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	255105	A. BUILDING _____ B. WING _____	C 06/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF TUPELO	2273 SOUTH EASON BOULEVARD TUPELO, MS 38804

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F 000	INITIAL COMMENTS The State Agency (SA) conducted seven (7) Complaint Investigations (CI MS #24744, CI MS #24745, CI MS #24944, CI MS #24945, CI MS #24947, CI MS #25168 and CI MS #25260) at the facility from 06/11/24 through 06/12/24. During the survey, the SA determined the facility was not in compliance with the requirements for participation in Medicare and Medicaid. The SA investigated CI MS #24945, CI MS #24947, CI MS #25168, and CI MS #25260 for improperly dressed residents, infection control concerns, and poor quality food and there were no deficiencies cited. The SA investigated CI MS #24744, CI MS #24745, and CI MS #24944 for residents not treated with dignity and respect, not answering call lights timely, incontinence care, medications left unattended, residents not groomed adequately and cited F557, F656, and F677. At the time of the survey the facility held a census of 97 and was licensed for 119 beds.	F 000		
F 557 SS=D	Respect, Dignity/Right to have Prsnl Property CFR(s): 483.10(e)(2) §483.10(e) Respect and Dignity. The resident has a right to be treated with respect and dignity, including: §483.10(e)(2) The right to retain and use personal possessions, including furnishings, and clothing, as space permits, unless to do so would infringe upon the rights or health and safety of other residents. This REQUIREMENT is not met as evidenced by: Based on observation, resident and staff	F 557	1. On 6/11/24, Resident #1 was assisted	7/15/24

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

Electronically Signed | 06/25/2024

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F 557	Continued From page 1 interviews, record review, and facility policy review the facility failed to ensure that a resident was treated with dignity when she asked for assistance with toileting and a staff member refused for one (1) of eight (8) residents reviewed. Resident #1. Findings Include: Record review of the facility policy, "Resident's Rights and Quality of Life" dated May 1, 2012, revealed "It is the policy of Advocate that all residents have the right to a dignified existence, self-determination, and communication with an access to people and services inside and outside the facility..." On 06/11/24 at 10:30 AM, an observation and interview with Resident #1 revealed her sitting in a wheelchair propelling herself in her room. She revealed that she was not able to walk, that she wore briefs and required help to use the bathroom. She revealed that she pressed the call light when she needed her brief changed and they usually came within a few minutes. Resident #1 stated, "I'm so tired of pissing my clothes." Resident #1 revealed that when she asked for help to the bathroom, the Certified Nursing Assistants (CNAs) often told her they "didn't have time for all that" and that it was "too much trouble" for them. Resident #1 also revealed that someone had once told her to go ahead and use the bathroom in her diaper and they would change her later. She revealed that she was fifty-three years old and stated, "I don't feel right about doing that, especially having a bowel movement because it messes my clothes up." Resident #1 revealed that she would rather go into the bathroom and use the commode.	F 557	to toilet by direct care staff utilizing the sit-to-stand lift. On 6/11/24, Certified Nursing Assistant (CNA) was inserviced by the Administrator and Director of Nursing regarding the facility policy for "Dignity" and "Resident Rights." 2. All residents have the potential to be affected by this practice. 3. Beginning 06/14/24, the Director of Nursing began in-servicing direct care staff regarding the policy for "Dignity" and "Resident Rights". 4. Beginning the week of 6/17/24, the Administrator, Director of Nursing, and Assistant Director of Nursing began monitoring rounds during resident care of five residents to assure residents assisted to toilet as care planned. Monitoring rounds to be conducted three times weekly for four weeks, two times weekly for four weeks, then weekly for four weeks. Beginning the week of 6/24/24, the Social Services Director and Director of Care Coordination will conduct five resident interviews weekly for twelve weeks to assure no concerns noted with toileting assistance. Any negative findings will be addressed at that time. Findings of monitoring will be brought to the Quality Assurance	

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F 557	Continued From page 2 Resident #1 revealed that she had a hard time standing because her left leg didn't work too well but they had a sit to stand lift they used to help her on the toilet. Resident stated, "I need to pee now." At 10:34 AM, observed Resident #1 press her call light to ask for assistance with toileting. At 10:38 AM, CNA #1 entered Resident #1's room and asked her what she needed. While the State Agency was standing in the room, Resident #1 asked CNA #1 to help her go to the bathroom and CNA #1 stated, "I can't help you with that." A brief interview with CNA #1 revealed that Resident #1 usually went to the bathroom in her brief and they changed her afterwards. CNA #1 stated, "I'm sorry" and revealed that she should have helped her go to the bathroom when she asked and that she would "take her now." On 06/11/24 at 10:45 AM, an interview with Licensed Practical Nurse (LPN) #1, revealed that CNA #1 should have assisted Resident #1 to the bathroom when she asked. She revealed that she would report the incident to the Director of Nursing (DON) right away. She revealed that it was unacceptable behavior to refuse to meet a resident's needs. On 06/11/24 at 10:50 AM, an interview with DON revealed that when any resident asked for help to the bathroom, the CNAs were supposed to help them. The DON agreed that refusing to take a resident to the bathroom when asked and telling a resident to use the bathroom in their brief was a dignity issue and they would not tolerate this. On 06/11/24 at 11:15 AM, an interview with Administrator revealed that it was not acceptable behavior for any staff member to tell a resident to "go in their brief, and they would change them	F 557	Performance Improvement Committee for review and recommendations on 07/08/2024, then monthly for three months.	

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F 557	Continued From page 3 later." She revealed that Resident #1 always used the bathroom, and that CNA #1 should have helped her to the bathroom when she asked to go. Record review of Resident #1's "Admission Record" revealed an admission date of 09/14/2023 and her diagnoses included Reduced Mobility and Need for Assistance with Personal Care. Record review of Resident #1's Minimum Data Set (MDS) with Assessment Reference Date (ARD) of 03/13/24 under Section C revealed a Brief Interview for Mental Status (BIMS) score of 15 which indicated that she had no cognitive deficits.	F 557		
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights	F 656		7/15/24

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F 656	Continued From page 4 under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv)In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. §483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (iii) Be culturally-competent and trauma-informed. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review and facility policy review the facility failed to implement Activities of Daily Living (ADL) care plans for two (2) of eight (8) residents reviewed. Resident #1 and Resident #8. Findings Included: Record review of the facility policy, "Care Plans" with effective date of October 2021, revealed care plans will be developed for all patients and	F 656	1. On 06/12/24, Resident #1 was shaved by Licensed Practical Nurse #2. On 06/12/24, Resident #8 was provided toothbrush and toothpaste and assisted with oral care and shaving by direct care staff. 2. All residents have the potential to be affected by this practice.	

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F 656	Continued From page 5 residents based upon the RAI (Resident Assessment Instrument) manual guidelines. Care plans are developed by the interdisciplinary team and revised as needed according to resident and patient status or change. RESIDENT #1 Record review of Resident #1's "Comprehensive Care Plan" initiated on 09/22/2023 revealed that she had a self-care deficit related to decreased functional abilities, weakness and had interventions that included extensive assistance with personal hygiene and to provide cueing, supervision, and assistance with ADLs as needed. An observation and interview with Resident #1 on 06/12/24 at 10:20 AM revealed facial hair, one approximately two (2) inches long on her left lower jaw and there was an area approximately three inches by three inches with scattered black hairs over lower face and chin area. She stated, "I don't like to have hair on my face, and I want it off." An observation and interview with Licensed Practical Nurse (LPN) #2 on 06/12/24 at 10:40 AM, confirmed the facial hair on Resident #1's left lower jaw and chin. LPN #2 revealed that Resident #1's facial hair should have been removed on her last bath day. Resident #1 stated to LPN #2, "I don't want it refused, I want it shaved." Record review of Resident #1's "CNA Bath & Shower Report" revealed that the CNA marked "No" on "Facial Hair Removed" on 06/10/24.	F 656	3. Beginning 06/14/24, the Director of Nursing began inservicing direct care staff regarding the comprehensive care plan and care delivery. 4. Beginning the week of 06/24/24, the Administrator and Director of Nursing will conduct observaton rounds with accompanying audit of 10 resident's Activities of Daily Living (ADL) documentation to assure care documented in accord with the care plan. Additionally, the Administrator will conduct five resident interviews to assure care plan compliance and accuracy of care delivered. Audits and observation rounds will be conducted two times a week for four weeks, then weekly for eight weeks. Any negative findings will be addressed immediately. Findings of monitoring will be brought to the Quality Assurance Performance Improvement Committee for review and recommendations 07/08/24, then monthly for three months.	

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F 656	Continued From page 6	F 656		

Record review of Resident #1's "Admission Record" revealed an admission date of 09/14/2023 and her diagnoses included Reduced Mobility and Need for Assistance with Personal Care.

Record review of Resident #1's Minimum Data Set (MDS) with Assessment Reference Date of 03/13/24 under Section C revealed a Brief Interview for Mental Status (BIMS) Score of 15 which indicated that she had no cognitive deficits.

RESIDENT #8

Record review of Resident #8's Comprehensive Care Plan initiated on 06/03/2024 revealed that he had a "Self-Care Deficit related to decreased functional abilities" with interventions that included "Nail, hair and oral care daily and as needed" and "Provide cueing, supervision, and assistance with ADLs (Activities of Daily Living) as needed."

During an observation and interview with Resident #8 on 06/12/24 at 9:15 AM, revealed facial hair approximately three-fourths to one inch long covering his upper lip and a beard with hair approximately one-half inch long covering his bilateral facial area and chin. He stated, "I would like to be shaved more often." He revealed that he also needed a toothbrush and some toothpaste so he could brush his teeth. Resident #8 revealed that he had not brushed his teeth since had had been admitted, which was over a week ago and he had been asking for a toothbrush and toothpaste and no one had provided these for him. An observation of Resident #8's teeth revealed a white substance between his upper teeth and gum line.

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F 656	Continued From page 7	F 656		

An interview with CNA #3 on 06/12/24 at 9:50 AM, revealed that she was assigned to Resident #8 today and confirmed she had not assisted him with mouth care today.

An interview and observation with LPN #2 on 06/12/24 at 10:30 AM, revealed that on bath days, the CNAs were responsible for bathing, nail care, and shaving facial hair unless the resident refused. LPN #2 revealed that the CNAs also were responsible for mouth care every day. LPN #2 confirmed the white substance between Resident #8's upper teeth and confirmed his facial hair which was approximately one-half inch long and his mustache which was approximately one inch long. Resident stated, "I've been asking for these things since I got here."

An interview on 06/12/24 at 10:50 AM, with Director of Nursing (DON), confirmed that facial hair on men and ladies should be addressed during their regular scheduled bath time and that the care plans should be followed for each resident.

On 06/12/24 at 2:40 PM, an interview with the DON, revealed that the purpose of the comprehensive care plan was to tell about the residents to ensure that the staff knew how to take care of each resident. She revealed that each care plan was patient specific and individualized to meet their needs. The DON agreed that the care plans on Resident #1 and Resident #8 related to shaving and Resident #8's care plan related to mouth care were not followed. She revealed that Resident #1 and Resident #8 should have been shaved on their scheduled bath days and that Resident #1 should

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F 656	Continued From page 8 have received a toothbrush and toothpaste when he was admitted and been getting mouth care every day. Record review of Resident #8's "Admission Record" revealed an admission date of 05/31/2024 and had diagnoses that included Myelodysplastic Syndrome and Need for Assistance with Personal Care. Record review of Resident #8's MDS with ARD of 06/07/2024 under Section GG revealed he required supervision or touching assistance to complete oral and personal hygiene including combing hair and shaving. Record review of Resident #8's "POC Response History" form revealed that he received a shower on 06/10/2024 and review of his "CNA Bath & Shower Report" revealed that "Facial Hair Removed" was marked "No."	F 656		
F 677 SS=D	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: Based on observation, interviews, record review and facility policy review the facility failed to provide oral care for a resident (Resident #8) and failed to shave residents (Resident #1 and Resident #8) for two (2) of eight (8) residents reviewed. Findings Include:	F 677	1. On 06/12/24, Resident #1 was shaved by Licensed Practical Nurse #2. On 06/12/24, Resident #8 was provided toothbrush and toothpaste and assisted with oral care and shaving by direct care staff.	7/15/24

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F 677	Continued From page 9 Record review of the facility policy, "ADL's (Activities of Daily Living)" dated August 2021, revealed, "Policy: Ensure ADL's are provided in accordance with accepted standards of practice, the care plan, and reasonable accommodations of the resident's choices and preferences..." RESIDENT #1 On 06/12/24 at 10:20 AM, an observation and interview with Resident #1 revealed facial hair, one approximately two (2) inches long on her left lower jaw and there was an area approximately three inches by three inches with scattered black hairs that measured approximately one-half inch to three-fourths inch on her lower chin. Resident #1 revealed that she didn't like to have facial hair and wanted it gone. She revealed that the Certified Nursing Assistants (CNAs) had shaved it before but hadn't lately. She stated, "I don't like to have hair on my face, and I want it off." On 06/12/24 at 10:40 AM, during an observation and interview Licensed Practical Nurse (LPN) #2 confirmed the facial hair on Resident #1's left lower jaw and chin. LPN #2 revealed that Resident #1's facial hair should have been removed on Monday, 06/10/24, when the CNAs gave her bath. She revealed that the CNAs had a bath sheet they filled out with every bath, and they had to check off what they completed unless the resident refused and if refused, they had to mark refused to that particular care area. Resident #1 stated to LPN #2, "I don't want it refused, I want it shaved." Record review of Resident #1's "POC (Plan of Care) Response History" form revealed that she received a shower on 06/10/2024 prior to this	F 677	2. All residents have the potential to be affected by this practice. 3. Beginning 06/14/24, the Director of Nursing began inservicing direct care staff regarding the comprehensive care plan and care delivery. 4. Beginning the week of 06/24/24, the Administrator and Director of Nursing will conduct observaton rounds with accompanying audit of 10 resident's Activities of Daily Living (ADL) documentation to assure care documented in accord with the care plan. Additionally, the Administrator will conduct five resident interviews to assure care plan compliance and accuracy of care delivered. Audits and observation rounds will be conducted two times a week for four weeks, then weekly for eight weeks. Any negative findings will be addressed immediately. Findings of monitoring will be brought to the Quality Assurance Performance Improvement Committee for review and recommendations 07/08/24, then monthly for three months.	

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F 677	Continued From page 10	F 677		

survey entrance on 06/11/24.

Record review of Resident #1's "CNA (Certified Nursing Assistant) Bath & Shower Report" revealed that the CNA marked "No" on "Facial Hair Removed" on 06/10/24.

Record review of Resident #1's "Admission Record" revealed an admission date of 09/14/2023 and her diagnoses included Reduced Mobility and Need for Assistance with Personal Care.

Record review of Resident #1's Minimum Data Set (MDS) with Assessment Reference Date of 03/13/24 under Section C revealed a Brief Interview for Mental Status (BIMS) Score of 15 which indicated that she had no cognitive deficits.

RESIDENT #8
On 06/12/24 at 9:15 AM, an observation and interview with Resident #8 revealed him lying in bed. He revealed that he received his baths about three times a week and had been shaven only once since he'd been here. An observation revealed facial hair approximately three-fourths to one inch long covering his upper lip and a beard with hair approximately one-half inch long covering his bilateral facial area and chin. Resident #8 revealed that while he was at home, he shaved two to three times a week. He stated, "I would like to be shaved more often." He revealed that he also needed a toothbrush and some toothpaste so he could brush his teeth. Resident #8 revealed that he had not brushed his teeth since had had been admitted, which was over a week ago and he had been asking for a toothbrush and toothpaste and no one had provided these for him. An observation of

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F 677	Continued From page 11	F 677		

Resident #8's teeth revealed white substance between his upper teeth and gumline.

On 06/12/24 at 9:40 AM, an interview with CNA #2 revealed that they were supposed to provide mouth care to residents every day and that they shaved resident's facial hair when they provided their baths or showers. She revealed that if a resident could brush their own teeth, the CNAs assisted them with set up as needed and cleaned up afterwards. CNA #2 revealed that when a newly admitted resident came into the facility, they provided them with a wash basin, mouthwash, and toothbrush and toothpaste if these items were not brought from home. CNA #2 also revealed that if a resident refused mouth care, they were supposed to report it to the nurse.

On 06/12/24 at 9:50 AM, an interview with CNA #3 revealed that they had a bath sheet they had to fill out on each resident and had to mark what care area was completed and what was refused. CNA #3 revealed that she was assigned to A-Hall today and confirmed that she had not assisted Resident #8 with mouth care today.

On 06/12/24 at 9:55 AM, an interview with CNA #4 revealed that shaving was included in personal care and was supposed to be completed during residents' scheduled bath or shower time. She also revealed that resident mouth care was supposed to done every day.

On 06/12/24 at 10:30 AM, an observation and interview with LPN #2 revealed that Resident #8 received his bath three times a week. She revealed that on bath days, the CNAs were responsible for bathing, nail care, and shaving facial hair unless the resident refused. LPN #2

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255105	A. BUILDING _____ B. WING _____	C 06/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF TUPELO	2273 SOUTH EASON BOULEVARD TUPELO, MS 38804

(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 677	Continued From page 12	F 677		

revealed that the CNAs also were responsible for mouth care every day. She revealed that if a resident could brush his or her own teeth, the CNAs assisted with set up and they cleaned up afterwards. LPN #2 confirmed the white substance between Resident #8's upper teeth and confirmed his facial hair which was approximately one-half inch long and his mustache which was approximately one inch long. Resident #8 stated to LPN #2, "I shaved two or three times a week at home, and I haven't been shaved but one time since I've been here." He revealed that he had not been able to brush his teeth since he'd been here in the facility because he didn't have a toothbrush or toothpaste and also stated to LPN, #2, "I've been asking for these things since I got here." LPN #2 stated to Resident #8 that she would get the CNAs to shave him today and she would get him toothpaste and a toothbrush together now.

On 06/12/24 at 10:50 AM, an interview with DON confirmed that facial hair on men and ladies should be addressed during their regular scheduled bath time. She also confirmed that Resident #8 should have been shaved on Monday, 06/10/24, when he got his shower and should have received a toothbrush and toothpaste and been assisted with mouth care every day since admission.

Record review of Resident #8's MDS with ARD of 06/07/2024 under Section GG revealed that he required supervision or touching assistance to complete oral and personal hygiene including combing hair and shaving. Section C revealed a BIMS Score of 10 which indicated that he had moderate cognitive deficits.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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(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 677	Continued From page 13 Record review of Resident #8's "POC Response History" form revealed that he received a shower on 06/10/2024 and review of his "CNA Bath & Shower Report" revealed that "Facial Hair Removed" was marked "No." Record review of Resident #8's "Admission Record" revealed an admission date of 05/31/2024 and had diagnoses that included Myelodysplastic Syndrome and Need for Assistance with Personal Care.	F 677		