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	17SH	A. BUILDING: _____ B. WING _____	C 03/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF SOUTHAVEN	1730 DORCHESTER DR SOUTHAVEN, MS 38671

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M 000	Initial Comments The State Agency (SA) conducted seven (7) complaint investigations (CI) for CI MS #23878, CI MS #23901, CI MS#23910, CI MS #24000, CI MS #24186, CI MS #24221 and CI MS #24352 , and found that the facility was not in compliance with the Minimum Standards of Operation for Institutions for the Aged or Infirm, state licensure requirements. The SA identified non-compliance and cited M225 for MS #24352 and 23910, cited M610 for MS #24186 and cited M1205 for CI MS #24352, CI MS #24221, CI MS #24186, CI MS #23910 and CI MS #23878. Additional citations were given for resident rights violation at M500 and call lights not functioning at M1230. The facility was in compliance related to CI MS #24000 and CI MS #23901. The census at the time of the survey was 135 with a bed capacity of 140 beds.	M 000		
M 225	45.4.1 Nursing Facility Nursing Facility. To be classified as a facility, the institution shall comply with the following staffing requirements: 1. Minimum requirements for nursing staff shall be based on the ratio of two and eight-tenths (2.80) hours of direct nursing care per resident per twenty-four (24) hours. Staffing requirements are based upon resident census. Based upon the physical layout of the nursing facility, the licensing agency may increase the nursing care per resident ratio. 2. Each facility shall have the following licensed personnel as a minimum: a. Seven (7) day coverage on the day shift by a	M 225		4/30/24

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M 225	Continued From page 1 registered nurse. b. A registered nurse designated as the Director of Nursing Services, who shall be employed on a full time (five [5] days per week) basis on the day shift and be responsible for all nursing services in the facility. c. Facilities of one-hundred eighty (180) beds or more shall have an assistant director of nursing services, who shall be a registered nurse. d. A registered nurse or licensed practical nurse shall serve as a charge nurse and be responsible for supervision of the total nursing activities in the facility during the 7:00 a.m. to 3:00 p.m. and 3:00 p.m. to 11:00 p.m. shift. The nurse assigned to the unit for the 11:00 p.m. to 7:00 a.m. shift may serve as both the charge nurse and medication/treatment nurse. A medication/treatment nurse for each nurses' station shall be required on all shifts. This shall be a registered nurse or licensed practical nurse. e. In facilities with sixty (60) beds or less, the director of nursing services may serve as charge nurse. f. In facilities with more than sixty (60) beds, the charge nurse may not be the director of nursing services or the medication/treatment nurse. 3. Non-Licensed Staff. The non-licensed staff shall be added to the total licensed staff, to complete the required staffing requirements. 4. There shall be at least two (2) employees in the facility at all times in the event of an emergency.	M 225		

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M 225	Continued From page 2 This Statute is not met as evidenced by: Level II Based on observation, resident and staff interview, record review, Staffing Grid review and facility statement regarding staffing, the facility failed to provide sufficient staff as evidenced by staff not providing assistance with bathing, grooming and personal hygiene for three (3) of seven (7) sampled residents residing in the facility (Residents #1, #3,and #6) and failed to meet the state minimum requirement of 2.8 hours of direct nursing care per resident in a 24 hour period for two (2) of 14 days of staffing reviewed. Findings include: Review of a statement on facility letterhead dated 3/20/24 and signed by the Administrator revealed "(Proper Name of Facility) staff to the State's minimum standards". Record review of the Staffing Grid revealed the facility failed to staff to the state minimum requirements of 2.8 hours of direct nursing care per resident per 24 hours. On 3/16/24, ratio of staff to resident was 2.69. On 3/17/24, the ratio of staff to resident was 2.7. An interview on 03/18/24 at 6:30 AM, with Certified Nurse Aide (CNA) #1 confirmed that the nurse aides on the night shift have approximately 20 residents each to care for and that it is too many to take care of them properly. CNA # 1 stated that they used to have four (4) nurse aides on the night shift for one (1) wing, but they cut the number of nurse aides back to three (3). CNA #1 stated. "They said they had to cut us back because of the budget or something".	M 225	1. Upon notification resident #6 was showered, hair washed, shaved, and dressed in appropriate clothes, by his Certified Nursing Assistant (C.N.A.) on 3/18/2024 as required by his care plan. A female C.N.A. was assigned to Resident #1's group to ensure Resident #1 received ADL care in a timely manner on 3/26/24. Resident #1's care plan was updated to reflect her preference of a female C.N.A. on 3/26/2024. Upon notification resident #3 was showered by his C.N.A. on 3/19/2024 as required by his care plan. Resident #3's C.N.A. were in-serviced on offering toileting when up in wheelchair and requires assistance times 2. The Nursing Home Administrator (ADM) and Director of Nursing (DNS) reviewed the remaining working schedule for the month to assure that staffing was scheduled to meet the needs of all residents going forward. 2. All residents have the potential to be affected by insufficient staff. All residents were evaluated for unmet activity of living daily (ADL) needs. Residents with a BIMS score of 12 and above were interviewed by Social Services on 4/9/2024. Residents with a BIMS score of less than 11 had a physical assessment completed by DNS, Assistant Director of Nursing (ADNS) and Unit Manager on 4/10/2024. No additional concerns were identified. 3. All facility staffing practices were reviewed by the Senior Director of Clinical Operations on 4/10/24. The DNS and or Director of Clinical Education (DCE), will	

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DIVERSICARE OF SOUTHAVEN	1730 DORCHESTER DR SOUTHAVEN, MS 38671

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M 225	Continued From page 3 An interview on 03/18/24 at 6:45 AM, with CNA #2 confirmed that having only 3 nurse aides on the night shift that they have a hard time getting everyone's care done timely. Resident #1 During an interview on 3/18/24 at 9:40 AM, with Resident #1 revealed she has to wait for a female CNA or nurse to come provide her care, because they have other residents assigned to them. She stated she has complained about not wanting to have a male CNA and there is always a male assigned to her, so she has to wait for the female CNA to provide incontinent care. She stated she had talked with both the head nurse and the Administrator, but she has waited two (2) hours several times and one time she waited eight (8) hours while she was wet just to have a female CNA change her. During an interview on 3/19/24 at 3:05 PM, with the Ombudsman confirmed that Resident #1 complained that she has to wait a long time for the female aids to provide incontinent care because they have other residents, and she has made the Administrator aware. She stated the resident informed her that staff told her, "You are just going to have to deal with it". Review of Resident #1's "Admission Record" revealed the resident was admitted to the facility on 10/14/16. Record review of Resident #1's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 12/23/23 revealed in Section C a Brief Interview for Mental Status (BIMS) score of 15, which indicates the resident is cognitively intact	M 225	educate staff on importance of providing care to meet the ADL needs of the residents. The administrator reviewed and revised the Facility Assessment on 4/11/2024 The staffing patterns were adjusted accordingly. The facility is actively recruiting nurses and nurse aides with job postings, mail outs and text blasts. The center continues to implement staffing strategies such as sign on bonuses and referral bonuses also pick up shift bonuses to cover shifts. Work force management meetings will be held daily to assure an accurate account of staffing needs are identified proactively starting 4/10/2024. 4. To avoid recurrence of the deficient practice and to assure continued compliance, the Administrator will audit staffing sheets daily for 1 month and then weekly for 2 additional months starting 4/10/2024. The DNS/ADMIN or DCE will conduct call light audits 5 times a week for 4 weeks and them weekly for a period of 3 months to assure that staff are responding to resident care needs starting 4/8/2024. The DNS/ADMIN will audit residents 5 times a week for 4 weeks and then weekly for a period of 3 months to assure that ADL care is being provided in accordance with the care plans starting 4/8/2024. The regional director of clinical operations will conduct weekly visits for oversight purposes starting 4/8/2024. In the events of call ins the Work Force Manager will call staff members until replacement is found. Any negative findings of audits will be addressed in the Quality Assurance	

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M 225	Continued From page 4 and in Section GG that the resident needed assistance with Activities of Daily Living (ADL). Resident #6 During an observation/interview on 03/18/24 at 10:30 AM, of Resident #6 and the Treatment Nurse present revealed the resident lying in bed awake and appearing disheveled wearing only a shirt and a brief. The resident's hair was oily, and he had facial hair covering his cheeks and chin that was approximately one-half inch long. The resident stated, "They haven't shaved me in a long time, and I want them to shave the hair off of my face". The resident could not remember the last day he received a shave. The resident confirmed that he had not had a shower in about two (2) weeks and that he would like to go to the shower. Resident #6 stated, "They have been washing me up in bed'. During an interview on 03/18/24 at 1:15 PM, with Licensed Practical Nurse (LPN) #2 confirmed that there was only one bath sheet indicating the days he received a bath on 03/12/24 for Resident #6. LPN #2 confirmed that the resident is supposed to receive a bath on Tuesday, Thursday, and Saturday and that he should be shaved when he received a bath. Record review of Resident #6's "Admission Record" revealed the resident was admitted to the facility on 4/5/14. Record review of Resident #6's MDS with an ARD of 1/24/24 revealed in Section C a BIMS score of 13, which indicates the resident is cognitively intact. Resident #3	M 225	and Performance Improvement Committee meeting for a minimum of three months by the Nursing Home Administrator for review and interventions as necessary beginning with April's Quality Assurance Performance Improvement Committee Meeting on April 29, 2024.	

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DIVERSICARE OF SOUTHAVEN	1730 DORCHESTER DR SOUTHAVEN, MS 38671

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M 225	Continued From page 5 During an interview on 3/19/24 at 9:00 AM, with Resident #3 revealed he gets mainly bed baths. He stated that it has been so long since he has had a shower that he can't remember when it was. He stated he preferred to get a shower because it's always warm. He revealed he has to have help going to the bathroom, but they are slow to get to him and they never ask to take him to the bathroom during the day when he is up in his wheelchair. He laughed and said "Oh no they are not going to ask, that would mean they would have to take me." Record review of Resident #3's "Admission Record" revealed the resident was admitted to the facility on 2/20/23. Record review of Resident #3's MDS with an ARD of 2/3/24 revealed in Section C a BIMS score of 13, which indicates the resident is cognitively intact and in Section GG indicated the resident needed supervision and/or touching assistance with toileting. An interview on 3/19/24 at 3:30 PM, with Licensed Practical Nurse (LPN) #5 confirmed that staffing is an issue. She stated she has 30 residents with 15 blood sugars and vital signs and 15-20 meds per resident normally. She stated it is too overwhelming and I've been a nurse in Long Term Care (LTC) for 30 years and this is the worst place that I have seen. She revealed she has voiced these concerns to the Administrator but did not get a response. She stated that the LPN on 11-7 shift has 60 residents she is responsible for and that it is just too much. She confirmed that the residents do not get showers like they should, and she has told the	M 225		

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DIVERSICARE OF SOUTHAVEN	1730 DORCHESTER DR SOUTHAVEN, MS 38671

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M 225	Continued From page 6	M 225		

Administrator about that. She said my residents have had showers for the past two days, but it is because you all have been here.

During an interview on 3/20/24 at 10:00 AM, with the Director of Nurses (DON) confirmed that not all of her nursing staff are meeting her expectations of basic human needs and care. She revealed she has had to start with the basic bottom line of incontinent care, nutrition, and wounds since she has been here. She stated that not all staff are attentive as they need to be with their care. She confirmed that residents not getting their incontinent care timely and getting bed baths instead of showers has been a problem and is reflected in the amount of moisture associated skin disorders we have had in the past. She confirmed that residents do get mainly bed baths because some of the aides think it is easier. She revealed that is something she has been working on since she got here. She revealed she feels like they have plenty of staff, they just have some lazy staff.

An interview on 03/20/24 at 12:51 PM, with the Workforce Manger confirmed that she was aware that she ran low on staffing scheduling on 03/16/24 and 03/17/24. The Workforce Manager stated, "I only received training on completing the schedule for one (1) day before I started doing it." The Workforce Manager confirmed that there were not enough staff providing resident care if she had someone requiring one-on-one or had an orientee working. She stated "I just copy my monthly schedule onto the staffing grid, and I never make changes to my schedule to reflect if someone calls in or not, so I don't ever know what the numbers equal out to. I thought the Administrator was looking at that, because I'm not."

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	17SH	A. BUILDING: _____ B. WING _____	C 03/20/2024

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M 225	Continued From page 7 An interview on 03/20/24 at 1:00 PM, with the Administrator revealed that she was unaware that the Workforce Manager had not been trained in staffing and that it could cause staffing concerns and the staff scheduled to be wrong.	M 225		
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 pharmacy or pharmacist provider in accordance	M 500		4/30/24

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M 500	Continued From page 8 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 9 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 record);	M 500		

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M 500	Continued From page 10 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 interview, record review and facility policy review, the facility failed to provide a resident with sheets and a blanket while their bedroom window was open and 38 degrees outside for one (1) of 11 residents on sample. Resident # 2 Findings include:	M 500	1. Upon notification Resident #2 was provided with sheets, a blanket, and the window was closed on 3/18/2024. Rounds were made on all residents to ensure that they all have sheets, blankets and the windows were closed on 3/18/2024. An inventory was taken of linen and linen obtained on 3/18/24 by Regional Environmental director. The maintenance Director on 3/18/24 repaired the washing	

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DIVERSICARE OF SOUTHAVEN	1730 DORCHESTER DR SOUTHAVEN, MS 38671

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M 500	Continued From page 11 Review of the facility policy titled, "Resident Rights Summary" with a revision date of 5/1/12 revealed "#1. Exercise of Rights: The resident has the right to exercise his/her rights as a resident of the facility and as a citizen of the United States ..." An observation on 3/18/24 at 6:25 AM, revealed Resident #2 lying in bed with no sheets or a bedspread observed, resident was lying on the bare mattress. The resident's knees were pulled up to his chest and he was covered in an approximate 30 inch by 30-inch velour throw and had one folded in a square under his buttocks. This observation revealed the resident's curtains were blowing in and out and when the curtains were pulled open it revealed the window was cracked open and the current temperature outside was 38 degrees. An interview on 3/18/24 at 6:30 AM, with Licensed Practical Nurse (LPN) #3 confirmed she was Resident #2's nurse and was not sure why the resident did not have sheets or proper blankets on him or why the window was open. She stated that the window did not need to be opened and he needed some linens and a blanket on his bed because it was cold outside. An interview and observation on 3/18/24 at 6:40 AM, with Certified Nurse Assistant (CNA) #3 confirmed she was Resident #2's CNA and she confirmed the resident did not have sheets or a blanket because they did not have any clean linens in the building and that it happens a lot. She stated she is not sure why the window was open, but she realized it was cold in there and turned the air off in his room a little bit ago.	M 500	machine. Dirty linen was taken off site and washed and returned to facility on 3/18/24 by Laundry Personnel 2. All residents have the potential to be affected by this deficient practice. The DNS/ADNS/Charge Nurse, or Unit Managers will make rounds on all residents daily to ensure that the have sheets, blankets and the windows are closed. 3. On 3/21/2024 the Director of Clinical Education provided an in-service for staff to ensure all residents have sheets, blankets, the windows are closed, and to notify the Nursing Home Administrator if the facility does not have sufficient linen available also to notify the Nursing Home Administrator and Maintenance Director if all laundry equipment is not in good working order. An order was placed for additional linen on 4/5/24 by Nursing Home Administrator. Nursing Home Administrator will weekly monitor Linen supplies to ensure sufficient supply of sheets, towels, and blankets. The Regional Environmental Director will supply the Nursing Home Administrator an inventory monthly. The Nursing Home Administrator will order linens monthly as needed. 4. To monitor the performance of our corrective action and to ensure sustainability audits will be conducted by the Nursing Home Administrator or Director of Clinical Operations weekly to ensure that the residents have sheets,	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	17SH	A. BUILDING: _____ B. WING _____	C 03/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF SOUTHAVEN	1730 DORCHESTER DR SOUTHAVEN, MS 38671

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M 500	Continued From page 12 An interview and observation on 3/18/24 at 7:00 AM, with the Administrator confirmed that Resident #2 should have sheets and a blanket to cover him, and his window should not have been opened with it that cold outside. The Administrator confirmed with a laundry staff member that there were no clean blankets or linens at this time. An interview on 3/20/24 at 10:00 AM, with the Director of Nurses (DON) confirmed that Resident #2 should have had sheets on his bed and a blanket big enough to cover him, because that is his right. She stated she is not sure why the window was open, but the staff should have seen that and closed it. She stated that Resident #2 not having sheets on his bed and not having a blanket to fully cover him is a basic human right and he should have had better. Record review of Resident #2's "Admission Record" revealed the resident was admitted to the facility on 11/30/23 with medical diagnoses that included Hypokalemia. Record review of Resident #2's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 3/7/24 revealed in Section C a Brief Interview for Mental Status (BIMS) score of 10, which indicated the resident is moderately cognitively impaired.	M 500	blankets and the windows are closed starting the week of 4/8/2024. The Director of Nursing, Assistant Director of Nursing and the Unit Managers will make rounds on all residents 5 times a week for 4 weeks and then weekly thereafter for 4 weeks to ensure that all residents have sheets, blankets and that the windows are closed starting 4/8/2023. Any negative findings of audits will be addressed in the Quality Assurance and Performance Improvement Committee meeting for a minimum of three months by the Nursing Home Administrator for review and interventions as necessary beginning with April□s Quality Assurance Performance Improvement Committee Meeting on April 29, 2024.	
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:	M 610		4/30/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	17SH	A. BUILDING: _____ B. WING _____	C 03/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF SOUTHAVEN	1730 DORCHESTER DR SOUTHAVEN, MS 38671

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M 610	Continued From page 13 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 the facility failed to provide assistance with Activities of Daily Living (ADL) for residents that required assistance for three (3) of 7 sampled residents currently in the facility. Resident # 6, #1, and #3. Findings Include. A review of the facility policy titled "ADL's " Effective August 2021, revealed, "Policy: Ensure ADLs are provided in accordance with accepted standards of practice, the care plan, and reasonable accommodation of the resident's choices and preferences". Resident #6 An observation/interview on 03/18/24 at 10:30 AM, of Resident #6 with the Treatment Nurse present revealed the resident lying in bed and appeared disheveled wearing only a shirt and a brief. The resident's hair was oily, and he had facial hair that was covering his cheeks and chin and was approximately one-half inch long. The resident stated, "They haven't shaved me in a long time, and I want them to shave the hair off of my face". The resident could not remember the	M 610	1. Upon notification resident #6 was dressed in appropriate clothes, showered, hair washed and shaved by his Certified Nursing Assistant (C.N.A.) on 3/18/2024. A female C.N.A. was assigned to Resident #1□s group to ensure Resident #1 received ADL care in a timely manner on 3/26/24. Upon notification resident #3 was showered by his C.N.A. on 3/19/2024. Resident #3□s C.N.A. were in-serviced on offering toileting when up in wheelchair and requires assistance times 2. All residents who require assistance with shaving, showering, hair being washed, assistance with dressing appropriately, who require assistance with toileting while up in their wheelchairs and who prefer a female C.N.A. were reviewed by the Director of Nursing, Assistant Director of Nursing or Unit Manager to ensure that the facility has developed and implemented a care plan on 3/26/2024 to meet their needs. 2. All residents who require assistance shaving have the potential to be affected by this deficient practice. All residents who require assistance showering have the potential to be affected by this deficient practice.	

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	17SH	A. BUILDING: _____ B. WING _____	C 03/20/2024

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DIVERSICARE OF SOUTHAVEN	1730 DORCHESTER DR SOUTHAVEN, MS 38671

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M 610	Continued From page 14 last day he received a shave. The resident confirmed that he had not had a shower in about two (2) weeks and that he would like to go to the shower. Resident #6 stated, "They have been washing me up in bed'. The Treatment Nurse confirmed that the resident's hair was oily, had a large amount of facial hair that needed to be shaved and needed to have a shower. An interview on 03/18/24 at 12:47 PM, with Licensed Practical Nurse (LPN) #3 confirmed that Resident #6 had not been shaved recently and was unsure of the date of the last shave because she could not find the bath sheet. LPN# 3 confirmed that the resident is supposed to receive a bath on Tuesday, Thursday, and Saturday. LPN #3 confirmed that the residents having a bath and being clean helps prevent skin breakdown. An interview on 03/18/24 at 1:15 PM, with LPN #2 confirmed that there was only one bath sheet on 03/12/24 for Resident #6. LPN #2 confirmed that the resident is supposed to receive a bath on Tuesday, Thursday, and Saturday and that he should be shaved when he receives a bath. LPN #2 confirmed that the purpose of the bath is to keep the resident's skin clean to prevent breakdown and infections. A review of the facility "Admission Record" for Resident #6 revealed that he was admitted to the facility on 04-05-14 with medical diagnoses that included Muscle Weakness, Unsteadiness on feet and Need for assistance with personal care. Resident #1 An interview on 3/18/24 at 9:40 AM, with Resident #1 revealed she has to wait for a female Certified	M 610	All residents who require assistance with their hair to be washed has the potential to be affected by this deficient practice. All residents have the right to be appropriately dressed. All residents have the potential to be affected by this deficient practice. All residents who prefer a female C.N.A. have the potential to be affected by this deficient practice. All residents who require assistance with toileting while up in their wheelchair have the potential to be affected by this deficient practice. 3. On 3/21/24 The Director of Clinical Education provided education to staff regarding ADL care including shaving, showering, hair washed, dressed appropriately, who require assistance with toileting while up in their wheelchairs and preference of female C.N.A. 4. To monitor the performance of our corrective action and to ensure sustainability. The Director of Nursing or Assistant Director of Nursing will audit 10 residents from West wing, 10 residents from east wing and 10 residents from Rehab 5 days a week for four (4) weeks and then weekly for 4 weeks to ensure that all resident who required assistance to be shaved are shaved, all residents have their shower according to the shower schedule and PRN as needed, have their hair washed as needed, all residents are dressed appropriately and all residents have a female C.N.A. if it is their preference beginning on 4/8/2024. The Nursing Home Administrator or the Director of Clinical of Operations will audit by observation 5 residents on west wing, 5	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	17SH	A. BUILDING: _____ B. WING _____	C 03/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF SOUTHAVEN	1730 DORCHESTER DR SOUTHAVEN, MS 38671

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M 610	Continued From page 15 Nursing Assistant (CNA) or nurse to come provide her care, because they have other residents assigned to them. She stated she has complained about not wanting to have a male CNA and there is always a male assigned to her, so she has to wait for the female CNA to provide incontinent care. She stated she had talked with both the head nurse and the Administrator. She stated she has waited 2 hours several times and one time she waited eight (8) hours while she was wet, in order to get a female to change her and clean her up. An interview on 3/19/24 at 3:05 PM, with the Ombudsman confirmed that Resident #1 complained that she has to wait a long time for the female aids to provide incontinent care because they have other residents, and she has made the Administrator aware. She stated the resident informed her that staff told her, "You are just going to have to deal with it". Review of Resident #1's "Admission Record" revealed the resident was admitted to the facility on 10/14/16 with medical diagnoses that included Other Specified Arthritis, other sites. Record review of Resident #1's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 12/23/23 revealed in Section C a Brief Interview for Mental Status (BIMS) score of 15, which indicates the resident is cognitively intact and in Section GG that the resident needed assistance with ADLs. Resident #3 An interview on 3/19/24 at 9:00 AM, with Resident #3 revealed he gets mainly bed baths. He stated that it has been so long since he has had a	M 610	residents on east wing and 5 residents on rehab 2 times a week for 4 weeks then weekly for 4 weeks including shaving, showering, hair washed, dressed appropriately and C.N.A. preference starting on 4/8/2024. Any negative findings of audits will be addressed in Quality Assurance and Performance Improvement Committee meeting for a minimum of three months by the Nursing Home Administrator for review and interventions as necessary beginning with April □s Quality Assurance Performance Improvement Committee Meeting on April 29, 2024.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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DIVERSICARE OF SOUTHAVEN	1730 DORCHESTER DR SOUTHAVEN, MS 38671

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M 610	Continued From page 16	M 610		

shower that he can't remember when it was. He stated he preferred to get a shower because it's always warm. He revealed he has to have help going to the bathroom, but they are slow to get to him sometimes and they never ask to take him to the bathroom during the day when he is up in his wheelchair. He laughed and said, "Oh no they are not going to ask that would mean they would have to take me."

Record review of Resident #3's "Admission Record" revealed the resident was admitted to the facility on 2/20/23 with medical diagnoses that included Type 2 Diabetes Mellitus.

Record review of Resident #3's MDS with and ARD of 2/3/24 revealed in Section C a BIMS score of 13, which indicates the resident is cognitively intact and in Section GG indicated the resident needed supervision and/or touching assistance with toileting.

An interview on 3/19/24 at 3:30 PM with LPN #5 confirmed that the residents do not get showers like they should, and she has told the Administrator about that. She said my residents have had showers for the past two days, but it is because you all have been here.

An interview on 3/20/24 at 10:00 AM, with the Director of Nurses (DON) confirmed that residents not getting their incontinent care timely and getting bed baths instead of showers has been a problem. She confirmed that residents do get mainly bed baths because some of the aides think it is easier. She revealed that is something she has been working on since she got here. She confirmed that not all of her nursing staff are meeting her expectations of basic human needs and care. She revealed she feels like they have

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	17SH	A. BUILDING: _____ B. WING _____	C 03/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF SOUTHAVEN	1730 DORCHESTER DR SOUTHAVEN, MS 38671

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M 610	Continued From page 17 plenty of staff, they just have some lazy staff.	M 610		
M1205	45.40.6 Floors Floors. All floors shall be smooth and free from defects such as cracks and be finished so that they can be easily cleaned. This Statute is not met as evidenced by: Level II Based on observations, staff and resident interview, record review and facility policy review, the facility failed to provide a safe, clean, homelike environment as evidenced by damaged floors on the East Wing, trash build up, unclean floors and no clean linens for two (2) of three (3) wings. Findings Include: Review of the facility policy titled, "5-Step Daily Room Cleaning" with no revision date revealed under "Purpose ...proper cleaning method to sanitize a patient room or any area in a healthcare facility ...1. Empty Trash, 2. Horizontal Surfaces-disinfect, 3. Spot Clean Walls, 4. Dust Mop, 5. Damp Mop; The most important area of a patient's room to disinfect is the floor ...When damp mopping floors pay close attention to any possible build up". Review of the facility policy titled, "Structuring the Laundry System" with a revision date of 10/25/18 revealed under, "Stage 1: Establishing Linen PARS ...A linen par is the amount of linen needed to satisfy the daily needs of each and every resident ...The rule of thumb is that linen	M1205	Floors 1. Repairs to the floor on east wing leading from the front entrance to the nurse□s station, began on 3/23/24, with a completion date of 4/12/2024 by our Maintenance department and an outside company. Caution Cone and tape was placed in that area during repairs. The Maintenance Director made rounds in the facility to check the floors for any needed repairs on 3/19/24. Any negative findings were repaired or scheduled for repairs 4/16/2024. 2. All floors in the facility have the potential to be affected by this deficient practice. 3. On 3/21/24, The Director of Clinical Education provided education to staff regarding any reporting and creating work orders for repairs noted to floors. The maintenance director or the assistant maintenance director will make rounds to check the floors for any repairs needed weekly for 4 weeks and then 2 times a month for 1 month starting on 4/9/2024. 4. To monitor the performance of our corrective action and to ensure sustainability. The Nursing Home Administrator or the Director of Clinical of	4/30/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	17SH	A. BUILDING: _____ B. WING _____	C 03/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF SOUTHAVEN	1730 DORCHESTER DR SOUTHAVEN, MS 38671

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M1205	Continued From page 18 inventory should be a minimum of 3 times your par (the amount of linen needed to satisfy the daily needs of each and every resident), 8 times par for wash cloths". Review of the facility policy titled, "Work Orders and Paging" with a revision date of 9/1/14 revealed under "Purpose...To establish a productive procedure for communicating and coordinating the needs of residents and employees from the Maintenance Department..." An observation on 3/18/24 at 6:05 AM, of the East wing hall leading to the nurse's station from the front entrance revealed three areas of buckled, unsecured vinyl flooring that was torn and raised up from the concrete floor. There were two indentions in the floor that was approximately 3 inches wide and 1 inch deep, multiple uneven areas and multiple peeling laminate that was sticking up. One area was approximately 5 feet long by 7 feet wide and was closest to the ice machine on that hall, and the other two areas closest to the nurse's station were approximately 20 feet long by 7 feet wide and one was 10 feet long by 7 feet wide. This hall is a high traffic area and is the path traveled for residents, staff, and visitors from their rooms on the East halls to the dining room. This observation revealed there were no cones or precaution signs to alert staff, residents or visitors of the damaged, uneven floor. An observation on 03/18/24 at 6:20 AM, of the West wing hall revealed the floors were dirty and had discarded pieces of paper, dried liquid stains and food crumbs throughout the hall. An observation on 3/18/24 at 6:28 AM, revealed Resident #2 lying in bed with no sheets or a full	M1205	Operations will make rounds weekly to ensure all floors are in good repair starting 4/10/24. Any negative findings of audits will be addressed in Quality Assurance and Performance Improvement Committee meeting for a minimum of three months by the Nursing Home Administrator for review and interventions as necessary beginning with April□s Quality Assurance Performance Improvement Committee Meeting on April 29, 2024. West Wing Hall 1. Upon notification on 3/18/2024, the west wing hall was swept and mopped removing discarded pieces of paper, dried liquid stains and food crumbs. Upon notification Resident #2 was provided with sheets, a blanket, and the window was closed on 3/18/2024. Upon notification on 3/18/2024 the West shower room door was closed; the shower head was replaced by the Maintenance Supervisor. Upon notification on 3/18/2024 the linen closet on West wing was stocked with sheets, towels, blankets, and wash clothes by the assistant housekeeping supervisor. Upon notification on 3/18/2024 in W16B the dried brown sticky substance running underneath the resident□s bed was cleaned by the housekeeping staff. Upon notification on 3/18/2024 in W22A the small brown and white crumbs of food	

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	17SH	A. BUILDING: _____ B. WING _____	C 03/20/2024

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DIVERSICARE OF SOUTHAVEN	1730 DORCHESTER DR SOUTHAVEN, MS 38671

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M1205	Continued From page 19 blanket. The resident's knees were pulled up to his chest and he was covered in an approximate 30 inch by 30-inch velour throw and had one folded under his buttocks. This observation revealed the resident's curtains were blowing in and out and when the curtains were pulled open it revealed the window was cracked open and the current temperature outside was 38 degrees. An interview on 3/18/24 at 6:30 AM, with Licensed Practical Nurse (LPN) #3 confirmed she was Resident #2's nurse and was not sure why the resident did not have sheets or proper blankets on him or why the window was open, but it did not need to be, and he needed some linens on his mattress. She revealed that the floor on the East Hall had been messed up for a while now, but she is not sure what they have done to fix it and stated she thinks they had a water leak. An interview and observation on 3/18/24 at 6:42 AM, with Certified Nurse Assistant (CNA) #3 confirmed she is Resident #2's CNA and she confirmed the resident did not have sheets or a blanket because they did not have any linen and that happens a lot lately. She confirmed the resident deserves to have a full blanket and sheets, but she is doing the best she can because that was all she could find to put on him. An observation/interview, on 03/18/24 at 6:45 AM, revealed that the West Wing shower room door was propped open with a maintenance cart. Certified Nurse Assistant (CNA) #2 revealed that shower room has been broken for about two (2) months because there was some problem with the water, but they are having to change the shower head. CNA #2 confirmed that the residents have been receiving bed baths. CNA #2 stated, "We don't have enough linen to take care	M1205	scattered on the floor from the top of the resident□s bed to the foot of bed was cleaned by the housekeeping staff. Upon notification on 3/18/2024 the linen closet on East wing was stocked with sheets, towels, blankets, and wash clothes by the assistant housekeeping supervisor. Upon notification the urinal underneath Resident #6 chair was removed and disposed of by his C.N.A. on 3/18/2024. Upon notification on 3/19/2024 multiple bags of garbage were removed from the biohazard room and disposed of properly by the housekeeping supervisor. Upon notification on 3/18/2024 the washing machine was repaired by the maintenance supervisor and all soiled laundry was taken outside the facility, washed and dried by the laundry staff and returned to facility, placed on carts and in linen closets. 2. All residents have the potential to be affected by these deficient practices. 3. All rooms were reviewed by Administrator/Housekeeping Manager for cleanliness and actions taken to ensure areas identified were cleaned by 3/21/24. All Housekeeping employees will be in-serviced by the Housekeeping Manager on the deep cleaning schedule, daily 5 and 7 step method to cleaning by 4/12/24. The House Keeping Manager reviewed with return demonstration all housekeeping employees on daily 5 and 7 step method to cleaning by 4/12/24. The Housekeeping Manager in-serviced	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	17SH	A. BUILDING: _____ B. WING _____	C 03/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF SOUTHAVEN	1730 DORCHESTER DR SOUTHAVEN, MS 38671

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M1205	Continued From page 20 of the residents because we only have one washer working". Observation on 03/18/24 at 6:48 AM, of the linen closet on the West Wing revealed one fitted sheet and one flat sheet. There were no towels, wash cloths or blankets. An observation on 03/18/24 at 06:50 AM, of room West 16 B revealed there was an area approximately three (3) foot by two (2) foot of dried brown sticky substance running underneath the resident's bed. An observation/interview on 03/18/24 at 6:55 AM, of resident room West 22 A revealed there were small brown and white crumbs of food scattered on the floor from the top of the resident's bed to the foot of the bed and a brown sticky substance splattered on the floor in an area approximately two (2) feet by 2 feet on the right side of the bed . An observation with CNA #3 on 03/18/24 at 7:00 AM, of the linen closet on the East Hall confirmed there were no linens of any type, the closet was empty. She stated she went to the laundry room when she came on duty at 11 PM and there were no clean linens in the laundry room at that time. Laundry staff #1 walked past as we were viewing the empty linen closet and confirmed there was no clean linens, because they were down to one washer and stated she has some sheets washing now but that it will be awhile. An interview and observation on 3/18/24 at 7:00 AM, with the Administrator revealed when she attempted to enter the laundry room from the dirty side that there were so many bags of dirty laundry, she could not open the door all of the way. She stated the reason they were behind on	M1205	housekeeping employees regarding reporting to the Administrator and Maintenance Director or Assistant Director of Maintenance equipment in need of repair immediately, reporting to Administrator the need of linen and trash disposal on 4/10/2024. An order was placed for additional linen on 4/5/24 by Nursing Home Administrator. The Housekeeping Manager will give the Administrator a linen inventory monthly. The Nursing Home Administrator will order linens monthly as needed. The Maintenance Director/Assistant Maintenance Director will discard trash placed in the outside receptacle daily 3/19/2024. The Director of Clinical Education in-serviced staff on reporting equipment in need of repair, cleanliness of facility, reporting to Administrator the need of linen and trash disposal after dark in the outside receptacle on 4/10/2024. 4. To ensure sustainability of our corrective action, the Administrator or Director of Clinical of Operations will monitor 2 rooms on each wing 5 days/week for 2 weeks beginning 4/15/2024 then 3 days a week for 6 weeks to ensure rooms are clean. Nursing Home Administrator will audit the trash removal 3 days a week for 4 weeks and then 1 time a week for 4 weeks starting 4/8/2024. Nursing Home Administrator will weekly monitor Linen supplies to ensure sufficient supply of sheets, towels, and blankets 4/8/2024. Any negative findings will be brought to the Quality Assurance Performance Improvement meeting monthly for a minimum of 3 months	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	17SH	A. BUILDING: _____ B. WING _____	C 03/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF SOUTHAVEN	1730 DORCHESTER DR SOUTHAVEN, MS 38671

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M1205	Continued From page 21 laundry was because they only work one shift and do not work at night. She stated, "I'll be honest I was not aware that we were down to one washing machine". The Administrator confirmed that Resident #2 needed sheets and a blanket covering him and asked the laundry staff to take one to him immediately. Laundry Staff #1 informed her she did not have any clean blankets at this time. The Administrator ask Laundry Staff #1 to get some in the washer and she stated as soon as this load is finished I will. The Administrator then stated she was aware that the washing machine had broken down and that they were trying to get it fixed but did not know any details. An observation and interview on 3/18/24 at 7:30 AM, with LPN #4 revealed there were three yellow poles on the East Hall with the damaged floors covering the approximate 3 inch wide by 1-inch-deep holes. LPN #4 stated that they put yellow poles up in three places for an area that is approximately 10 feet long and 7 feet wide to alert residents to avoid the floor hazards in that area. She confirmed the facility had multiple water leaks in the floors and the floors had to be repaired multiple times. She revealed that the three yellow poles did not cover all of the areas of the floor that was damaged, and it could be a hazard for residents trying to walk over the damaged floor areas. An observation and interview on 3/18/24 at 7:40 AM, with the Administrator confirmed the floor is damaged on the East Hall due to more than one water leak. She stated that they were supposed to come fix it two weeks ago but the work crew didn't show up. She confirmed that the floor could be hazardous for residents due to its condition.	M1205	beginning 4/29/24 by the Administrator. QAPI will evaluate the findings of the QA to determine effectiveness of correction action and to determine need for changes	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	17SH	A. BUILDING: _____ B. WING _____	C 03/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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M1205	Continued From page 22 An interview and review of invoices regarding water leak repairs and replacement flooring with the Administrator on 3/18/24 at 8:30 AM, revealed there had been two water leaks in the concrete slab floor on the East Hall that had to be repaired with the first one being 5/27/23 and the second one occurred 11/7/23-11/14/23. Review of the invoice for replacement flooring revealed it was ordered on 3/13/24 and is scheduled to be replaced on 3/20/24. A confirmation interview with the Administrator confirmed that she had said they were supposed to have been at the facility two weeks ago to replace the floors, but that the floors were not ordered until last week. She confirmed that it had been almost nine (9) months since the first water leak that damaged the floors. An interview on 3/18/24 at 9:00 AM, with CNA #4 revealed that she has had complaints from family and residents about the cleanliness of the facility. She revealed that housekeeping does not work at night, and she has noticed that some of the floors in the rooms are not clean; they could do better. An observation on 03/18/24 at 10:00 AM, revealed Housekeeper #4 entered resident room West 16, The housekeeper was noted coming out of the room and going back into the room with a mop. An interview on 03/18/24 at 10:12 AM, with Registered Nurse (RN) #1 confirmed that the floor in room West 16 still had a dried brown substance on the floor and needed to be cleaned. RN #1 stated, "The floor needs to be cleaned". An observation/interview on 03/18/24 at 10:15 AM, of Housekeeper #4 coming out of resident room West 16, she confirmed that she was finished cleaning the resident's room. An	M1205		

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	17SH	A. BUILDING: _____ B. WING _____	C 03/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF SOUTHAVEN	1730 DORCHESTER DR SOUTHAVEN, MS 38671

(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
M1205	Continued From page 23	M1205		

observation of the residents' floor revealed the dried splattered brown substance was still on the floor and underneath the resident's bed. RN #1 was standing outside of the residents' door. RN #1 entered the room and confirmed that the feeding was still on the floor and underneath the bed and that it did not provide a clean environment for the resident. RN#1 confirmed that the housekeeper had just exited the resident's room but did not clean the brown substance off the floor and that it did not appear that she had mopped the resident's floor at all.

An interview on 03/18/24 at 10:20 AM, with Housekeeper #4 confirmed that she did not get the dried brown substance off the floor. Housekeeper #4 stated "It's not our job to get the milk up. This is my first day back anyway from maternity leave, so that's not on me".

An observation and interview on 03/18/24 at 10:30 AM, of Resident #6 lying in bed with a urinal underneath a chair that sat against the wall in the center of the room. Resident #6 confirmed that the urinal underneath the chair belonged to the resident who was in the room before him and was not his.

An interview and observation on 03/18/24 at 12:47 PM, with LPN #4 confirmed that the urinal underneath the chair in Resident #6's room belonged to the resident that was in the room previously and had not been removed. She revealed that Resident #6 was admitted to that room on 3/8/24 and it appeared that the room had not been cleaned.

An interview on 3/19/24 at 9:00 AM, with Resident #3 revealed that he can self-propel his wheelchair and the floor on his hall (East) has a place that is

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	17SH	A. BUILDING: _____ B. WING _____	C 03/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF SOUTHAVEN	1730 DORCHESTER DR SOUTHAVEN, MS 38671

(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
M1205	Continued From page 24	M1205		

hard for him to roll his wheelchair over. They sometimes have to push me over that area. He stated the floor is rough in that area and it's been like that for a long time.

An observation and interview on 3/19/24 at 10:00 AM, with Maintenance Staff #2 confirmed the floors on the East Hall was unlevel because of several water leaks and that they had to tear up the floor back "last year." He stated that after the last water leak, they "Had us fix it with self-leveling concrete and lay new vinyl flooring." He revealed that maintenance laid the self-leveling concrete but it did not work and the floors were not level, with dips and holes in the floor and also peeling and pulled up vinyl planks for an area approximately 10 feet long by 7 feet wide near the nurse station, an area approximately 20 feet long and 7 feet wide toward the middle of the East Hall in front of rooms E 8-E 12 and an area 5 feet long and 7 feet wide at the end of the East Hall in front of the ice machine. He admitted that the floor was unlevel and could be dangerous to residents and visitors. He stated he was made aware on Friday morning 3/15/24 that one of the washers was out, and he found that the water hose had busted. He revealed that he replaced the water hose but forgot to turn the hot water back on. He stated that he repaired that first thing Friday morning and left the facility around 4:30 PM with no one making him aware that the washer still wasn't working before he left. He admitted that he never told the Administrator anything about that but should have.

Record review of the invoices for water leak repairs revealed the East Hall had two water leaks. The review of the invoice dated 6/28/23 from (Proper name) Companies, Inc revealed multiple leaks and repairs were made over the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	17SH	A. BUILDING: _____ B. WING _____	C 03/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF SOUTHAVEN	1730 DORCHESTER DR SOUTHAVEN, MS 38671

(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
M1205	Continued From page 25	M1205		

days from 5/27/23 to 6/1/23. The notation dated 6/1/23 revealed that the repair company "left the slab a little low for whoever replaced the floor to use leveling compound to make sure the flooring grade matched the existing; cleaned up the site and left." Review of the invoice dated 11/27/23 revealed (Proper Name) Companies Inc repaired a floor leak between 11/7/23 and 11/14/23.

Record review of the invoice dated 3/13/24 from (Proper Name of flooring company) revealed that 470.86 square feet of flooring had been ordered.

An observation and interview with CNA #5, DON and Administrator on 3/19/24 at 11:00 AM, revealed multiple bags of foul-smelling garbage piled up to the counter height and to the door in the biohazard room on the East Wing. An interview with CNA #5 confirmed she could barely open the door and she cannot get to the replacement battery for her total lift that is charging in that room. An interview and observation with the DON and Administrator confirmed that was a lot of bagged garbage that appeared to be resident's dirty briefs and staff should have already taken that out.

An interview on 3/19/24 at 11:15 AM, with the Environmental Manager revealed he took over this facility a short time ago and it still needs work. He stated that he was not aware that the washer broke on Friday, and he honestly does not know for sure if it is housekeeping's responsibility to take the garbage out every morning from the biohazard room, but he will get to the bottom of it. He revealed that there should have been clean linen available for the residents.

An observation and interview on 3/19/24 at 11:30 AM, revealed Housekeep Staff #5 rolling a large

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	17SH	A. BUILDING: _____ B. WING _____	C 03/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF SOUTHAVEN	1730 DORCHESTER DR SOUTHAVEN, MS 38671

(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
M1205	Continued From page 26	M1205		

barrel of foul-smelling garbage down the hall. On interview she confirmed it came from the biohazard room on the East Hall and it was her or the floor techs responsibility to take it out every morning. She stated I've been talking to the Administrator and the one before her about taking this responsibility off of me. She stated that the current Administrator told her they have to baby the CNA's. She stated she was supposed to have taken it out this morning but got busy doing paperwork. She stated that this is 3 PM-11 PM AND 11 PM-7 AM' s' garbage because they don't want to take it out there in the dark.

An interview on 3/19/24 at 3:15 PM, with Laundry Staff #3, assistant supervisor, stated she walked up to the Administrator where she was sitting at the conference table for the stand-up meeting on Friday and told her the washer was out and they had staffing issues. She stated that Maintenance came and looked at the washer on Friday but did not fix anything and told us he would have to call someone to come look at it.

An interview on 3/20/24 at 10:00 AM, with the Director of Nurses (DON) stated that Resident #2 not having sheets on his bed and not having a blanket to fully cover him is a basic human right and he should have had better, but I realize they were doing the best they could do since they did not have any clean linen. She confirmed that the garbage in the biohazard room that was resident's dirty briefs and such should have been taken out first thing yesterday morning and the staff that were responsible for that knew to do it.

Record review of Resident #2's "Admission Record" revealed the resident was admitted to the facility on 11/30/23.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	17SH	A. BUILDING: _____ B. WING _____	C 03/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF SOUTHAVEN	1730 DORCHESTER DR SOUTHAVEN, MS 38671

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M1205	Continued From page 27 Record review of Resident #2's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 3/7/24 revealed in Section C a Brief Interview for Mental Status (BIMS) score of 10, which indicated the resident is moderately cognitively impaired. Record review of Resident #3's "Admission Record" revealed the resident was admitted to the facility on 2/20/23. Record review of Resident #3's MDS with and ARD of 2/3/24 revealed in Section C a BIMS score of 13, which indicates the resident is cognitively intact. . Record review of Resident #6's "Admission Record" revealed the resident was admitted to the facility on 4/5/14. Record review of Resident #6's MDS with an ARD of 1/24/24 revealed in Section C a BIMS score of 13, which indicates the resident is cognitively intact.	M1205		
M1230	45.40.11 Call System Call System. A call system shall be in place at the nurses' station to receive resident calls through a communication system to include audible and visual signals from bedrooms, toilets, and bathing facilities. 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 that call lights were functioning in	M1230	1. Call bells were placed in Residents #3 and #6 room on 3/18/2024. The Maintenance Supervisor repaired Resident # 6 call light on 3/18/24. A repair Company was called to repair the call light	4/30/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	17SH	A. BUILDING: _____ B. WING _____	C 03/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF SOUTHAVEN	1730 DORCHESTER DR SOUTHAVEN, MS 38671

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M1230	Continued From page 28 all resident rooms as evidenced by Resident #3 and Resident #6's call lights not functioning for two (2) of 7 residents sampled. Findings Include: Record review of the facility policy titled, "Nurse Call System" with a revision date of 9/1/14 revealed, "Policy...To maintain center nurse call systems in an ideal mechanical condition to ensure optimum performance when residents request assistance from staff..." An observation on 3/18/24 at 6:15 AM, of Resident #3's room revealed the call light outside the room door was on, but no noise was alerting staff. An interview on 3/18/24 at 6:16 AM with Licensed Practical Nurse (LPN) #3 confirmed that Resident #3's call light is not working and stays on all of the time, so they have bells. An observation and interview on 3/18/24 at 6:17 AM, with Resident #3 revealed there were no call light cords in the resident's room, no bell was noted and he has no idea if he has a call light and has never had a bell. He stated he has seen a call light cord before, but it's been a while. He picked his cell phone up and stated he used this if he had to. An interview on 3/18/24 at 6:18 AM with Licensed Practical Nurse (LPN) #3 confirmed that she needed to put a work order in for Resident #3's call light and stated that she thought they had bells to ring, but confirmed that they didn't. An interview and observation on 3/18/24 at 9:13 AM, with LPN #4 revealed that as far as she	M1230	in Residents #3 room, and it was repaired on 4/2/23. Call bells remained within reach of each resident until the call light was repaired. 2. All residents have the potential to be affected by this deficient practice. All call lights were checked by Maintenance on 3/18/2023 to ensure they were both audible and visual. 3. On 3/21/24 the Director of Clinical Education provided an in-service for staff to ensure all call lights are in good working order both audible and visual. 4. To monitor the performance of our corrective action and to ensure sustainability audits will be conducted by the Nursing Home Administrator or Director of Nursing weekly to ensure that the call light checks are being conducted by the Maintenance Supervisor or Assistant Maintenance Supervisor starting 4/8/2024. Call light Checks will be conducted 2 times a week for 4 weeks starting 4/8/2024 then monthly for 3 months by the Maintenance Supervisor or Assistant Maintenance Supervisor to ensure all call lights are in working order and are both visible and audible. Any negative findings of audits will be addressed in the Quality Assurance and Performance Improvement Committee meeting for a minimum of three months by the Nursing Home Administrator for review and interventions as necessary beginning with April's Quality Assurance Performance Improvement Committee Meeting on April 29, 2024.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	17SH	A. BUILDING: _____ B. WING _____	C 03/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF SOUTHAVEN	1730 DORCHESTER DR SOUTHAVEN, MS 38671

(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
M1230	Continued From page 29	M1230		

knew, all the call lights worked, and no one has had a bell in a long time. On this observation it was revealed that Resident #3 had call light cords and when they were pulled the light came on but did not make a noise. She stated a work order needs to be put in for this, I had no idea. She stated she was going to notify maintenance.

An observation and interview on 03/18/24 at 10:30 AM, with Resident #6 stated that the staff comes when he calls for them. The resident pressed his call light, and the call light did not work. The treatment nurse LPN #1 was present in the residents' room and confirmed that the call light was not working.

An interview and observation on 3/19/24 at 11:00 AM with the Administrator and the Director of Nurses (DON) of Resident #3's room confirmed that the residents' call light would come on when it was pushed but there was no sound at the nurse's station to alert staff that the resident needed help. They confirmed that a work order should have been put in by the staff that were aware it was broken. The Administrator revealed if staff are aware that there are problems with a call light then a work order needed to be put in and they need to let me know. She stated that she would investigate to find out why Resident #3's room did not have call light cords on observation at 3/18/24 at 6:17 AM. She revealed that the call light would come on and stay on when the cord is pulled out of the wall.

An observation and interview on 3/19/24 at 10:00 AM with Maintenance Staff #2 confirmed that the call light in Resident #3's room came on with no noise and needed to be fixed, but he had not been made aware that it was broken.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	17SH	A. BUILDING: _____ B. WING _____	C 03/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF SOUTHAVEN	1730 DORCHESTER DR SOUTHAVEN, MS 38671

(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
M1230	Continued From page 30 An interview on 3/20/24 at 10:00 AM with the Director of Nurses (DON) confirmed that residents not having functioning call lights is an issue that could lead to a problem for the resident if they are not able to call for help. Record review of Resident #3's "Admission Record" revealed the resident was admitted to the facility on 2/20/23. Record review of Resident #3's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 2/3/24 revealed in Section C a BIMS score of 13, which indicated the resident is cognitively intact. Record review of Resident #6's "Admission Record" revealed the resident was admitted to the facility on 4/5/14. Record review of Resident #6's MDS with and ARD of 1/24/24 revealed in Section C a BIMS score of 13, which indicated the resident is cognitively intact.	M1230		