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
	29CY	A. BUILDING: _____ B. WING _____	C 02/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COURTYARDS COMM LIVING CENTER	907 EAST WALKER STREET FULTON, MS 38843

(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 Level IV The State Agency (SA) conducted an annual recertification survey, as well as Complaint Investigation (CI) MS #23999 at the facility from 2/11/24 through 2/20/24. During the survey, the SA determined the facility was not in compliance with the Minimum Standards for Institutions for the Aged or Infirm and cited M0030, M175, M190, M500, M610, M645, M655, M1230, and M1570. The SA investigated the complaints related to resident abuse and misappropriation of property and issued no citations. The SA identified an Immediate Jeopardy (IJ)and Substandard Quality of Care (SQC) that began on 11/02/23 when the facility failed to recognize, evaluate, and address Resident #13's nutritional needs, which resulted in an unintended significant weight loss of 6.92% (percent) in one (1) month, which further led to a significant weight loss of 17.52% (percent) in four (4) months. The facility's failure to consult a Registered Dietician (RD), notify the attending physician of a significant change in condition, and act upon the residents' weight loss, placed the resident, and all other residents residing in the facility at risk for serious harm, serious injury, serious impairment, and possibly death. The IJ and SQC existed at: Rule 45.17.2 - Resident Rights - M500 - Scope/Severity -Level IV Pattern Rule 45.21.9 - Nutrition - M645 - Scope/Severity - Level IV IJ existed at:	M 000		

Mississippi State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		03/14/24

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M 000	Continued From page 1 Rule 45.2.1 Administrator M 0030 Level IV Pattern The facility Administrator was notified of the IJ and SQC on 2/13/24 at 4:30 PM. The facility provided an acceptable Removal Plan on 2/14/24, in which they alleged all corrective actions to remove the IJ were completed on 2/13/24 and the IJ removed on 2/14/24. The SA validated the Removal Plan on 2/20/24 and determined the IJ was removed on 2/14/24. Therefore, the scope and severity (s/s) for Rule 45.2.1 Administrator M 0030, Rule 45.17.2 - Resident Rights - M500 and Rule 45.21.9 - Nutrition - M645 was lowered from a "Level IV" to a s/s of "Level II" while the facility develops a plan of correction to monitor the effectiveness of the systemic changes to ensure the facility sustains compliance with regulatory requirements. The census at the time of survey was 60, and the facility held a license for 66 beds.	M 000		