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
	70RM	A. BUILDING: _____ B. WING _____	C 09/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF RIPLEY	101 CUNNINGHAM DR RIPLEY, MS 38663

(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 a Complaint Investigation (CI) MS# 25363 and CI MS#26271 at the facility on 09/11/24. During the survey, the SA determined the facility was not in compliance with the Minimum Standards of Operation for Institutions for the Aged or Infirm, state licensure requirements. The SA investigated CI MS # 25363 related to dietary services with no deficiency cited. CI MS #26271 was investigated related to a fall with injury and cited M640. The facility had provided corrective measures on 08/30/24 prior to SA entrance on 09/11/24 for M640, therefore this was determined to be Past Non-Compliance. The facility held a license for 140 beds at the time of the survey, and the facility census was 113.	M 000		
M 640	45.21.8 Accidents Accidents. The facility shall ensure that the residents ' environment remains as free of accident hazards as possible, and adequate supervision shall be provided to prevent accidents. If an unexplained accident occurs, this injury must be investigated and reported to appropriate state agencies. This Statute is not met as evidenced by: Level III Based on observation, resident and staff interview, record review, and facility policy review the facility failed to ensure the safety of a dependent resident during a lift transfer by using the wrong lift sling resulting in a strap on the sling breaking. Resident #1 fell to the floor and sustained fractures as a result of the fall for one	M 640	Past non-compliance. No plan of correction required and submit it.	9/27/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	70RM	A. BUILDING: _____ B. WING _____	C 09/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF RIPLEY	101 CUNNINGHAM DR RIPLEY, MS 38663

(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 640	Continued From page 1 (1) of three (3) residents reviewed for falls. Resident #1 Based on implementation of corrective actions completed on 8/30/24 prior to the State Agency (SA) entrance on 9/11/24, it was determined to be Past Non-Compliance (PNC). Findings Included: Review of the facility policy, "Lift 4 Care - Safe 4 All" dated May 2024, revealed under guideline, "....7. In order to maintain patient's and residents' safety, patients and residents should be lifted or transferred by the lift and sling which is deemed appropriate after the lift evaluation is completed. There should be no interchanging of lifts and slings..." Record review of the "Investigation" of Resident #1's fall revealed that on 08/21/24 at 2:00 PM, Resident #1 had a fall with injury in her room. The incident was reported to Resident #1's representative, her daughter. Resident #1 experienced a witnessed fall with two witnesses, Certified Nursing Assistant (CNA) #1 and CNA #2. Interviews with CNA #2 revealed the fall occurred during an active staff transfer from bed to wheelchair for Resident #1 to attend activities. CNA #2 revealed that during the transfer, Resident #1's right shoulder strap disconnected from the sling which caused immediate fall to floor with resident landing on right side. Staff did witness Resident #1 hitting her head with complaints expressed from resident of right shoulder and left hip pain. CNA #1 revealed through investigative interview that while transferring Resident #1 from bed to chair, resident was up in the lift, the lift was guided to the middle of the room, before the wheelchair	M 640		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	70RM	A. BUILDING: _____ B. WING _____	C 09/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF RIPLEY	101 CUNNINGHAM DR RIPLEY, MS 38663

(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 640	Continued From page 2	M 640		

could be placed under her, the upper right strap broke and the resident fell to the floor, landing on her right side.

Record review of the Emergency Department (ED) notes dated 08/21/24-08/22/24 revealed, the right lower extremity is shortened, externally rotated and tender to movement. Left hip x-ray and computed tomography scan (CT) revealed a comminuted mildly displaced left intertrochanteric femur fracture deformity. Resident #1 was transferred from the local ED to a hospital for surgical repair of the fracture.

On 09/11/24 at 8:55 AM, an observation and interview with Resident #1, revealed her lying in her bariatric bed in her room. She had bruising to her right upper arm and shoulder and a healing surgical site to her left leg. Resident #1 was morbidly obese. Resident #1 revealed that she had a bad fall last month. She revealed that there were two aides in the room to transfer her out of bed into the wheelchair using a lift. She revealed that they lifted her up off her bed, pushed the lift towards the wheelchair and as soon as she was out of reach of her bed, the strap on the sling broke and she fell to the floor. Resident #1 revealed that she fell face down on the floor, she heard a loud "pop" and stated, "It hurt so bad." She revealed that the nurses and nurse practitioner came immediately to her room, checked her out, called the ambulance and she went to the hospital. She confirmed that she had to have surgery and that her staples were removed yesterday and stated that she was still in pain, but it was much better.

On 09/11/24 at 9:05 AM, an interview with Licensed Practical Nurse (LPN) #2, revealed that she worked the day of Resident #1's fall but was

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	70RM	A. BUILDING: _____ B. WING _____	C 09/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF RIPLEY	101 CUNNINGHAM DR RIPLEY, MS 38663

(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 640	Continued From page 3	M 640		

not in the room when it happened. LPN #2 revealed that she heard a scream for help from down the hall and that when she entered Resident #1's room, she found her lying with her head on the floor at the foot of her roommate's bed and Resident #1 was positioned on her right side. LPN #2 noticed that her left leg was shorter than her right leg and that she was screaming for help and complaining of pain. LPN #2 revealed that the nurse practitioner came immediately into her room, checked her out, and they called for an ambulance. LPN #2 revealed that Resident #1 complained of pain to her right arm, right shoulder and left leg. LPN #2 revealed that Resident #1 went out to the hospital, had surgery and was back at the facility about a week later and stated that this was very traumatic for her.

On 09/11/24 at 9:22 AM, an interview with Administrator (ADM), revealed that on 08/21/24, the staff came and got him when Resident #1 fell from the sling. He revealed that the strap on the sling broke while Resident #1 was in it during a transfer from her bed to her wheelchair and she fell to the floor. ADM revealed that he reported this to the lift manufacturer, they inspected the lift and found nothing wrong with it. ADM revealed that the laundry staff inspected the slings every time they go to laundry and if they looked "ragged out" they discarded them. He clarified that "ragged out" meant that the material on the sling was worn thin, tattered or torn or if the straps were in disrepair. ADM confirmed that they used the green sling with Resident #1, and that the Certified Nursing Assistants (CNAs) did not use the bariatric sling which was safe up to 750 pounds. ADM revealed that Resident #1 was sent to the hospital and was found that she had a fractured hip and fractured femur. ADM revealed that they started an immediate investigation and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	70RM	A. BUILDING: _____ B. WING _____	C 09/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF RIPLEY	101 CUNNINGHAM DR RIPLEY, MS 38663

(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 640	Continued From page 4	M 640		

reported the witnessed fall. He revealed that this was an unfortunate accident, and he hated it for the resident.

On 09/11/24 at 9:35 AM, an interview with Family Nurse Practitioner (FNP), revealed that she was in the facility working on the day that Resident #1 fell from the lift, on 08/21/24. She stated that the staff came and got her when it happened, and she went and immediately assessed the resident. FNP revealed that Resident #1 was stunned, and she complained of left leg and hip pain. FNP revealed that she observed that her left leg was externally rotated and was shorter than her right leg. She revealed that the ambulance arrived within a couple of minutes, they gave her some pain medication and transported her to the hospital.

On 09/11/24 at 10:00 AM, an interview with Director of Clinical Education (DCE), revealed that each specific sling had weight ranges to go by and that the blue sling was for bariatric residents up to 750 pounds. She revealed that the green sling shouldn't have been used with Resident #1, the CNAs should have used the blue sling. DCE revealed that the slings were inspected as they came through the laundry department, but she had educated the CNAs to inspect them prior to use as well to prevent other incidents.

On 09/11/24 at 12:15 PM, an interview with Assistant Director of Nursing (ADON), revealed on 08/21/24, that CNA #1 and CNA #2 were transferring Resident #1 using a lift and one of the straps on the sling broke and she fell to the floor. ADON verified that the guidelines on the proper lift sling use on the Lift Assessments for Resident #1 revealed that the green sling was a

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	70RM	A. BUILDING: _____ B. WING _____	C 09/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF RIPLEY	101 CUNNINGHAM DR RIPLEY, MS 38663

(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 640	Continued From page 5	M 640		

size large, and its weight ranges were 175 - 300 pounds and the blue sling was an extra-large and it's weight ranges were 275 - 500 pounds. ADON confirmed that the blue sling was care planned to be used with Resident #1 and the green sling should not have been used.

On 09/11/24 at 1:40 PM, an interview with CNA #1, revealed that on 08/21/24, she and CNA #2 had gotten Resident #1 in the sling and raised her up to get her into the wheelchair. She confirmed that when they raised her up over the bed and moved the lift towards the chair, the right shoulder strap on the sling snapped and Resident #1 fell to the floor and landed on her right shoulder and was in pain. CNA #1 revealed that they used the green sling because that's the one they had always used. She stated, "We went along with everyone else." CNA #1 revealed that they realized that she was supposed to be in the extra-large blue sling because of her weight but they didn't know this until after the fact. She revealed that they were supposed to look it up in the Kiosk to find out which sling to use. She stated, "We felt terrible about it." CNA #1 revealed that Resident #1 had always been in a green sling and she did what everyone else was doing. She revealed that they should have gone to the Kiosk and looked up what sling was on her care plan to use. She said, "This really upset me because I have always tried to do the right thing and be diligent with these residents."

On 09/11/24 at 2:35 PM, a phone interview with CNA #2, revealed that on 08/21/24, she and CNA #1 were getting Resident #1 up for an activity, that they got her ready, positioned her in the green sling and moved the lift off of the bed to move towards her wheelchair. She revealed that as soon as they cleared the bed with her, the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	70RM	A. BUILDING: _____ B. WING _____	C 09/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF RIPLEY	101 CUNNINGHAM DR RIPLEY, MS 38663

(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 640	Continued From page 6	M 640		

strap snapped, and she fell to the floor. CNA #2 revealed that the green sling was always used with Resident #1. She confirmed that they should have used the blue sling that was care planned, they just followed suit and did what everyone else was doing. CNA #2 revealed that the Kardex told them which sling to use and what care was needed to be done for each resident. She stated, "I will definitely look at the Kardex from now on."

Record review of Resident #1's "Lift Transfer Evaluation" dated 05/28/24 revealed that a total lift was required, and the sling size marked to use was the extra-large blue sling which had weight ranges of 275 pounds (lbs.) - 500 lbs. "Total Lift Required" section was documented, "Focus: I have a physical functioning deficit with transfers and require assistance of...Intervention: Hoyer Total Lift XLarge (Blue) Sling...." Record review also revealed that the Large green sling weight ranges were 175 lbs. - 300 lbs.

Record review of Resident #1's "Weight Summary" revealed that she weighed 376.3 pounds on 08/08/24.

Record review of Resident #1's "Progress Note" dated 08/21/24 completed by Family Nurse Practitioner, revealed, complains of left hip and leg pain. Hit back of head on wheel of roommate's bed. Near Syncope after fall, difficulty breathing immediately following fall, 02 (oxygen) applied via mask. LLE (left lower extremity) with external rotation and LLE shortened compared to RLE (right lower extremity).

Record review of Resident #1's "Admission Record" revealed an admission date of 10/13/20 and diagnoses that included Morbid (Severe)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	70RM	A. BUILDING: _____ B. WING _____	C 09/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF RIPLEY	101 CUNNINGHAM DR RIPLEY, MS 38663

(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 640	Continued From page 7 Obesity and Need for Assistance with Personal Care. Record review of Resident #1's Minimum Data Set (MDS) with Assessment Reference Date (ARD) of 09/08/24 under Section C revealed a Brief Interview for Mental Status Score of 15 which indicated that she was cognitively intact. Record review revealed the following measures were taken and plans put in place to correct the deficient practice prior to the State Agency's (SA) entrance into the facility on 09/11/24: Resident #1 was assessed by Nurse Practitioner immediately after the fall and was sent out to the Emergency Room on 08/21/24. Lift was inspected on 08/22/24 following the incident with no identified concerns by Maintenance. The lift and sling involved in the accident were removed from the floor by Administrator and remained out of service immediately on 08/21/24. All lifts and slings were assessed by the for any disrepair on 08/21/24 by Administrator and four yellow slings, one blue sling and one green sling were removed due to being worn, and in ill repair. New replacements were ordered on 08/26/24. New lift slings arrived on 08/29/24, they were numbered, dated, and put in service. The Kardex was reviewed for all residents for appropriate lift and sling use on 08/22/24 by the DCE. CNA #1 and CNA #2 were educated on proper lift and sling use and return demonstration was	M 640		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	70RM	A. BUILDING: _____ B. WING _____	C 09/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF RIPLEY	101 CUNNINGHAM DR RIPLEY, MS 38663

(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 640	Continued From page 8	M 640		

completed on 08/21/24 by the DCE.

Checkoffs were completed by the DCE with all staff which were initiated on 08/21/24 and continue throughout all shifts until everyone completed.

New Lift Transfer assessments were completed by the ADON on all current residents and care plans were updated on 08/22/24.

Therapy referrals were made as needed by the ADON on 08/22/24 for anyone who required a lift and lift sling.

Care Plans and Kardex updated as needed on 08/22/24 by the ADON.

Team huddles with lift/transfer education completed 08/21/24 - 08/22/24 by the DCE.

State Agency, Ombudsman, and Attorney General (AG's) office notified on 08/22/24 by Director of Nursing.

In-Service on Lift/Transfer Program and Transfer Belts, Abuse/Neglect/Exploitation, and Elder Justice Program were completed by the DCE for all staff members with 100% compliance on 08/21/24 - 08/23/24. Topics included: Performance of lift usage, inspecting the sling prior to use, laundering slings and where to find them, and on the Kardex - only using care planned sling colors.

In-Services initiated on 08/23/24 with Housekeeping and Laundry Manager on sling inspection and guidelines by the DCE.

Hoyer Lift Policy and Procedures were reviewed

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	70RM	A. BUILDING: _____ B. WING _____	C 09/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF RIPLEY	101 CUNNINGHAM DR RIPLEY, MS 38663

(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 640	Continued From page 9 with CNA #1 and CNA #2 and all other staff beginning on 08/21/24-08/22/24 by the DCE. Audits on all "Lift Assessments" were completed on 08/21/24 and are on-going by the ADON. Quality Assurance and Performance Improvement (QAPI) meeting was held on 08/30/24 and all required staff members were in attendance. Plan to continue the weekly audits and bring results to the monthly QAPI meetings for three (3) months.	M 640		