MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	78EH	A. BUILDING: _____ B. WING _____	C 08/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF EUPORA	156 E WALNUT AVE EUPORA, MS 39744

(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
M 000	Initial Comments The State Agency (SA) conducted an annual recertification survey and Complaint Investigations (CI) MS #26214, CI MS #26299, and CI MS #26316 at the facility from 8/26/24 through 8/29/24. During the survey, the SA determined the facility was not in compliance with the Minimum Standards for Institutions for the Aged or Infirm, state licensure requirements and deficiencies were cited at M500, M610, and M855 related to the annual recertification survey. The SA found the facility to not be in compliance related to CI MS #26214 and CI MS #26299 and cited M635. The SA found the facility to be in compliance with CI MS #26316.	M 000		
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	M 500		10/7/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	78EH	A. BUILDING: _____ B. WING _____	C 08/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF EUPORA	156 E WALNUT AVE EUPORA, MS 39744

(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
M 500	Continued From page 1 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 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;	M 500		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	78EH	A. BUILDING: _____ B. WING _____	C 08/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF EUPORA	156 E WALNUT AVE EUPORA, MS 39744

(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
M 500	Continued From page 2 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; 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	M 500		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	78EH	A. BUILDING: _____ B. WING _____	C 08/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF EUPORA	156 E WALNUT AVE EUPORA, MS 39744

(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
M 500	Continued From page 3 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); 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: Based on observation, staff and resident interviews, record review, and facility policy	M 500	On 8/27/24 the resident was assisted to the bathroom by the Certified Nursing	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	78EH	A. BUILDING: _____ B. WING _____	C 08/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF EUPORA	156 E WALNUT AVE EUPORA, MS 39744

(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
M 500	Continued From page 4 review, the facility failed to ensure that a resident's rights were honored when a staff member refused to assist a resident with toileting for one (1) of four (4) survey days. Resident #2 and failed to resolve grievances in a timely manner related to food concerns and bed linens for five (5) of seven (7) residents with grievances. Resident #3, 19, 26, 88, and 108. Findings include: Review of the facility policy titled, "Resident Rights & Quality of Life", with an effective date of March 13, 2020, revealed, "...It is the policy that all residents and patients have the right to a dignified existence, self-determination, and communication with access to people and services inside and outside the center..." An observation and interview on 8/27/24 at 12:00 PM, revealed Resident #2 sitting in her wheelchair in her room. Resident #2 stated "My bladder is about to bust. I've got to go to the bathroom so bad. I just returned from an appointment and haven't been to the bathroom since leaving the facility this morning." The resident was observed using her call light to ask for help. The resident stated "they won't do it right now. They always say they can't while they are passing out trays." The resident kept urgently saying, "Oh, I've got to go so bad." Resident #2 engaged her call light, and Registered Nurse (RN) #1 entered the room; the resident stated, "Please, I've got to go to the bathroom so bad!" Registered Nurse (RN)#1 stated to the resident, "They can't right now. They are passing trays." When asked why they couldn't assist the resident in going to the bathroom, she stated, "We've always been told we can't take anyone to the bathroom during meals or passing trays."	M 500	Assistant (C NA) and Registered Nurse (RN) per direction of the Director of Nurses (DNS). The nurse assessed Resident #2 for emotional and or physical harm/discomfort with no negative outcome noted. Resident #2 was educated on our misunderstanding of the practice, and we apologized. Resident # 2's care plan was reviewed with no changes necessary. All residents requiring assistance with toileting may potentially be affected by this practice On 8/27/24, the DNS assured that the nursing staff conducted a 100% audit with all other incontinent residents to assure they were toileted if needed. On 8/27/24, Director of Nurses and Director of Clinical Education (DCE)initiated an in-service with the direct care team on resident's rights with an emphasis on honoring a resident's request to toilet, regardless of the time of day. On 8/27/24, the Director of Clinical Operations (DCO) reviewed the Diversicare infection control policies and guidelines and determined there were no amendments necessary. On 08/27/2024 education was provided by the Director of Clinical Operations to the Director of Nurses (DNS) to assure understanding that we are responsible for toileting the residents as needed and upon request and this includes during meals if necessary. On 08/27/2024 the DNS and or DCE educated the nursing team on respecting the dignity of each resident with providing care in accordance with requests and	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	78EH	A. BUILDING: _____ B. WING _____	C 08/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF EUPORA	156 E WALNUT AVE EUPORA, MS 39744

(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
M 500	Continued From page 5 Requested the Director of Nurses (DON) to come to the resident's room, so RN #1 left the room to go get the DON, but neither the nurse nor the DON came back to the room. An interview with the DON at 12:07 PM, in her office revealed we can't change or toilet residents while they are feeding other residents. She stated " I will have to look at the cross-contamination policy as to the reason why." She revealed that she knew the resident had the right to go to the bathroom when needed, but that she would have to look at the policy first. The DON then instructed RN #1 to take the resident to the shower room to use the bathroom. An interview on 8/27/24 at 12:20 PM, Certified Nurse Aide (CNA) #1 revealed we are not supposed to toilet residents during mealtimes. She stated "it gets us in trouble with the residents because we have to tell them that we can't change them because we could get in trouble for doing it during mealtime." She revealed that we were told that it is a "state thing" and that if the state came into the building and we were changing someone or taking them to the bathroom, we would get in trouble. In an interview on 8/27/24 at 12:25 PM, CNA #8 revealed "We have always been told that we are not allowed to take anyone to the bathroom or change anyone's briefs during mealtime. They have always just said because it is cross-contamination." In an interview on 8/27/24 at 2:20 PM, the DON revealed I have started doing in-services to all the staff on the floor and stated, "Using the bathroom trumps everything; they have a right to be changed and assisted to the restroom at any	M 500	needs with the understanding that refusing to toilet during mealtimes is unacceptable. A resident council meeting to be held 9/17/24 to inform residents that staff will provide toileting assistance during mealtimes. On 08/27/2024 the Administrator began an audit of a minimum of 5 residents weekly x 4 weeks then monthly x 2 months of alert and cognitively intact residents who require assistance with toileting to assure that staff are providing assistance if requested. Monitoring of the provision of toileting assistance during mealtimes will be highlighted in the monthly resident council meeting beginning on 09/17/24 for a minimum of 3 months by specifically inquiring if resident's requests to be toileted was provided timely. These audits and monitoring activities will be addressed it the overall Quality Assurance Performance Improvement plan in September for a minimum of 3 months to assure continued compliance.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	78EH	A. BUILDING: _____ B. WING _____	C 08/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF EUPORA	156 E WALNUT AVE EUPORA, MS 39744

(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
M 500	Continued From page 6	M 500		

time."

Record review of Resident #2's "Admission Record" revealed an admission date of 02/23/2022 with medical diagnoses that included Overactive bladder,Type 2 Diabetes Mellitus, and Heart failure.

Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 07/10/24, revealed under Section C a Brief Interview for Mental Status (BIMS) score of 15, which indicated the resident is cognitively intact.

Greivances:

Review of the Facility policy titled "Customer Concern (Grievance) Policy" dated 7/2018, revealed under, "Purpose: Support each customer's (patient's/resident's) right to voice concerns (grievances) and to ensure after receiving a concern, the center actively seeks a resolution and keeps the customer appropriately apprised of its progress toward resolution." Also revealed under, "Process: ... The Administrator will ensure a thorough investigation is conducted and will respond to the customer (patient/resident) .... The Administrator shall follow up on the correction of the problem and finalize the Customer Concern Form validating the resolution of the concern including who did what, when, and where .... It is best practice for the Administrator to follow up with the customer after a period of time to ensure the customer remains satisfied with the concern resolution. This follow up should be recorded on the log. Maintaining evidence demonstrating the results of all grievances ..."

Record review of the "Customer

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	78EH	A. BUILDING: _____ B. WING _____	C 08/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF EUPORA	156 E WALNUT AVE EUPORA, MS 39744

(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
M 500	Continued From page 7	M 500		

Concern/Grievance Communication Form" dated 7/30/2024 revealed Resident #26 filed a grievance regarding the quality of food services and presentation of meals specifically with egg salad. Revealed under, "Steps Taken to investigate Concern: Spoke with Dietary Manger; staff educated on service, presentation of meals". The grievance was marked as resolved.

An interview with Resident #26 on 8/26/2024 at 11:00 AM revealed the food was not good and they (the kitchen) needed to do more vegetables. She revealed it does not do any good to talk about it in resident council because the food stays the same.

An interview with Resident #26 on 8/27/2024 at 11:05 AM revealed, breakfast was the only decent meal she got. She explained she used to go to resident council meetings, but it did not do any good to voice her opinion so she quit going. She revealed she had talked to the Administrator multiple times regarding the food and even had her take pictures of her plate. The resident stated, "I don't know if they've changed where they get their food or if there's a new crew in the kitchen; I've been here for 8 years and this is the first time I've had to say, I can't eat this."

On 8/27/2024 at 4:07 PM, an interview with the Dietary Manager (DM) revealed, she was aware Resident #26 had complaints on the food. She explained they (the kitchen) tried to accommodate everyone but thought it was the menu the resident did not like.

An interview with Social Services (SS) #1 on 8/27/2024 at 4:20 PM revealed, Resident #26 had not voiced food concerns to her, but she was aware that the resident had voiced food concerns

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	78EH	A. BUILDING: _____ B. WING _____	C 08/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF EUPORA	156 E WALNUT AVE EUPORA, MS 39744

(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
M 500	Continued From page 8	M 500		

with several other facility staff members.

An interview with the Administrator (ADM) on 8/28/2024 at 9:39 AM revealed, Resident #26 was particular about her food and stated she had talked to the resident a million times about her food issues. The ADM explained that the resident even requested that she come and taste her food. She confirmed that she had not formerly filled out a grievance related to the resident's food concerns.

During an interview on 8/27/2024 at 10:55 AM, Resident#108 revealed we discuss the food issues all the time in our monthly resident council meeting. As a matter of fact we had resident council the beginning of this month, the Administrator and the Activities Director was in the meeting. They know all about the food issues we are always complaining about it. She revealed, the food just does not taste good.

An interview on 8/27/2024 at 11:45 AM with CNA #1 revealed the residents complain all the time about the food. I have told the residents to talk about it in resident council when they go, when they come back from resident council they will tell us that they told them about the food. She revealed it has been a problem and everyone knows about the food issues.

Record review of the "Resident Council Minutes" dated 2/15/2024, revealed under, "Old Business: Several stated sheets were still not being changed and were unsure of scheduled times to be changed. Activity Director then called for the Administrator to attend meeting, and she explained times the sheets are to be changed and answered all other concerns at this meeting with success." Also revealed under, "New

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	78EH	A. BUILDING: _____ B. WING _____	C 08/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF EUPORA	156 E WALNUT AVE EUPORA, MS 39744

(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
M 500	Continued From page 9 Business: Dietary: Several had likes and dislikes that they wanted updated. List of names given to the Dietary Manger in Dietary for review." Record review of the "Resident Council Minutes" dated 3/1/2024, revealed under, "Old Business" nothing was documented to address the previous concerns voiced in resident council meeting. Also revealed under, "New Business: Dietary: Everyone went over some issues with Dietary Manager about seasoning on meat and potatoes. She talked with the residents about their concerns in meeting and all were ok." Record review of the "Resident Council Minutes" dated 4/5/2024, revealed under, "Old Business" nothing was documented to address the residents' concerns that were voiced in the previous meeting to ensure issues were resolved. A resident council meeting was held on 8/27/2024 at 3:05 PM in which Resident #3, 19, 88, and 108 all revealed food concerns were discussed every month in resident council meetings, and they had not seen anything done to address their concerns. During the meeting Resident # 108 revealed the residents do not have food choices. She explained they (the kitchen) had a set menu, and they (the residents) can only get what was on the menu or two alternates to choose from every day (either a hamburger or a chicken sandwich). She stated, "I'm a vegetarian and so is my roommate, and they don't have options for us." She revealed the food was disgusting and had no seasoning or flavor. Furthermore, she explained that she had been served lunch before and the next day was served the exact same thing for lunch and supper. She revealed the food was always cold and stated the vegetables were watery and ran together with other foods on the	M 500		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	78EH	A. BUILDING: _____ B. WING _____	C 08/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF EUPORA	156 E WALNUT AVE EUPORA, MS 39744

(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
M 500	Continued From page 10	M 500		

plate. Resident's #3 and #19 revealed the cornbread was so flat and hard there was no way to chew and swallow it. Resident # 88 revealed he was served mashed potatoes almost every day. He explained the vegetable medley and green beans were watery and agreed with Resident #108 that it merged with other foods on the plate. Resident#108 stated the food was though they (the kitchen) just threw something together and occasionally the foods were not cooked thoroughly. Resident #19 and #108 confirmed they had received foods that were not cooked thoroughly before. All resident voiced they had spoken about these food concerns in resident council with the Activity Director, the Dietary Manager and the Administrator in attendance. Resident #19 brought up his sheets were not being changed but about every 2 weeks. He revealed he asked them to change them, but usually, it does not get done because they say they are busy. Resident #108 stated her linen get changes only when her room gets deep cleaned which was twice monthly. The resident's voiced they would like to have their linen changed on their shower days.

An interview with Activity Director (AD) on 8/27/2024 at 3:22 PM confirmed the residents had been reporting food concerns in the resident council meetings. She explained that most of the concerns were regarding no seasoning or flavor on the food. She revealed Resident #108 had many special requests due to her diet choices (vegetarian). The AD revealed after the meetings she gave a copy of the meeting minutes to the Administrator and the Dietary Manager for the concerns to be addressed.

An interview with the Dietary Manager on 8/27/2024 at 3:55 PM revealed she was not

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	78EH	A. BUILDING: _____ B. WING _____	C 08/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF EUPORA	156 E WALNUT AVE EUPORA, MS 39744

(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
M 500	Continued From page 11	M 500		

aware of any recent concerns from the resident council meeting regarding food. She stated to her knowledge the resident were not satisfied with the menu. The DM revealed the residents were allowed to choose between the meal on the menu or a hamburger or chicken sandwich. She confirmed she was aware of the resident complaints regarding a lack of variety of food choices.

An interview with the Administrator on 8/27/2024 at 4:10 PM revealed, she was aware of the resident concerns regarding the food. She explained the residents did complain about the food for several months in resident council back in February and March 2024, but they did not mention it again in the April meeting. She confirmed a grievance was not completed and stated she instructed the Dietary Manager to go and speak with the residents and update their likes and dislikes. The ADM revealed they have a dietary contract with "proper name" and right now, they were working at the corporate level to find a solution to the food.

An interview with Social Services (SS) #1 on 8/28/2024 at 9:30 AM revealed, she goes to resident council meetings if she has time. She revealed she was responsible for completing a grievance if a concern was brought to her. She revealed she was aware of the resident's food concerns and confirmed she did not complete a grievance. SS#1 stated a food complaint would be handled by the Dietary Department and revealed they (dietary) usually goes and speaks with the resident to handle the concern. She revealed a food complaint would not be relevant to her position.

An interview with the Administrator on 8/28/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	78EH	A. BUILDING: _____ B. WING _____	C 08/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF EUPORA	156 E WALNUT AVE EUPORA, MS 39744

(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
M 500	Continued From page 12	M 500		

at 1:40 PM revealed, she was aware of resident concerns regarding the linen not being changed but thought that issue was better. She explained the last time she was invited to resident council the residents told her the linen issue was better. She confirmed there was no documentation in the resident council meeting minutes that proved anything was done to address the resident's concerns regarding the linen.

An interview with the Dietary Manager (DM) on 8/28/2024 at 2:06 PM revealed, when resident concerns were voiced in resident council about food, she personally went to speak with the residents in resident council. She confirmed that she did not have any documentation to show that the residents concerns were addressed and followed up on to ensure the issues were resolved.

Review of the "Admission Record" revealed the facility admitted Resident #3 on 5/28/24 with a medical diagnosis of type 2 diabetes mellitus without complications.

Review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 6/6/2024 revealed under section C, a Brief Interview for Mental Status (BIMS) summary score of 9, which indicates Resident #3 is moderately cognitively impaired.

Review of the "Admission Record" revealed the facility admitted Resident #19 on 12/23/2023 with a medical diagnosis of Mixed conductive and Sensorineural hearing loss.

Review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 7/30/2024 revealed under section C, a Brief Interview for

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	78EH	A. BUILDING: _____ B. WING _____	C 08/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF EUPORA	156 E WALNUT AVE EUPORA, MS 39744

(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
M 500	Continued From page 13 Mental Status (BIMS) summary score of 15, which indicates Resident #19 is cognitively intact. Review of the "Admission Record" revealed the facility admitted Resident # 26 on 6/1/2021 with a medical diagnosis of type 2 diabetes mellitus with diabetic neuropathy. Review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 6/20/2024 revealed under section C, a Brief Interview for Mental Status (BIMS) summary score of 14, which indicates Resident #26 is cognitively intact. Review of the "Admission Record" revealed the facility admitted Resident #88 on 2/9/2023 with a medical diagnosis of type 2 diabetes mellitus without complications. Review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 7/18/2024 revealed under section C, a Brief Interview for Mental Status (BIMS) summary score of 15, which indicates Resident #88 is cognitively intact. Review of the "Admission Record" revealed the facility admitted Resident #108 on 6/6/2024 with a medical diagnosis of type 2 diabetes mellitus with diabetic neuropathy. Review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 6/13/2024 revealed under section C, a Brief Interview for Mental Status (BIMS) summary score of 15, which indicates Resident #108 is cognitively intact.	M 500		
M 610	45.21.2 Activities of daily living	M 610		10/7/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	78EH	A. BUILDING: _____ B. WING _____	C 08/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF EUPORA	156 E WALNUT AVE EUPORA, MS 39744

(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
M 610	Continued From page 14 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: 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 interviews, and facility policy review, the facility failed to provide personal hygiene as evidenced by failure to provide nail care for one (1) of 24 sampled residents. Resident #41 Findings Include: Review of the facility policy titled "ADL's" dated 8/2021 revealed "Policy: Ensure ADL's (Activities of Daily Living) are provided in accordance with accepted standards of practice, the care plan, and reasonable accommodation of the resident's choices and preferences..." An observation and interview with Resident #41 on 8/26/2024 at 11:36 AM, revealed, she was sitting in her wheelchair in her room. She held up her hands and stated, "I need my nails cut. I keep scratching myself." The resident revealed her nails had not been cut in a long time and stated she was a diabetic. The nails on both hands were long and measured approximately one-half (1/2) inch in length.	M 610	The nurse assessed resident #41 on 08/27/2024 and assured the nails were trimmed. No skin tears or injuries noted from the deficient practice. Education was initiated on 8/27/24 by the Director of Nurses (DNS) and Director of Clinical Education (DCE) to the Certified Nurse Aides (C NA) regarding care of resident's rights specifically nail care and personal hygiene. The resident's care plan was reviewed and updated by the DNS on 8/27/24. All residents are potentially affected by this practice The DNS conducted a 100% audit on 8/28/24 of all residents to assess for jagged or long nails. Any residents identified with long/jagged nails immediately corrected. Any resident refusing nail care was care planned and charted as such. In-service was continued on ensuring nail care is provided.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	78EH	A. BUILDING: _____ B. WING _____	C 08/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF EUPORA	156 E WALNUT AVE EUPORA, MS 39744

(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
M 610	Continued From page 15 An interview with Licensed Practical Nurse (LPN) #5 on 8/27/2024 at 10:58 AM, confirmed Resident #41's nails were long. She revealed that nail care had to be completed by a nurse since the resident was a diabetic. LPN #5 explained that diabetic nail care was not scheduled for the nurses to perform, it was just something the nurses did when it was needed. She confirmed long nails could cause a skin injury for the resident. An interview with the Director of Nursing (DON) on 8/27/2024 at 11:26 AM, confirmed diabetic nail care should be completed as part of the daily personal hygiene care. She revealed they did not have nail care set up on the Treatment Administration Record (TAR) for the nurses to perform, but her expectations were for the nail care to be performed when it was needed. Review of the "Admission Record" revealed the facility admitted Resident #41 on 10/26/2023 with a medical diagnosis of Type 2 diabetes mellitus with diabetic neuropathy. Review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 8/5/2024 revealed under section C, a Brief Interview for Mental Status (BIMS) summary score of 9, which indicates Resident #41 is moderately cognitively impaired.	M 610	Going forward, systemic changes implemented on 8/28/24 to avoid this issue included implementing daily environmental rounds check list to include observation of nails. Environmental rounds will be completed daily. Any resident with log nails or jagged nails should be evaluated immediately and corrected based on the resident's preferences. An in-service was conducted by the Administrator (ADM) on 8/28/24 with team members regarding updated environmental rounds along with implementation. Education was initiated by the DCE on 8/27/24 regarding checking nails and toileting as part of the C N A and nursing daily care of residents. On 08/27/2024 the Administrator began an audit of a minimum of 5 residents weekly for 4 weeks then monthly for an additional 2 months to assure that nails are trimmed and in accordance with the resident's wishes. This process improvement plan will be reviewed in Quality Assurance Performance Improvement (QAPI) for a minimum of 3 months beginning with QAPI in September for a minimum of 3 months to assure continued compliance.	
M 635	45.21.7 Gastric feeding Gastric feeding. Residents who are eating alone or with assistance are not fed by a gastric tube unless their clinical condition indicates that the use of a gastric feeding tube is unavoidable. The	M 635		10/7/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	78EH	A. BUILDING: _____ B. WING _____	C 08/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF EUPORA	156 E WALNUT AVE EUPORA, MS 39744

(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
M 635	Continued From page 16 residents who are fed by a gastric tube receive the treatment and services to prevent complications or to restore if possible, normal eating skills. This Statute is not met as evidenced by: Level II Based on staff interview, record review, and facility policy review the facility failed to address dietary recommendations to change and/or increase a peg (percutaneous gastrostomy) tube feedings and water flushes to meet the nutritional needs for one (1) of three (3) residents reviewed who received enteral nutrition. (Resident #112) Findings include: A review of the policy titled "Queuing RD (Registered Dietician) Recommendations & Follow-up," with an effective date of 7/1/21 revealed " ...Recommendations for changes to enteral feedings, enteral flush orders ... is reviewed to ensure that the supervising physician is in agreement with nutrition therapy orders. The order is then signed, acknowledged and activated in the electronic medical record by a licensed nurse..." Record review of a "Progress Note" for Resident #112 by the RD dated 8/5/24 at 9:57 AM, revealed: Note Text: Consult for tube feeding (TF) caloric intake: CBW (Current body weight) 148.9. ... EEN (exclusive enteral nutrition) 1692-2030 kcal (kilocalorie). ...Glucerna 1.2 237 cc (cubic centimeters) bolus with 200 ml (milliliters) water flushes provides 948 cc formula, 1127 kcal. ... Concerned that current orders are inadequate to	M 635	Resident # 112-as of 8/9/24, this resident no longer resides in the center. 100% audit of all dietary recommendations completed by the Director of Nurses (DNS) on 8/29/24 with no additional deficient practice. On 8/29/24 the Director of Nurses (DNS) completed an audit of 100% of all dietary recommendations for residents receiving enteral feedings to assure they have all been addressed by the physician, transcribed in accordance with orders, and implemented. All residents on enteral feedings have the potential to be affected by this practice. Beginning 8/29/24 the Registered Dietician (RD) will begin queuing dietary recommendations for enteral orders into the electronic health record. The nurse will review the newly cued orders and notify the Medical Doctor or Nurse Practitioner (NP) for confirmation and implementation. The order will be reviewed in the clinical meeting with the interdisciplinary team to assure changes have been communicated to the team. On 8/29/24 the DNS provided education for licensed nurses and the Registered Dietitian related to submission of dietary	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	78EH	A. BUILDING: _____ B. WING _____	C 08/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF EUPORA	156 E WALNUT AVE EUPORA, MS 39744

(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
M 635	Continued From page 17 meet the nutritional needs. Recommend: 1.) Discontinue current TF/flush order. 2.) Start Glucerna 1.5 237 cc bolus five times a day with 100 cc flush before and after each bolus to provide 1185 cc formula, 1780 kcal, 100 grams protein, 900 cc plus medication flush 900 cc free water plus 1000 cc flush. Record review of the "Order Summary Report" with active orders as of 8/9/24 revealed a physician's orders dated 8/02/24 "Enteral Feed Order every 6 hours Glucerna 1.2 calorie (237 ml) bolus via peg tube with 200 ml water flushes." An interview with the Director of Nursing (DON) on 8/29/24 at 8:00 AM revealed she was not notified of the RD's recommendations until 8/9/24 and the resident was no longer in the facility. A phone interview with the RD on 8/29/24 at 8:35 AM, she revealed after review of her records she assessed Resident #112 on the morning of 8/5/24 and sent the recommendation to the interdisciplinary team email group the same morning at 10:12 AM. A review of the email sent by the RD revealed the email to the Interdisciplinary team was documented as sent on 8/5/24 at 10:12 AM with recommendation for Resident #112. A follow-up interview with the DON on 8/29/24 at 9:00 AM, revealed after review of the emails sent from the RD with the that she failed to see the recommendation for Resident #112 in the email on 8/5/24. She stated that she normally gets the dietary recommendations for tube feeders, obtains approval from the provider and writes the orders. She stated Licensed Practical Nurse (LPN) #1 also takes care of those	M 635	recommendations with a focus on transcription and implementation. Beginning 8/29/24 the Administrator/DNS/Assistant Director of Nurses will audit all dietary recommendations received to assure they have been transcribed correctly, submitted to the physician and implemented in accordance with physician/NP orders. This audit will occur weekly x 4 weeks and monthly x 2 months. Any missed recommendations will be corrected immediately by the DNS and addressed in Quality Assurance and Performance Improvement (QAPI) each month beginning in September	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	78EH	A. BUILDING: _____ B. WING _____	C 08/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF EUPORA	156 E WALNUT AVE EUPORA, MS 39744

(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
M 635	Continued From page 18 recommendations. The DON then stated the provider should have been notified and the orders to change and increase tube feedings/flushes should have been written and carried out. An interview with LPN #1 on 8/29/24 at 9:15 AM, she confirmed she did get the email on 8/5/24 from the RD with the recommendations for Resident #112. She then stated that she only takes care of the dietary recommendations if the DON asks her to and confirmed the DON did not ask her to take care of Resident #112's RD recommendations. Review of the "Admission Record" revealed the facility admitted Resident #112 on 8/2/24 with diagnoses that included Cerebral Infarction and Encounter for attention gastrostomy.	M 635		
M 855	45.30.7 Food Preparation Food Preparation. Foods shall be prepared by methods that conserve optimum nutritive value, flavor, and appearance. Also, the food shall be acceptable to the individuals served. A file of tested recipes shall be maintained to assure uniform quantity and quality of products. This Statute is not met as evidenced by: Level II Based on observation, resident and staff interviews, record review and facility policy review the facility failed to ensure foods were palatable, attractive and at a safe and appetizing temperature, for seven (7) of 12 residents sampled for dining. Resident #19, #41, #52, #88, #101, #102, and #108.	M 855	Residents # 19, # 41, # 52, #88, #101, # 102 and # 108 were each assessed by the nurse 8/29/24 No negative outcomes were identified as a result of this practice. All residents will be interviewed by 9/27/24 by the Dietary Department to identify other residents that might be affected by this practice.	10/7/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	78EH	A. BUILDING: _____ B. WING _____	C 08/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF EUPORA	156 E WALNUT AVE EUPORA, MS 39744

(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
M 855	Continued From page 19 Findings include: Review of the facility policy titled "Food: Quality and Palatability" with a revision date of 9/2017 revealed "Policy Statement: Food will be prepared by methods that conserve nutritive value, flavor and appearance. Food will be palatable, attractive and served at a safe and appetizing temperature. Food and liquids are prepared and served in a manner, form, and texture to meet resident's needs..." Resident #19 During the resident council meeting on 8/27/24 at 3:05 PM, Resident #19 revealed the cornbread was so flat and hard there was no way to chew and swallow it. Resident #19 confirmed he had received foods that were not cooked thoroughly before. Review of the "Admission Record" revealed the facility admitted Resident #19 on 12/23/2023 with a medical diagnosis of Mixed conductive and Sensorineural hearing loss. Review of the MDS with an ARD of 7/30/2024 revealed, under section C, a BIMS summary score of 15, which indicates Resident #19 is cognitively intact. Resident #41 An interview with Resident #41 on 8/26/2024 at 12:15 PM, revealed the facility did not fix the things she liked to eat. She explained that she liked rice with gravy, but they never added the gravy. She revealed she had spoken with the Dietary Manager, but the gravy continued to be an issue. Resident #41 stated the food tasted bad	M 855	The Dietary manager will assure that Scaled Recipes will be utilized to ensure consistent quality, and quantity production by 9/13/24. Production Sheets to be reviewed by the dietary manager prior to production to ensure appropriate quality and quantity is prepared by 9/13/24. Food Temperatures to be checked before each meal service and documented on a temperature recording log-Trayline Checklist 3 times (x) daily, 7 days per week, x on-going by the dietary manager beginning 9/13/24. The dietary department will interview each resident for preferences by 9/27/24 and entered into Mealtracker. Obtaining Resident Preferences is to ensure their likes and dislikes are being honored and the Residents are receiving foods they prefer and enjoy. By week of 9/13/24, a Resident Food Committee will be initiated meeting 1 day per week for 30 days: Bi-weekly for 60 days, then 1x monthly moving forward. Food Committee notes to be completed and tracked through HCSG Tourweb system for documentation tracking. The Dining Service Director is to document all Resident concerns and follow up on each concern within 48 Hours of the received date. Beginning 9/10/2024, Administrator or DNS will receive Test Tray 5 days per week, 2x daily, for 30 days: 5 days per week, 1x daily, for 60 days beginning	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	78EH	A. BUILDING: _____ B. WING _____	C 08/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF EUPORA	156 E WALNUT AVE EUPORA, MS 39744

(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
M 855	Continued From page 20 and had no flavor and she could not eat the food on most days. An observation and interview with Resident #41 during a lunch meal on 8/27/2024 at 12:10 PM, revealed the meal consisted of mashed potatoes, diced potatoes, a hamburger patty with Barbeque sauce on a bun. The resident revealed she did not think she needed two different potatoes and the bun due to being a diabetic. Review of the "Admission Record" revealed the facility admitted Resident #41 on 10/26/2023 with a medical diagnosis of Type 2 diabetes mellitus with diabetic neuropathy. Review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 8/5/2024 revealed under section C, a Brief Interview for Mental Status (BIMS) summary score of 9, which indicates Resident #41 is moderately cognitively impaired. Resident #52 An interview with Resident #52 on 8/26/2024 at 1:38 PM revealed the food tasted bad. He stated he could ask for something else, but you probably couldn't eat it either. He explained that he got a hamburger every night because what they cooked at night was "awful." The resident confirmed he had told the Dietary Manager, and he had told staff in resident council meeting and revealed nothing ever gets done. Review of the "Admission Record" revealed the facility admitted Resident #52 on 9/23/2022 with medical diagnoses that included Bipolar disorder. Review of the Quarterly MDS with an ARD of	M 855	9/10/24. Beginning the week of 9/13/24, the Administrator or DNS will audit food committee notes to ensure all grievances are resolved. 100% of grievances x 4 weeks then 50% monthly x 2 additional months. This issue will be addressed in Quality Assurance Performance Improvement (QAPI) for a minimum of 3 months beginning with QAPI in September to assure continued compliance. Any variance will be addressed immediately.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	78EH	A. BUILDING: _____ B. WING _____	C 08/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF EUPORA	156 E WALNUT AVE EUPORA, MS 39744

(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
M 855	Continued From page 21	M 855		

7/18/2024 revealed under section C, a BIMS summary score of 15, which indicates Resident #52 is cognitively intact.

Resident #101

An interview with Resident #101 on 8/27/2024 at 8:41 AM, revealed the food "tasted terrible" and was cold. He explained the food was not cooked right and the chicken was not cooked thoroughly. He stated, "It looks like they just throw some things together to make a meal." The resident stated they need more options for food and revealed the only thing they can get besides the main meal was a hamburger or chicken sandwich.

An observation of Resident #101 lunch meal on 8/28/2024 at 12:15 PM, revealed the resident sent his tray back with the aide to be warmed up in the microwave due to being cold. Resident #101 received 2 hamburgers on buns, diced potatoes and a blueberry muffin.

Review of the "Admission Record" revealed the facility admitted Resident #101 on 8/6/2024 with a medical diagnosis of Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema

Review of the Quarterly MDS with an ARD of 8/13/2024 revealed under section C, a BIMS summary score of 15, which indicates Resident #101 is cognitively intact.

Resident #102

An observation and interview on 8/26/24 at 11:50 AM, revealed Resident #102 sitting up on the side of her bed eating her lunch which consisted of a

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	78EH	A. BUILDING: _____ B. WING _____	C 08/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF EUPORA	156 E WALNUT AVE EUPORA, MS 39744

(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
M 855	Continued From page 22	M 855		

ham pasta, creamed spinach, bread, fruit cup, and water. Observed to only eaten a small amount of lunch at that time. She stated she did not like the food and even though there are alternate items, she often does not order these in time to receive. She stated the food is bland and not seasoned and "it's just not good" and she kept snacks available so she would have something to eat. She stated she had talked to the Dietary Manager about her likes and dislikes, but even if an item is on her likes list, it still does not taste good.

An observation and interview on 8/27/24 at 11:40 AM, revealed Resident #102 sitting up on side of her bed eating her lunch which consisted of a chunky chicken salad sandwich (which she had eaten approximately 95% of), cubes potatoes that were not browned (appeared to be the full serving still on plate), cole slaw (full cup remained), chocolate chip cookie, and water. Meal ticket revealed a tuna salad sandwich was served which was incorrect. She stated the food was not good. Resident #102 stated the potatoes were not tender or fully cooked and the cole slaw tasted ruined or was leftover and too much mayonnaise was added.

During an interview on 8/27/24 at 2:50 PM, the Dietary Manager revealed both tuna and chicken salad were served for lunch so the wrong item was served. The Dietary Manager stated she had talked to the resident about her preferences and likes and dislikes and options she would like to use as substitute items. She confirmed there had been concerns about the food expressed to her by this resident and other residents.

A sample tray was received from the kitchen on 8/27/24 at 11:35 AM. The food consisted of a

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	78EH	A. BUILDING: _____ B. WING _____	C 08/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF EUPORA	156 E WALNUT AVE EUPORA, MS 39744

(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
M 855	Continued From page 23	M 855		

barbeque hamburger patty on a bun, diced (hash brown cube like) potatoes, salad with lettuce and a slice of tomato, cole slaw, cookie, tea. Hamburger patty sampled and was not warm and the flavor was bland. The cole slaw was sampled by State Agency and noted too much mayonnaise was in the cole slaw. The flavor tasted like eating mayonnaise from the jar. The potatoes were not warm and were not browned on the outside or tender on the inside.

Record review of Resident #102's "Admission Record" revealed the facility admitted the resident initially on 12/5/23 with the most recent admission date of 3/28/24. Diagnoses included Type 2 Diabetes Mellitus and Gastro-esophageal reflux disease.

Record review of Resident #102's MDS with and ARD of 7/3/24, revealed a BIMS score of 15 which indicated the resident was cognitively intact.

Resident #108

During the resident council meeting on 8/27/24 at 3:05 PM, Resident # 108 revealed the residents do not have food choices. She explained they had a set menu, and they can only get what was on the menu or two alternates to choose from every day, which is either a hamburger or a chicken sandwich. She stated, "I'm a vegetarian and so is my roommate, and they don't have options for us." She revealed the food was disgusting and had no seasoning or flavor. Furthermore, she explained that she had been served lunch before and the next day was served the exact same thing for lunch and supper. She revealed the food was always cold and stated the vegetables were watery and ran together with other foods on the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	78EH	A. BUILDING: _____ B. WING _____	C 08/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF EUPORA	156 E WALNUT AVE EUPORA, MS 39744

(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
M 855	Continued From page 24 plate. Resident#108 stated the food was as though they just threw something together and occasionally the foods were not cooked thoroughly. Review of the "Admission Record" revealed the facility admitted Resident #108 on 6/6/2024 with a medical diagnosis of type 2 diabetes mellitus with diabetic neuropathy. Review of the MDS with an ARD of 6/13/2024 revealed under section C, a BIMS summary score of 15, which indicates Resident #108 is cognitively intact.	M 855		