STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255175	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) COMPLETION DATE
F 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 requirements for participation in Medicare and Medicaid and cited F580 related to CI MS #23496. The facility held a license for 58 beds, with a census of 55.	F 000		
F 580 SS=D	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to	F 580		5/2/24

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 04/10/2024

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F 580	Continued From page 1 commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is- (A) A change in room or roommate assignment as specified in §483.10(e)(6); or (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section. (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s). §483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by: 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)	F 580	1.)Resident #3 is no longer in the facility. Resident #3 was discharged on December 26,2023. 2.)All residents refusing medications have	

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F 580	Continued From page 2 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. 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	F 580	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 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 and/or 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. 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	

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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 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

review and revision as necessary. The QAPI Committee will review the findings and determine if a need to alter our corrective action.

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F 580	Continued From page 4	F 580		

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.

Record review of Resident #3's "Progress Notes" dated 12/1/23, 12/2/23 and 12/3/23 revealed Resident #3 refused Albuterol Aerosol treatments.There was no documentation the RR or the physician had been notified of the refusals.

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.