| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 255213 | A. BUILDING _____ B. WING _____ | C 05/30/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| MEADVILLE CONVALESCENT HOME | 300 HWY 556/ROUTE 2 BOX 66 MEADVILLE, MS 39653 |

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| F 000 | INITIAL COMMENTS<br><br>The State Agency (SA) conducted a Complaint Investigation (CI MS #25150) at the facility on 5/30/24. CI MS #25150 was investigated related to Resident Neglect and Quality of Care/Treatment for call lights not answered by staff in a timely manner and Resident Representative not notified of a change in the condition of a resident. During the survey, the SA determined the facility was not in compliance with the requirements for participation in Medicare and Medicaid and cited F580.<br><br>The facility held a license for 60 beds, with a census of 51 residents. | F 000 | | |
| F 580 SS=D | Notify of Changes (Injury/Decline/Room, etc.)<br>CFR(s): 483.10(g)(14)(i)-(iv)(15)<br><br>§483.10(g)(14) Notification of Changes.<br>(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-<br>(A) An accident involving the resident which results in injury and has the potential for requiring physician intervention;<br>(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);<br>(C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or<br>(D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). | F 580 | | 6/27/24 |

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

Electronically Signed | 06/14/2024

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| F 580 | Continued From page 1<br>(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.<br>(iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-<br>(A) A change in room or roommate assignment as specified in §483.10(e)(6); or<br>(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.<br>(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).<br><br>§483.10(g)(15)<br>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).<br>This REQUIREMENT is not met as evidenced by:<br>Based on record review, staff, and Resident Representative (RR) interviews and facility policy review, the facility failed to notify the resident's RR of change a in the resident's condition for one (1) of four (4) sampled residents. (Resident #1)<br><br>Findings include:<br><br>Review of the facility's policy titled, "Notification of Significant Changes," dated 10/17/14, revealed, " | F 580 | " Resident #1 has not required any Resident Representative notification.<br>" The facility has determined that all residents have the potential to be affected.<br>" The Director of Nursing Services conducted an in-service on 05/31/2024 with all licensed nursing staff on policy regarding notification of the Physician and Responsible Party of significant changes | |

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| F 580 | Continued From page 2<br>POLICY: The facility shall immediately inform the resident, consult with the resident's physician, and if known, notify the resident's legal representative or an appropriate family member of the following: ...Significant change in resident's physical, mental or psychosocial status ..."<br><br>On 5/30/24 at 12:20 PM, during a telephone interview with the RR for Resident #1, he reported that he had not been notified that Resident #1 had a change of condition on 12/03/23. He stated that he was not notified until the resident experienced another change of condition on 12/06/23.<br><br>Record review of the "Progress Notes," for Resident #1 revealed that on 12/03/23 at 2:40 AM, the resident had an elevated temperature and productive cough and tested positive for COVID-19. There was no documentation of notification of the resident's RR.<br><br>Record review of "Progress Notes," for Resident #1 revealed that on 12/06/23 at 1:54 PM, there was a change noted in the resident's condition. The nurse noted a finger stick blood sugar revealed a reading as "High." The Nurse Practitioner was notified, and new orders received regarding the resident's insulin orders. There was documentation, at that time, that there was an unsuccessful attempt to notify the RR. At 3:24 PM, the resident was unresponsive to verbal or tactile stimulation and the resident was transferred to a local acute care facility. Once again, there was an unsuccessful attempt to notify the RR. The RR returned the call at 4:05 PM and was notified of the resident's change of condition and transfer. | F 580 | to a resident□s condition.<br>" The Director of Nursing Services will conduct an audit of five (5) residents nurse's notes and the twenty four hour report weekly for 3 months beginning the week of 6/3/24 on any resident that had a change in condition and ensure the family was promptly notified including being documented in the nursing notes.<br>This plan of correction will be monitored monthly at the monthly Quality Assurance meeting beginning 06/27/24 and will continue for 3 months or until such time it is determined that substantial compliance is maintained. | |

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| F 580 | Continued From page 3 | F 580 | | |

On 5/30/24 at 2:25 PM, an interview with the Director of Nurses (DON) revealed that nurses were supposed to notify residents' RR of a change of condition, which would include a positive COVID-19 test. She stated that nurses were also supposed to document in Nurses Progress Notes that the RR was notified along with the time, date, and RR's response. She stated that if the nurse were unable to reach the RR by telephone, the attempt should be documented and passed along with instructions for the on-coming nurse to notify the RR. The DON stated she had not notified the RR of the change of condition for Resident #1 on 12/03/23, and was not able to find any documentation that an attempt was made.

On 5/30/24 at 2:35 PM, during an interview with Charge Nurse #1, she revealed she had not notified the RR for Resident #1 of the resident's change of condition on 12/03/23, or at any time prior to 12/6/23.

On 5/30/24 at 3:00 PM, an interview with Licensed Practical Nurse (LPN) #2, revealed she was not on duty on 12/03/23, but was assigned to the care of Resident #1 on 12/04/23 and 12/05/23. She stated the resident was on infection control precautions for COVID-19, but was alert and oriented with a cough. She stated that she had not notified Resident #1's RR of the change of condition.

Record review of the Admission Record for Resident #1, revealed the facility admitted the resident on 12/1/22 and discharged the resident on 12/9/23. The resident had diagnoses that included Unspecified Dementia with Anxiety, Type 2 Diabetes. There was a diagnosis of COVID-19

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| F 580 | Continued From page 4<br>with an onset date of 12/3/23. | F 580 | | |