident confirmed that he wanted to be shaved. An observation and interview on 01/23/24 at 1:30 PM, with the Director of Nursing (DON) confirmed that Resident #52 needed to be shaved. She stated that the resident should have been shaved when he received a bath or shower, and that if a resident refused, the Certified Nurse Aide (CNA) should have reported it to the nurse. She revealed that there was no documentation that Resident #52 refused to be shaved. An interview on 01/23/24 at 01:45 PM, with CNA #4 confirmed that she was responsible for caring for Resident #52 today and she had him every day. She revealed the resident received baths, which included shaving, on Mondays, Wednesdays, and Fridays. CNA #4 revealed that Resident #52 was not shaved on Monday (1/22/24) because she did not think that he	M 610	affected by the same deficient practice. 3. The DCE in-serviced all nursing staff on proper Activities of Daily Living (ADLs) to all residents and to document properly on the completions of the ADLs, to include informing the nurse if any care is refused and for the nurse to communicate refusals to the family/resident representative as of 1/30/2024. The North and South Unit Managers and Weekend Supervisors will ensure all ADL care is provide and documented on a daily basis□to ensure any refusals are communicated to the resident□s representative, beginning 1/30/2024. 4. To monitor the performance of the corrective action and to ensure sustainability, the DNS/ADNS/UMs will review two (2) residents per day Monday-Friday for four (4) weeks then five (5) residents per week for eight (8a) weeks to ensure ADL shaving are being given and documented correctly□to include refusals, beginning 1/30/2024. The DNS will bring the results of the monitoring monthly beginning 2/27/2024 to the Quality Assurance Performance Improvement (QAPI) Committee for three months for review and/or revision and to make recommendations as needed.	

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M 610	Continued From page 9 needed to be shaved and commented, "His facial hair may be long to you, but it is not to him." An observation and interview on 01/23/24 at 2:10 PM, with Resident #52 and the DON confirmed that the resident wanted to be shaved. Record review of Resident #52's "Admission Record" revealed he was initially admitted to the facility on 8/7/2019 with a medical diagnosis of Type Two Diabetes Mellitus with Diabetic Neuropathy. Record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 10/30/23 revealed Resident #52 had a Brief Interview for Mental Status (BIMS) score of 12, which indicated his cognition was moderately impaired. A review of Section GG revealed he required assistance with bathing.	M 610		