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 _____	12/18/2024

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 an annual recertification at the facility from 12/15/24 through 12/18/24. During the survey, the SA determined that 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, M655, M705, M815, and M980. The facility held a license for 140 beds, with a census of 111.	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 nurse practitioner/physician assistant of his medical conditions unless medically contraindicated (as documented by a physician or	M 500		1/15/25

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M 500	Continued From page 1 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; 6. may manage his personal financial affairs, or is given at least a quarterly accounting of financial	M 500		

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M 500	Continued From page 2	M 500		

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 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,

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M 500	Continued From page 3 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: Level II Based on observation, resident and staff interviews, record review, and facility policy review, the facility failed to provide dignity to	M 500	Center addressed the corrective action on 12/16/2024 by providing catheter privacy bags for residents #58, #99 and #103 by the Director of Nursing of Services. An audit of all residents with catheters was	

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M 500	Continued From page 4 residents, as evidenced by leaving indwelling urinary catheter bags and tubing uncovered for three (3) of eleven residents with a catheter reviewed. Resident #58, #99 and #103. Findings include: A review of the facility policy, "Rights of Nursing Facility Residents" dated May 1, 2012, revealed "By law, every nursing facility resident has the right ...To be treated with dignity, respect, courtesy and consideration ..." Resident #58 An observation on 12/15/24 at 3:43 PM, revealed Resident #58 lying in his bed in his room. A urinary catheter bag containing 100 milliliters of yellow urine was hanging on his bed and visible from the hall with no privacy bag in place. An interview on 12/16/24 at 2:30 PM, with Certified Nursing Assistant (CNA) #5, confirmed that Resident #58's catheter bag was hanging on his bed and there was no privacy bag. She revealed that the catheter bags were supposed to be placed inside a privacy bag. CNA #5 confirmed that not having a privacy bag was a dignity issue. An interview on 12/17/24 at 8:45 AM, with the Assistant Director of Nursing (ADON) confirmed that Resident #58's urinary catheter bag should have been in a privacy bag out of sight. She confirmed that it was a dignity issue for a resident not to be provided with a privacy bag for a urinary catheter. Record review of Resident #58's "Admission Record" revealed the facility admitted the resident on 07/18/22 and that he had diagnoses that	M 500	performed by Director of Nursing Services on 12/16/2024, to ensure all residents have a privacy bag for catheter in place. Any resident noted without a privacy bag, one was provided. Center identified that all residents at Diversicare of Ripley, with indwelling or supra-pubic catheter in place have the potential to be affected by this deficient practice. To avoid recurrence of the deficient practice, all nursing staff was educated by the Director of Clinical Education on Resident Rights, providing dignity, privacy and to ensure all resident with indwelling/supra-pubic catheters have privacy bags in place beginning on 12/19/2024, and was completed prior to staff member□s next scheduled shift. The center plans to monitor the effect of the systemic changes to make sure solutions are sustained by ensuring all residents with indwelling or supra-pubic catheter will be audited 5 times a week for 4 weeks by the Director of Nursing Services or Assistant Director of Nursing to ensure privacy bags are in place. Findings were brought to an AdHoc Quality Assurance Improvement Process Meeting on 12/30/2024 by the Director of Nursing Services. Additional audits of indwelling and supra-pubic catheters will continue biweekly for 4 weeks, then weekly for 4 weeks. Any negative findings will be brought to the monthly Quality Assurance Improvement Meeting, beginning on 01/14/2025 for three months	

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M 500	Continued From page 5 included Obstructive and Reflux Uropathy. Record review of Resident #58's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 11/08/24 under Section C revealed a Brief Interview for Mental Status (BIMS) score of 04 which indicated that the resident had severe cognitive deficits. Resident #99 An observation on 12/15/24 at 3:20 PM, revealed Resident #99 sitting in his room with a urinary catheter bag containing 300 milliliters of urine hanging on his wheelchair visible from the hall with no privacy bag in place. He revealed that sometimes they placed the catheter bag in a "black satchel" to keep it covered but most of the time they did not. He revealed that it made him feel bad when he went out of his room to see people when his catheter bag was exposed for everyone to see, and he would rather it be covered. An observation on 12/15/24 at 5:25 PM, revealed Resident #99 sitting in his wheelchair. The urinary catheter bag was hanging on the right side of the wheelchair with amber colored urine visible from the hallway. There was no privacy bag in place. An interview on 12/16/24 at 8:15 AM, with CNA #6, confirmed that Resident #99's catheter bag was hooked to his wheelchair this morning and was not in a privacy bag. She revealed that they were supposed to always keep the urinary catheter bags covered and she agreed that this was a dignity issue. An interview on 12/17/24 at 8:40 AM, with the ADON confirmed that resident's urinary catheter	M 500	by the Director of Nursing Services for review and revision as necessary to ensure compliance is sustained.	

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M 500	Continued From page 6	M 500		

bags should always be placed in a privacy bag and out of sight to promote the residents dignity.

Record review of Resident #99's "Admission Record" revealed the resident was admitted to the facility on 09/10/23 with medical diagnoses that included Obstructive and Reflux Uropathy and Retention of Urine.

Record review of Resident #99's MDS with an ARD of 09/20/24 under Section C revealed a BIMS score of 11 which indicated that the resident had moderate cognitive deficits.

Resident #103

An observation on 12/15/24 at 5:30 PM, and again on 12/16/24 at 9:30 AM, revealed Resident #103 lying in bed with a urinary catheter bag and tubing exposed with approximately 100 cc (cubic centimeters) of a brown substance in the catheter bag and no privacy covering. The catheter bag and tubing were exposed and visible to anyone entering the room.

An interview and observation on 12/16/24 at 12:30 PM, Resident #103 revealed he has stomach cancer, and his tubing connects to his stomach. He stated, "I don't even know what kind of stuff is in that bag, but it sure looks nasty". He revealed he doesn't like that people can see what's in the bag because it's kind of disgusting.

During an observation and interview on 12/16/24 at 2:25 PM, Licensed Practical Nurse (LPN) #1 revealed all catheter bags are to always be in a privacy bag. She confirmed that the uncovered catheter bag was a dignity issue for the resident and revealed it should have a privacy covering over the tubing and bag.

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M 500	Continued From page 7 An interview on 12/16/24 at 3:00 PM, with the Director of Nurses (DON) confirmed Resident #103's dignity was not honored by leaving his catheter bag exposed. She revealed all catheter bags are supposed to have a covering over them. A record review of Resident #103's "Admission Record" revealed the resident was admitted to the facility on 5/30/2024 with diagnoses including Malignant Neoplasm of Stomach, Obstructive and Reflux Uropathy, and Acquired Absence of Other Specified Parts of Digestive Tract. Record review of the MDS with an ARD of 12/5/24, under Section C revealed a BIMS score of 15 which indicated that the resident was cognitively intact.	M 500		
M 610	45.21.2 Activities of daily living 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 Pattern Based on observation, staff and resident interviews, record review, and facility policy	M 610	Center addressed the corrective action by providing necessary nail care and bathing/shower for residents #8, #58 and #104. Nail care was performed on	1/15/25

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M 610	Continued From page 8 review, the facility failed to provide needed services for residents who were unable to carry out their Activities of Daily Living (ADL's) for three (3) of 23 sampled residents. (Resident #8, Resident # 58, and Resident #104) This was cited as a pattern due to a previous citation with the last Annual Recertification Survey 8/31/23. Findings Include: Review of the facility policy titled, ADL's (Activities of Daily Living) with effective date of August 2021 revealed "Policy: Ensure ADLs are provided in accordance with accepted standards of practice, the care plan, and reasonable accommodation of the resident's choices and preferences." Resident #8 An observation and interview on 12/15/24 at 4:00 PM revealed Resident #8's fingernails to be one-half (1/2) inch long past the tip of the fingers, jagged in appearance, with a thick brown substance under the nail beds, his facial hair/beard was unkempt. He stated that he would love his nails cut, and his beard trimmed, but he can't get anyone to do it. In an interview with Certified Nurse Assistant (CNA) #4 on 12/16/24 at 2:10 PM, confirmed Resident #8 's nails were long and jagged with a thick brown substance underneath. She stated that they appeared to have not been trimmed and cleaned in a while. She also confirmed his beard and facial hair was unkempt, long, and needed to be shaved. In an interview with Licensed Practical Nurse (LPN) #2 on 12/16/24 at 3:21 PM, she revealed that concerns from residents not having their dirty jagged nails cut included scratching themselves	M 610	residents #8 and #58 on 12/16/2024 by the Director of Nursing Services. Concerning resident #104, a shower was offered and resident refused on 12/17/2024 by certified nursing assistant. Center identified that all residents at Diversicare of Ripley that are dependent for activity of daily living tasks and nail care have the potential to be affected by this deficient practice. To avoid recurrence of the deficient practice, all nursing staff was educated by the Assistant Director of Nursing and Nurse Managers on providing nail care, bathing/showers and documenting performed or refused which began on 12/19/2024. An audit was performed on all residents that requires assistance with nail care and bathing was performed by the Director of Nursing Services and the Assistant Director of Nursing beginning on 12/19/2024. Residents that required nail care or had not received a bath/shower according to the plan of care was offered a bath/shower and nail care. The center plans to monitor the effect of the systemic changes to make sure solutions are sustained by auditing ten resident#s dependent with self-care needs five times a week by Director of Nursing Services, Assistant Director of Nursing Services and Nurse Managers beginning on 12/20/2024 for four weeks. Audits will continue twice weekly for four weeks; then weekly for four weeks. Any negative findings will be brought to monthly Quality Assurance Process Improvement Meeting	

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M 610	Continued From page 9 possibly leading to a skin infection from the dirty nails. She then revealed that not shaving a resident could be irritating to the resident. In an interview with the Director of Nursing (DON) on 12/17/24 at 9:48 AM, she revealed she was unable to find any documentation of recent refusals of ADL care for Resident #8 and confirmed the resident should have been shaved and nail care provided. Record review of the "Admission Record" revealed the facility admitted Resident #8 on 8/24/19 with a diagnosis that included Need for Assistance with Personal Care and Contracture, Left Hand. Record review of Resident #8's Section C of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 9/16/24 revealed a Brief Interview for Mental Status (BIMS) score was 15, indicating the resident was cognitively intact. Resident #58 An observation on 12/15/24 at 3:42 PM, revealed Resident #58's fingernails on his right hand had a brown substance underneath them. An observation on 12/16/24 at 2:15 PM, revealed Resident #58 continued to have a brown substance underneath his fingernails on his right hand. An observation in Resident #58's room and an interview on 12/16/24 at 2:25 PM with CNA #5, revealed that ADL included nail care. She confirmed that Resident #58's fingernails were dirty with "gunk" underneath them on his right hand. CNA #5 revealed that dirty fingernails	M 610	for three months beginning on 1/14/2025 to review and revise as necessary.	

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M 610	Continued From page 10	M 610		

could cause issues like spreading germs, sickness or infection. She revealed that it was their (CNA's) responsibility to clean out from under resident fingernails during their bath or shower and as needed. She revealed that Resident #58 is a two-person assist with ADLs.

Record review of Resident #58's "Admission Record" revealed the facility admitted the resident on 07/18/22 and that he had diagnoses that included Hemiplegia and Hemiparesis following Cerebral Infarction, Aphasia, and Chronic Obstructive Pulmonary Disease.

Record review of Resident #58's MDS with an ARD of 11/08/24 under Section C revealed a BIMS Score of 04 which indicated that the resident had severe cognitive deficits.

Resident #104

An interview on 12/15/24 at 4:00 PM, with Resident #104 revealed that she hadn't had a shower since Wednesday night, 12/11/24 and stated, "I sure need one." She revealed that they were so busy, they did not give her a shower last night, 12/14/24. She stated, "The aide never came in to offer me a shower."

An observation and interview with Resident #104 on 12/16/24 at 2:10 PM, revealed her sitting up in her wheelchair in her room with her hair pulled up on her head appearing greasy with a mild odor observed while standing next to the resident. She stated, "I'm fat, I sweat underneath my boobs and if I don't get proper care, I smell." Resident #104 also revealed that it had been several days since she had her hair washed and her head had started itching.

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M 610	Continued From page 11 An interview with CNA #5 on 12/16/24 at 2:17 PM, CNA #5 confirmed that Resident #104's hair was greasy and that it had not been washed in a few days. She revealed that Resident #104 was scheduled to get her showers on the 3PM-11AM shifts on Tuesdays, Thursdays, and Saturdays and that Resident #104 reported to her this morning that she missed her shower on Saturday night. She also revealed that Resident #104 should have had a shower, and her hair washed on her scheduled days to make sure she was clean and to prevent body odor. An observation and interview with the Assistant Director of Nursing (ADON) on 12/17/24 at 8:30 AM, confirmed that Resident #104 and all residents should receive their scheduled showers and that residents' hair should be washed during that time. She confirmed that Resident #104's hair was oily and that she should have received her shower as scheduled on Saturday night. Resident #104 reported to the ADON that she had not had a shower since Wednesday night, 12/11/24. She revealed that on Saturday night, the aide never came in to get her for her shower. Record review of Resident #104's "Admission Record" revealed the facility admitted the resident on 06/03/24 and that she had diagnoses that included Difficulty in Walking, Need for Assistance with Personal Care, and Type 2 Diabetes Mellitus. Record review of Resident #104's MDS with an ARD of 12/11/24 under Section C revealed a BIMS Score of 15 which indicated that she was cognitively intact.	M 610		

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M 655	Continued From page 12	M 655		
M 655	45.21.11 Special needs Special needs. Each resident with special needs shall receive proper treatment and care. These special needs shall include, but are not limited to injections; parenteral and enteral fluids; colostomy, ureterostomy, ileostomy care; tracheostomy care; tracheal suction; respiratory care; foot care; and prostheses. This Statute is not met as evidenced by: Level II Based on observation, staff interviews, record review, and facility policy review, the facility failed to ensure that oxygen tubing and an oxygen concentrator humidifier water bottle was changed as ordered for one (1) of eight (8) residents with oxygen observed. Resident #73 Findings include: Review of the facility policy titled, "Oxygen Guideline updated 8/1/2024 revealed, "Policy ...Medical oxygen is classified by the food and drug Administration as a drug and therefore it is provided in accordance with a health care provider's order and in accordance with acceptable standards of practice. Procedure: Oxygen with humidification will be provided in accordance to a physician's order ..." Record review of Resident #73's "Order Summary Report" revealed an order dated 12/6/24 to change oxygen tubing and humidifier bottle weekly. Cleanse any external filters one time a day every Friday. On 12/15/24 at 3:55 PM, Resident #73's oxygen concentrator was observed with an undated,	M 655	The center addressed the corrective actions for resident #73 by changing the oxygen tubing and humidifier bottle on 12/19/2024. This action was completed by the Director of Nursing Services. The center identified residents who utilize respiratory equipment with tubing and water bottles having the potential to be affected by this deficient practice. To avoid recurrence of the deficient practice, staff education conducted with all nursing staff regarding tubing maintenance for residents requiring oxygen, nebulizer and/or Continuous Positive Airway Pressure (CPAP)/ Bilevel Positive Airway Pressure (BiPAP) by Director of Nursing Services, Assistant Director of Nursing Services, Nursing Unit Managers, Director of Clinical Education on 12/19/2024.Director of Nursing and Assistant Director of Nursing performed audit to ensure all residents with respiratory equipment had tubing and water bottles with appropriate dates according to orders on 12/19/2024.	1/15/25

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M 655	Continued From page 13 empty humidifier water bottle. The oxygen tubing connected to the humidifier water bottle was dated "11/29". An observation on 12/16/24 at 12:39 PM, revealed the oxygen tubing connected to the humidifier water bottle remained dated "11/29". During an interview and observation on 12/16/24 at 2:10 PM, Licensed Practical Nurse (LPN) #1 revealed that the nightshift nurses are to change out the oxygen tubing and water humidification bottles weekly. She confirmed that the oxygen tubing was dated 11/29 and revealed that it is important for the tubing to be changed as ordered to possibly prevent any infections. In an interview on 12/16/24 at 2:30 PM, the Director of Nurses (DON) revealed that the nurses on Friday nights are responsible for changing the oxygen tubing and water humidification bottles. She revealed she put a new water bottle on this morning when she noticed the humidifier bottle had no water and was unsure why the oxygen tubing and water bottle had not been changed since 11/29. She confirmed the facility failed to follow the physician's order by not changing out the oxygen tubing and water humidifier bottle as ordered. She revealed it's important for the tubing and humidification bottle to be changed weekly to prevent infection. A record review of Resident #73's "Admission Record" revealed she was admitted to the facility on 11/11/2024 with medical diagnoses that included Acute Respiratory Failure with Hypoxia, Unspecified Asthma, and Chronic Obstructive Pulmonary Disease.	M 655	The center plans to monitor the performance of the systemic changes to make sure the solutions are sustained by the Director of Nursing, Assistant Director of Nursing, and Nurse Managers conducting rounds ensuring all respiratory equipment have been cleaned, tubing and water bottles and filters changed appropriately in accordance with policy. This will be done five times a week for four weeks beginning 12/20/2024, then two times a week for four weeks, then weekly for four weeks, then monthly. Any negative findings will be brought to monthly Quality Assurance Process Improvement Meeting beginning on 1/14/2025 by the Director of Nursing Services for three months for review and revision as necessary.	

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M 655	Continued From page 14 Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 11/19/24 revealed Resident #73 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated the resident is cognitively intact.	M 655		
M 705	45.24.2 Policies and procedures Policies and procedures. Each facility shall have policies and procedures to assure the following: 1. Accurate acquiring; 2. Receiving; 3. Dispensing; 4. Storage; and 5. Administration of all drugs and biologicals. This Statute is not met as evidenced by: Level II Based on observation, resident and staff interview, and record review the facility failed to ensure medications were stored appropriately and not left in the resident's room for one (1) of 23 sampled residents. Resident #68 Findings include: A review of the statement on facility letterhead, signed by the Administrator and dated 12/20/24, revealed, "(Proper Name) does not have a specific policy for medication storage. The center utilizes the medication administration competencies that refers to returning medications back to medication cart as well as standards of	M 705	The center addressed the corrective action by removing the medication immediately and secured on the med cart from Resident #68. Director of Nursing and Assistant Director of Nursing performed an audit to ensure no medications were at bedside of residents unsecured on12/19/2024. The center identified all residents at Diversicare of Ripley have the potential to be affected by the deficient practice. To avoid recurrence of the deficient practice, Director of Nursing initiated education on 12/19/2024 to nursing staff that included proper procedure and	1/15/25

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M 705	Continued From page 15 practice." An observation and interview on 12/16/24 at 9:35 AM revealed Resident #68 had two (2) inhalers lying on his bedside table. The inhalers were labeled 1. Spiriva Respimat Inhalation Aerosol Solution 2.5 MCG/ACT(micrograms/actuation) and 2. Symbicort Inhalation Aerosol 80-4.5 MCG/ACT. A nebulizer machine was observed on the bedside table with two (2) unopened Ipratropium-Albuterol Inhalation Solution 0.5-2.5 packages. Resident #68 stated those are my emergency inhalers. During an observation and interview on 12/16/24 at 2:00 PM, Licensed Practical Nurse (LPN) #1 confirmed that the medications were left unattended on the bedside table and should have been locked in the medication cart. She revealed that the medicines are supposed to be given as the physician ordered, and with the inhalers being in the resident's room then they don't know if she is using them or how much she is taking. During an interview on 12/16/24 at 2:25 PM, the Director of Nurses (DON) confirmed that medications should not be left at the bedside unattended but should always be kept locked up in the medication cart. Otherwise, a wandering resident could enter a resident's room and take the medicines. A record review of Resident #68's "Admission Record" revealed the resident was admitted to the facility on 04/01/2024 with medical diagnoses that included Chronic Respiratory Failure, Pulmonary Fibrosis, and Atelectasis. A record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of	M 705	protocol regarding residents□ ability to have medications in room; self-administration assessment and proper locked storage. The center plans to monitor the performance of the systemic changes to make sure the solutions are sustained by the Director of Nursing, Assistant Director of Nursing, and Registered Nurse Supervisor conducting rounds ensuring all medications are used and stored appropriately in accordance with policy. This will be done five times a week for four weeks beginning 12/20/2024, then two times a week for four weeks, then weekly for four weeks. Pharmacy consultant will also do monthly audits and report to the Administrator and Director of Nursing Services. Any negative findings will be brought to monthly Quality Assurance Process Improvement Meeting for three months beginning on 1/14/2025 by Director of Nursing Services to review and revise as necessary.	

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M 705	Continued From page 16 10/10/24, revealed a Brief Interview for Mental Status (BIMS) score of 15, which indicated Resident #68 was cognitively intact.	M 705		
M 815	45.29.1 Safe Food Handling Procedures Safe Food Handling Procedures. Food shall be prepared, held, and served according to current Mississippi State Department of Health Food Code Regulations. This Statute is not met as evidenced by: Level II Widespread Based on observation, staff interview, and facility policy review, the facility failed to prevent the possibility of the spread of foodborne illness as evidenced by thawing meat at room temperature and using unsafe food handling practices for food preparation for one (1) of two (2) kitchen tours. Findings include: Record review of the facility policy titled, "Food: Preparation" with a revision date of 9/2017 revealed under, "Procedures:... 2. Dining Services will be responsible for food preparation procedures that avoid contamination by potentially harmful physical, biological, and chemical contamination ... 5. The Cook(s) thaws frozen items that requires defrosting prior to preparation using one of the following methods: Thawing in the refrigerator, in a drip-proof container, and in a manner that prevents cross-contamination;... Completely submerging the item under cold water (at a temperature of 70° [degrees] F [Fahrenheit] or below) that is	M 815	Center addressed the corrective action on 12/15/2024, the five packages of kielbasa sausages that were thawing at room temperature were thrown away in an appropriate container, The pink tinged watery drainage was cleaned from the floor and sink area per center policy. Center identified that all residents all residents of Diversicare of Ripley that consume food by mouth have the potential to be affected by this deficient practice. To avoid recurrence of the deficient practice, Regional Director of Dietary services educated Dietary Manager and dietary staff on 12/15/2024 of the importance of critical importance of maintaining a clean and sanitized work environment by thawing frozen foods and disposing of food waste according to center policy and sanitary guidelines. The center plans to monitor the effect of the systemic changes to make sure solutions are sustained by Dietary	1/15/25

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M 815	Continued From page 17 running fast enough to agitate and float off loose particles..." During the initial kitchen tour, on 12/15/24 at 3:10 PM, an observation of the two (2)-compartment sink revealed, five (5) packs of kielbasa sausages that were placed in the sink to thaw at room temperature with no running water. Dietary Staff #1 confirmed that meat should not be left out to thaw at room temperature and should have been placed in the cooler to prevent the potential for bacteria growth during the thawing process. Further observation revealed, a brown box placed on the kitchen floor that contained raw chicken skin inside the box and resting on the outer edges. Dietary Staff #1 confirmed the box contained raw chicken skin that had been removed during preparation of the chicken for the upcoming dinner meal. Dietary Staff #1 picked up the box to remove it and the box dripped a pink tinged watery drainage onto the floor and onto the drainboard of the 2-compartment sink. An interview with Dietary Staff #1 revealed the chicken skin should have been disposed of in the garbage during the preparation of the chicken. She revealed the raw chicken skin and drainage could contaminate surfaces and spread salmonella and potentially make someone sick. An interview with the Regional Dietary Manager on 12/18/24 at 8:10 AM confirmed that frozen meat should be thawed under running water or placed in a bin and into a cooler to thaw. He revealed the purpose was to prevent the growth of bacteria on the meat. He confirmed that raw chicken skin should be disposed of in the trash to prevent the possibility of contamination. The Regional Dietary Manager confirmed unsafe food handling practices could make someone sick.	M 815	manager preforming audits five times per week beginning on 12/20/2024 for four weeks to ensure food wastes are being disposed of according to policy, and all frozen foods are being thawed according to policy. Audits will continue weekly for eight weeks. All negative findings will be brought to the monthly Quality Assurance Process Improvement Meeting monthly beginning on 01/14/2025 by the Administrator for three months to ensure compliance is sustained.	

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M 980	Continued From page 18	M 980		
M 980	45.33.6 Garbage Disposal Garbage Disposal. 1. Garbage must be kept in water-tight suitable containers with tight fitting covers. Garbage containers must be emptied at frequent intervals and cleaned before using again. 2. Proper disposition of infectious materials shall be observed. This Statute is not met as evidenced by: Level II Based on observation, staff interview, and facility policy review, the facility failed to keep kitchen trash properly contained and disposed of safely for one (1) of two (2) kitchen tours. Findings include: Review of the facility policy titled "Dispose of Garbage and Refuse" unrevised, revealed under, "Policy Statement: All garbage and refuse will be collected and disposed of in a safe and efficient manner...Procedures:.. 2. The dining service director will ensure that:.. Garbage and refuse is removed from the kitchen area routinely during the day and at the end of the work day..." An observation during the initial kitchen tour on 12/15/24 at 3:10 PM revealed 2 trash barrels that were full and overflowing with trash and uncovered. Multiple empty boxes were stacked on top of both garbage barrels. An interview with Dietary Staff #1 on 12/15/24 at	M 980	Center addressed the corrective action by all trash barrels in kitchen being emptied and covered on 12/15/2024 by dietary staff immediately. Center identified that all residents all residents of Diversicare of Ripley that consume food by mouth have the potential to be affected by this deficient practice. To avoid recurrence of the deficient practice, dietary manager and all dietary staff educated by the Regional Dietary manager on proper disposal of waste on 12/16/2024. The center plans to monitor the effect of the systemic changes to make sure solutions are sustained by auditing, which began on 12/20/2024 by the Dietary manager, to ensure all garbage is disposed of properly according to center policy. Audits will be conducted five times a week for four weeks, then biweekly for four weeks and weekly for four weeks. Any negative findings will be brought to	1/15/25

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M 980	Continued From page 19 3:16 PM confirmed that the overflowing garbage in the kitchen was unsanitary. She revealed they (the Dietary Staff) had not had time to empty the garbage today and were in the middle of shift change while preparing for the dinner meal. An interview with the Regional Dietary Manager on 12/18/24 at 8:10 AM confirmed the kitchen trash should be emptied once a shift and when needed and the trash lid should remain intact to ensure safe waste disposal.	M 980	the Quality Assurance Process Improvement Meeting by the dietary manager beginning on 1/14/2025 for three months for the Administrator to review and revise as necessary.	