STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255105	A. BUILDING _____ B. WING _____	C 09/19/2024

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS The State Agency (SA) conducted an annual recertification survey and a complaint investigation (CI) MS #25787 at the facility from 9/16/24 through 9/19/24. During the survey, the SA determined the facility was not in compliance with Medicare and Medicaid requirements for participation and cited regulatory deficiencies at F550, F561, F565, F578, F583, F584, F606, F656, F657, F658, F677, F689, F700, F761, F804, F835, F867, and F880. The SA found the facility to be in compliance related to CI MS #25787. The facility held a license for 120 beds at the time of the survey, and the facility census was 95.	F 000		
F 561 SS=D	Self-Determination CFR(s): 483.10(f)(1)-(3)(8) §483.10(f) Self-determination. The resident has the right to and the facility must promote and facilitate resident self-determination through support of resident choice, including but not limited to the rights specified in paragraphs (f)(1) through (11) of this section. §483.10(f)(1) The resident has a right to choose activities, schedules (including sleeping and waking times), health care and providers of health care services consistent with his or her interests, assessments, and plan of care and other applicable provisions of this part. §483.10(f)(2) The resident has a right to make choices about aspects of his or her life in the facility that are significant to the resident. §483.10(f)(3) The resident has a right to interact	F 561		10/28/24

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

Electronically Signed | 10/11/2024

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 561	Continued From page 1 with members of the community and participate in community activities both inside and outside the facility. §483.10(f)(8) The resident has a right to participate in other activities, including social, religious, and community activities that do not interfere with the rights of other residents in the facility. This REQUIREMENT is not met as evidenced by: Based on observation, resident and staff interview, meal ticket review, and facility policy review, the facility failed to honor a resident's choice for sweet tea with meals for one (1) of twenty-two sampled residents. Resident #44 Findings Include: Review of the facility policy titled "Resident's Rights and Quality of Life" with a revision date of 5/1/12 revealed under, "Policy Statement: It is the policy of (Proper Name) that all residents have the right to a dignified existence, self-determination, and communication with an access to people and services inside and outside the facility." An interview with Resident #44 on 9/16/24 at 11:06 AM revealed, she wanted sweet tea with meals, and it had been over a month since she had gotten it. She stated she had told them, but they keep sending unsweet tea and she just cannot drink it. An observation and interview with Resident #44 on 9/16/24 at 12:42 PM revealed, she received a glass of tea with her lunch meal. The resident revealed the tea was unsweet. The meal ticket	F 561	On 09/17/2024, the Dietary Services Manager met with Resident #44 to update preferences. On 09/17/2024, the Dietary Services Manager in-serviced dietary staff regarding tray ticket accuracy with meal tray preparation. All residents have the potential to be affected. On 09/20/2024, the Administrator began education with direct care staff regarding meal tray ticket accuracy and resident choice. An audit of resident meal tray ticket accuracy was completed by the Dietary Service Manager on 09/30/2024. Any negative findings were addressed at that time. Beginning 09/30/2024, the Dietary Service Manager began an audit of ten trays per day for five days a week to assure accuracy of meal tray before tray delivery. This audit will occur five times a week for	

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F 561	Continued From page 2 provided with the lunch tray dated 9/17/24 read, "Sweetened Iced Tea- 8 oz (ounces)". An observation of the lunch meal on 9/17/24 at 12:48 PM revealed, Resident #44 received a glass of tea. The tea was sampled by the resident and the tea was confirmed to be unsweet. An interview with the Dietary Manager (DM) on 9/17/24 at 12:51 PM revealed the kitchen staff followed the meal cards to prepare the meal trays. She confirmed Resident #44's meal ticket listed sweet tea, and the resident did not receive it. She revealed the resident should be able to make choices regarding things she likes to eat and drink, and her preferences should be honored. Record review of the quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 7/1/24 revealed, under section C, a Brief Interview for Mental Status (BIMS) summary score of 15, which indicated Resident #44 was cognitively intact. Record review of the "Admission Record" revealed the facility admitted Resident #44 on 11/10/22 with a medical diagnosis of Chronic Obstructive Pulmonary Disease.	F 561	four weeks, then three times a week for four weeks, then weekly for four weeks. Beginning 10/01/2024, the Administrator/Director of Nursing will conduct resident interviews of ten residents weekly for eight weeks to assure meal tray accuracy and resident preferences are acknowledged. All audit findings will be brought to the Quality Assurance and Performance Improvement Committee on 10/25/2024 for review and recommendations monthly for three months.	