STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255175	A. BUILDING _____ B. WING _____	06/20/2024

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS The State Agency (SA) conducted an Annual Recertification survey and along with two (2)Complaint Investigations (CI MS #25465 and CI MS #25503) at the facility from 6/17/24 through 6/20/24. The SA investigated CI MS #25465 and CI MS# 25503 for Medication Administration, and Activities of Daily Living (ADL) care. There were no citations related to the complaint investigations. During the annual recertification survey, the SA determined the facility was not in compliance with the requirements of participation in Medicare and Medicaid and cited F641, F658, F695 and F759. The facility had a census of 53 and was licensed for 58 beds.	F 000		
F 641 SS=B	Accuracy of Assessments CFR(s): 483.20(g) §483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REQUIREMENT is not met as evidenced by: Based on record reviews, staff interviews, and facility policy review, the facility failed to correctly code a discharge from the facility on the Discharge Minimum Data Set Assessment (MDS) for one (1) of 14 sampled residents reviewed for assessment accuracy. Resident #49 Findings Include: Record review of the facility's policy titled, "MDS and Care Plans," with the latest effective date, August 2019, revealed, "Care plans and MDS will be developed and maintained per RAI (Resident	F 641	F641 Accuracy of Assessments Resident #49's Discharge Minimum Data Set (MDS)assessment was modified on 6/20/2024 by Resident Nurse Assessment Coordinator (RNAC) to reflect his discharge home on 4/02/2024 with Home Health Services. All resident's discharged from the facility have the potential to be affected by the alleged deficient practice.	7/26/24

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

Electronically Signed | 07/02/2024

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F 641	Continued From page 1 Assessment Instrument) Guidelines." Record review of the facility's, "Progress Notes," revealed Resident #49 was discharged to home, with a local Home Health Agency on 4/2/2024. Record Review of the Discharge MDS, with an Assessment Reference Date (ARD) of 04/02/24, revealed in Section A that Resident #49 was discharged to an acute hospital. Review of the facility's, "Admission Record" for Resident #49 revealed an admission date of 03/07/24, which included diagnoses of Fracture of Left Patella, Unspecified Dementia, and Major Depression. During an interview with the Director of Nursing (DON) on 06/19/24 at 2:30 PM, she confirmed the facility failed to code the discharge MDS correctly. The DON also explained it was her expectation that the MDS Coordinator would code the MDS correctly. During an interview with the Registered Nurse (RN#1) on 6/19/24 at 3:00 PM, she confirmed she failed to accurately code Resident #49's Discharge MDS, dated 4/2/24. The MDS Nurse said she hit the wrong button. The nurse said she normally looks at the orders or the progress notes to determine the resident's discharge status. She stated she was busy doing a lot of MDS's and might have mixed the resident up with another resident. During an interview with the Administrator on 6/19/24 at 3:30 PM, she stated that she expects the MDS to be coded accurately and sent in a timely manner.	F 641	RNAC will audit on 7/01/2024 residents who were discharged within past 60 days to ensure MDS is coded accurately reflecting discharge. Regional RNAC provided education on July 1,2024, to RNAC's responsible for completing MDS assessments on accuracy of discharge coding. Education will be included in the employee orientation program for newly hired team members who will complete MDS assessments. Prior to locking and submitting MDS discharge assessments, the RNAC will have another RNAC or Registered Nurse (RN) validate discharge is coded correctly 7/01/2024. To ensure the performance of our corrective action and to ensure sustainability, the RNAC will audit on 7/01/2024 Discharge MDS assessments weekly x 12 weeks or until substantial compliance is met to ensure coding is correct. Any negative findings of the audits will be brought to the Quality Assurance and Performance Improvement (QAPI) Committee meeting for a minimum of three months for review and corrective action implemented as necessary beginning with July's QAPI Meeting on July 23,2024.	

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F 658 SS=D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on observation, staff and resident interviews, record review, facility policy review, and manufacturer's guidelines review, the facility failed to ensure a resident rinsed her mouth after the administration of a steroid Metered-Dose Inhaler to prevent possible mouth and throat irritation for one (1) of one (1) resident observed for administration of a Metered-Dose Inhaler. (Resident #32) Findings include: Review of the facility's policy for Medication Administration, titled, "Administration of Metered dose Inhalers," reviewed/updated 04/22, revealed, "Medications are administered as prescribed, in accordance with good nursing principles and practices and only by persons legally authorized to do so. Personnel authorized to administer medications do so only after they have familiarized themselves with the medications. Procedure: ... 10. Rinse mouth when required per manufacturer's recommendations or according to standards of practice ..." A review of manufacturer's guidelines on "Important Safety Information" for Symbicort revealed, ... "Symbicort may cause serious side effects, including...Fungal infection in your mouth	F 658	F658 Services Provided Meet Professional Standards Resident #32"s attending physician was notified on 6/19/2024 of Licensed Nurse failure to offer water for resident to rinse mouth after use of metered dose inhaler. Resident was assessed by the Director of Nursing Services (DNS) immediately to assure the resident did not experience a negative outcome for not rinsing. Resident #32's medical record was reviewed by Director of Nursing Services for any signs and symptoms of thrush since Symbicort was ordered with none noted. LPN #1 who performed the medication observation received one on one education on the medication administration policy regarding having resident rinse mouth after administration of inhaler on 6/19/2024. All residents receiving physician ordered metered steroidal dose inhalers have the potential to be affected by the deficient practice. 6/21/2024 the Registered Pharmacist (R. Ph.) / Director of Nursing Services (DNS) educated Licensed Nurses on the	7/26/24

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F 658	Continued From page 3 or throat (thrush). Rinse your mouth with water without swallowing after using Symbicort to help reduce your chance of getting thrush ..." On 06/19/24 at 7:30 AM, during an observation of medication administration with Licensed Practical Nurse (LPN) #1, she administered two (2) puffs of a Symbicort inhaler and exited the room without instructing the resident to rinse her mouth. Record review of the "Order Summary Report" with active orders as of 6/19/2024, revealed an order dated 11/21/23 "Symbicort Inhalation Aerosol...2 puff inhale orally two times a day related to ACUTE BRONCHITIS, UNSPECIFIED ...rinse and spit with water following inhalation.". On 06/19/24 at 8:30 AM, during an interview with LPN #1, she confirmed that on 06/19/24, while administering the Symbicort Inhaler to Resident #32, she did not offer the resident water to rinse her mouth. LPN #1 reviewed the guidelines for the use of the medication and confirmed the resident should have rinsed her mouth after the administration of the Symbicort inhaler to prevent thrush and other complications. On 06/19/24 at 9:00 AM, during an interview with Resident #32 revealed she has "never been asked" to rinse her mouth after receiving her inhaler. On 06/19/24 at 1:45 PM, during an interview with the Director of Nursing (DON), she explained she expected the nurses to follow the guidelines for medication administration and confirmed the reason for instructing residents to rinse after the administration of a steroid inhaler is to prevent possible complications.	F 658	medication administration policy with competency evaluations for inhalers including the rinsing of mouth post administration. To ensure the performance of our corrective action and to ensure sustainability, the DNS/ Unit Manager (UM/RN) will perform 3 medication pass observations weekly x one month beginning on 7/01/2024, then 2 medication pass observations weekly x one month beginning on 8/01/2024, then weekly x one month beginning on 9/01/2024. Any negative findings of the audits will be brought by the DNS to the Quality Assurance and Performance Improvement (QAPI) Committee meeting for the minimum of three months for review and corrective action implemented as necessary beginning with July's QAPI Meeting on July 23, 2024.	

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F 658	Continued From page 4 On 6/19/24 at 2:00 PM, during an interview with the Nurse Practitioner (NP) explained she expected the nurse to follow the physician's orders. LPN #1 should have asked the resident to rinse her mouth and spit the water out to prevent possible oral complications. A record review of the "Admission Record" revealed the facility admitted Resident #32 on 06/01/23. The resident had diagnoses that included Type 2 Diabetes with diabetic chronic kidney disease and Wheezing. A record review of the Annual Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 05/30/2024, revealed Resident #32 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated the resident was cognitively intact.	F 658		
F 695 SS=D	Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i) § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. This REQUIREMENT is not met as evidenced by: Based on observation, staff and resident interviews and record review the facility failed to ensure that a resident's CPAP (Continuous Positive Airway Pressure) mask was properly	F 695	F695 Respiratory / Tracheostomy Care and Suctioning Resident #48"s Continuous Positive	7/26/24

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F 695	Continued From page 5 stored when not in use, for one (1) of fourteen (14) sampled residents. (Resident # 48) Findings Include: During an observation and interview with Resident #48 on 06/17/24 at 11:10 AM, he stated that he had been told by staff that they were not responsible for assisting with his CPAP mask. The resident's CPAP mask was observed uncovered and lying on the dresser near the foot of the resident's bed. On 06/17/24 at 4:28 PM, during an observation and interview, License Practical Nurse (LPN) #3 stated that the CPAP mask "should be in a bag." She explained that this is to prevent the resident from contracting respiratory infections. She emphasized that nurses must ensure that the mask is sealed in a zip-lock bag when not in use, to prevent contamination of the mask. In an interview with the Director of Nursing (DON) on 6/20/24 at 3:12 PM, she explained that it is common nursing knowledge that CPAP masks should be stored in a manner to prevent contamination when not in use. Moreover, it is the responsibility of the nursing staff to ensure that there are no breaches in infection control regarding care of the resident's mask. She further claimed that failing to store the CPAP mask properly could result in the resident contracting a respiratory illness. A record review of the "Order Summary Report," for Resident #48, with active orders as of 6/18/24, revealed an order dated 5/31/24, "Apply C-Pap at bedtime related to OBSTRUCTIVE SLEEP APNEA ..."	F 695	Airway Pressure (CPAP) mask was covered by Licensed Practical Nurse (LPN) on 6/19/2024. Licensed Practical Nurse evaluation with no signs or symptoms of respiratory infection 6/20/2024. All resident's with CPAP mask have the potential to be affected by the same alleged deficient practice. 100% audit of resident's with CPAP devices was completed on 6/20/2024, by Director of Nursing Services, to ensure a covering was over CPAP mask when not in use. All nurses in-serviced by the DNS/ Unit Manager (UM) on proper storage of CPAP mask when not in use on 7/05/2024. To ensure the performance of our corrective action and to ensure sustainability, the DNS / UM will audit on 7/01/2024 residents with CPAP mask 3x/week x 12 weeks to ensure mask are covered when not in use. Any negative findings of the audits will be brought by the DNS to the Quality Assurance and Performance Improvement (QAPI) Committee meeting for a minimum of three months to review and corrective action implemented as necessary beginning with July's QAPI Meeting on July 23, 2024.	

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F 695	Continued From page 6 A record review of the "Admission Record," for Resident #48 revealed the resident was admitted on 5/27/24 by the facility. His diagnoses included Quadriplegia, Chronic Obstructive Pulmonary Disease with acute lower respiratory infection and Obstructive sleep apnea. A review of Resident #48's Admission Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 6/3/24, revealed a Brief Interview for Mental Status (BIMS) score of 15, which indicated the resident was cognitively intact.	F 695		
F 759 SS=D	Free of Medication Error Rts 5 Prcnt or More CFR(s): 483.45(f)(1) §483.45(f) Medication Errors. The facility must ensure that its- §483.45(f)(1) Medication error rates are not 5 percent or greater; This REQUIREMENT is not met as evidenced by: Based on observations, resident and staff interviews and record reviews, the facility failed to ensure a medication error rate of less than 5%, as evidenced by two (2) medication errors observed out of 27 opportunities for errors, resulting in a medication error rate of 7.4%. Residents #25 and #32 Findings Include: Review of the facility's policy for Medication Administration, titled, , "Administration of Nasal Spray Preparations," dated 04/22 revealed, "Medications are administered as prescribed ... Personnel authorized to administer medication do	F 759	F759 Free of Medication Error Resident #32"s attending physician was notified on 6/19/2024 of Licensed Practical Nurse (LPN) failure to offer water for resident to rinse mouth after use of metered steroidal dose inhaler. Resident #32 was assessed on 6/19/2024 by the Director of Nursing Services (DNS) to assure she did not experience a negative outcome for this practice. Resident #32's medical record was reviewed by Director of Services (DNS) for any signs and symptoms of thrush since Symbicort was ordered with none	7/26/24

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F 759	Continued From page 7 so only after they have familiarized themselves with the medications ..." Review of the facility's policy for Medication Administration, titled, "Administration of Metered dose Inhalers," reviewed/updated 04/22, revealed, "Medications are administered as prescribed ... Personnel authorized to administer medications do so only after they have familiarized themselves with the medications. Procedure: ... 10. Rinse mouth when required per manufacturer's recommendations or according to standards of practice..." A review of manufacturer's guidelines on "Important Safety Information" for Symbicort revealed, " ...Symbicort may cause serious side effects, including: ... Fungal infection in your mouth and throat (thrush). Rinse your mouth with water without swallowing after using Symbicort to help reduce your chance of getting thrush ..." Resident #25 On 06/19/24 at 8:45 AM, an observation of Licensed Practical Nurse (LPN) #2 administering Flonase nasal spray to Resident # 25, revealed the nurse administered one (1) spray of Flonase in each nostril. A record review of the "Order Summary Report," with active orders as of 06/19/24 revealed an order dated 4/1/24 "Flonase Allergy Relief Nasal Suspension, 2 sprays in each nostril one (1) time a day for sneezing." On 06/19/24 at 8:50 AM in an interview with LPN #2 confirmed she administered Resident #25 one spray of Flonase in each nostril. LPN #2	F 759	noted. LPN #2 on 6/19/2024 returned to Resident's #25 room and gave the second spray of Flonase ordered for each nostril on 6/19/2024. Resident #25 was assessed on 6/19/2024 by the DNS and it was determined the resident had not experienced any negative outcome. LPN #1 and LPN #2 who performed the medication administration received one on one educational training on 6/19/2024 by the DNS on the medication administration policy and one on one educational training on correct administration of metered dose inhalers and correct administration of nasal sprays. All residents receiving physician ordered metered dose inhalers or nasal sprays have the potential to be affected by the deficient practice. Residents receiving medications have the potential to be affected by the deficient practice. The Registered Pharmacist (R.Ph.) / Director of Nursing Services (DNS) educated Licensed Nurses on (1) metered dose inhaler administration (2) Correct administration of nasal sprays (3) Medication pass and 5 rights of medication pass beginning 6/21/2024. Licensed Nurses will completed a competency evaluation for use of steroid inhalers and nasal spray administration by 7/05/2024. To ensure the performance of our corrective action and to ensure sustainability, the DNS/Unit Manager (UM/RN)	

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F 759	Continued From page 8 confirmed she did not follow the physician orders. The nurse explained she should have read the order before administering the medication, as the medications is not effective if the correct dose is not administered. Record review of the "Admission Record" revealed the facility admitted Resident #25 on 07/16/18. Current diagnoses included Allergic Rhinitis. A record review of the Quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 06/13/24, revealed Resident #25 had a Brief Interview for Mental Status (BIMS) score of 14, which indicated the resident was cognitively intact. Resident #32 An observation on 06/19/24 at 7:30 AM, during medication administration to Resident #32 revealed License Practical Nurse (LPN) #1, administered two (2) puffs of Symbicort inhaler. LPN #1 left Resident #32's room without instructing the resident to rinse her mouth with water. Record review of the "Order Summary Report" with active orders as of 6/19/2024, revealed an order dated 11/21/23 "Symbicort Inhalation Aerosol...2 puff inhale orally two times a day related to ACUTE BRONCHITIS, UNSPECIFIED ...rinse and spit with water following inhalation.". During an interview on 06/19/24 at 8:30 AM, LPN #1 confirmed that while administering the Symbicort Inhaler to Resident #32, she failed to offer Resident #32 water to rinse and spit to	F 759	will perform 3 medication pass observations weekly x one month beginning on 7/01/2024, then 2 medication pass observations weekly x one month beginning on 8/01/2024, then weekly x one month beginning on 9/01/2024. Any negative findings of the audits will be brought by the DNS to the Quality Assurance and Performance Improvement (QAPI) Committee meeting for a minimum of three months for review and corrective action implemented as necessary beginning with July's QAPI Meeting on July 23,2024.	

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F 759	Continued From page 9	F 759		

prevent the resident from getting thrush in her mouth. LPN #1 reviewed the physician orders and guidelines for the use of the medication and confirmed the resident should have rinsed her mouth with water after the administration of the Symbicort inhaler, to reduce the chance of getting thrush.

During an interview on 06/19/24 at 9:00 AM with Resident #32, she revealed she had "never been asked" to rinse her mouth after receiving her inhaler.

During an interview on 06/19/24 at 1:45 PM, the Director of Nursing (DON), she explained that she expected the nurses to follow the guidelines for medication administration and confirmed the reason for instructing residents to rinse their mouth after the administration of a steroid inhaler is to prevent possible complications. The DON also said she expects the nurse to follow the physician's orders when administering nose drops. The nurse should have administered two (2) sprays of Flonase per nostril.

During an interview on 6/19/24 at 2:00 PM, with Nurse Practitioner (NP) #1 she explained she expected the nurse to follow the physician's orders. LPN #1 should have asked the resident to rinse her mouth and spit the water out to prevent oral complications.

During an interview on 06/20/24 at 3:17 PM, with NP #2, she explained she expected the staff to follow the physician's orders and to administer the Flonase according to what is ordered, which in this case, the nurse should have administered two (2) sprays per nostril, per physician's order.

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F 759	Continued From page 10 A record review of the "Admission Record" revealed the facility admitted Resident #32 on 06/01/23. The resident had diagnoses that included Type 2 Diabetes with diabetic chronic kidney disease and Wheezing. Record review of the Annual MDS with an ARD of 05/30/2024, revealed Resident #32 had a BIMS score of 15, which indicated the resident was cognitively intact.	F 759		