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
	43BM	A. BUILDING: _____ B. WING _____	C 03/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF BROOKHAVEN	519 BROOKMAN DRIVE BROOKHAVEN, MS 39601

(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 four (4) Complaint Investigations (CI MS #23496, CI MS #23877, CI MS #24037, and CI MS #24438) at the facility from 3/19/24 through 3/21/24. CI MS #23496 was investigated related neglect and medications not given. CI MS #23877 was investigated related to resident rights. CI MS #24037 was investigated regarding resident safety and assessment. CI MS #24438 was investigated regarding falls and not following physician orders. 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 requirements and cited M500 related to CI MS #23496.	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	M 500		5/2/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	43BM	A. BUILDING: _____ B. WING _____	C 03/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF BROOKHAVEN	519 BROOKMAN DRIVE BROOKHAVEN, MS 39601

(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 500	Continued From page 1 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 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,	M 500		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	43BM	A. BUILDING: _____ B. WING _____	C 03/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF BROOKHAVEN	519 BROOKMAN DRIVE BROOKHAVEN, MS 39601

(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 500	Continued From page 2 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; 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;	M 500		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	43BM	A. BUILDING: _____ B. WING _____	C 03/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF BROOKHAVEN	519 BROOKMAN DRIVE BROOKHAVEN, MS 39601

(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 500	Continued From page 3 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 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	M 500	1.)Resident #3 is no longer in the facility.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	43BM	A. BUILDING: _____ B. WING _____	C 03/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF BROOKHAVEN	519 BROOKMAN DRIVE BROOKHAVEN, MS 39601

(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 500	Continued From page 4 Based on interviews, record review, and facility policy review, the facility failed to ensure the Physician and Resident Representative (RR) were notified when a resident refused to take medications for one (1) of seven (7) sampled residents. (Resident #3) Findings include: Review of the facility's policy, "Notifications of Patient/Resident Change," dated 11/1/16, revealed, "The center will consult the resident's physician, nurse practitioner or physician assistant, and if known notify the patient/resident's legal representative or an interested family member when there is: ... (C) A need to alter treatment significantly..." Record review of the Order Summary Report with active orders as of 12/1/23 revealed an order dated 12/30/22 for Albuterol Sulfate HFA (Hydrofluoroalkane) Aerosol Solution 108 mcg (micrograms) 2 puffs inhale orally two times a day related to Chronic Obstructive Pulmonary Disease (COPD). Record review of Resident #3's Electronic Medication Administration Record (EMAR) revealed Resident #3 refused Albuterol Sulfate HFA Aerosol Solution 108 mcg (micrograms) 2 puffs inhale orally twice daily on 12/1/23, 12/2/23 and 12/3/23. On 03/20/24 at 4:53 PM, in an interview the Director of Nurses (DON) stated when a resident refuses medication, the nurses should document the refusal and notify the provider. She stated they are supposed to notify the physician each time a resident refuses to take their medications.	M 500	Resident #3 was discharged on December 26,2023. 2.)All residents refusing medications have the potential to be affected by the same alleged deficient practice. 3.)Nurses will be in-serviced by the Director of Nursing Services (DNS) and / or Assistant Director of Nursing Services (ADNS) 4/08/2024, on the change in condition policy, with attention to the requirement of prompt notification of the resident's representative and medical provider of any refusal of medication and documentation of this notification in the resident's medical record progress note. 4.)The Director of Nursing Services (DNS) and/or Assistant Director of Nursing Services (ADNS) will review all progress notes/ Electronic Medication Administration Record(EMAR) daily to assure the resident's medical provider and Resident's Representative has been notified of the resident's refusal to take medication. To monitor the performance of our corrective action and to ensure sustainability, the DNS/ADNS will review EMAR/Progress notes 3X/week x 4 weeks, then once weekly for two months beginning 4/8/2024,to ensure residents who refuse medication have documentation of notification to Medical Provider and Resident's Representative.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	43BM	A. BUILDING: _____ B. WING _____	C 03/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF BROOKHAVEN	519 BROOKMAN DRIVE BROOKHAVEN, MS 39601

(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 500	Continued From page 5 On 03/21/24 at 9:27 AM, in a telephone interview with the daughter of Resident #3, she revealed she was told by a Registered Nurse (RN) #2 that the resident often refused his medication. The daughter stated that the facility never contacted the RR, which was her mother that Resident #3 was refusing to take his medications. On 03/21/24 at 10:15 AM, in a telephone interview RN #1 stated she mostly works weekends. She stated if a resident refuses medication, she usually contacts the physician and RR. However, she revealed she could not recall if she contacted them regarding Resident #3 refusing his medications. She stated the policy is to notify the Physician and RR after 2 days of resident refusing medications. She revealed she did recall that Resident #3 usually refused nebulizer treatments on the weekends. On 03/21/24 at 12:08 PM, in a telephone interview with RN #2, she stated when Resident #3 refused his medications, she would chart it and contact Hospice. She stated she cannot recall if she contacted his physician. She stated she was told to contact Hospice and the RR. However, she added that she cannot remember what she charted, but she usually writes a short note referencing the refusal. On 03/21/24 at 12:15 PM, in an interview with Hospice/RN #3, she stated the Hospice Nurse visits the facility twice weekly to see her residents on hospice. She stated RN #4 was the Hospice Nurse. RN #3 added that the facility can contact Hospice 24 hours a day, 7 days a week when a resident refuses their medication. On 03/21/24 at 12:38 PM, in an interview with RN #4, the Hospice Nurse for Resident #3, she	M 500	Any negative findings will be brought to the Quality Assurance Performance Improvement (QAPI) committee meeting monthly for a minimum of 3 months beginning 4/30/2024 by the DNS for review and revision as necessary. The QAPI Committee will review the findings and determine if a need to alter our corrective action.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	43BM	A. BUILDING: _____ B. WING _____	C 03/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF BROOKHAVEN	519 BROOKMAN DRIVE BROOKHAVEN, MS 39601

(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 500	Continued From page 6 stated the staff would update her on the resident on her visits to the facility. She revealed she cannot remember if she was contacted, but she always makes a note in the chart whenever they inform her of resident falls or refusal to take medications. She commented if there is no note in the chart, then she was not informed. On 03/21/24 at 2:23 PM, in an interview with the Physician, he stated the facility nurses are supposed to contact him if a resident refuses to take their medication. He stated that way, he can come up with a plan to treat residents. A record review of the Admission Record for Resident #3 revealed the facility admitted the resident on 12/29/22, with diagnoses that included Alzheimer's Disease and Chronic Obstructive Pulmonary Disease. A record review of the Minimum Data Set (MDS) for Resident #3, with an Assessment Reference Date (ARD) of 12/7/23, revealed a Brief Interview for Mental Status (BIMS) score of 4, indicating Resident #3 had severe cognitive impairment.	M 500		