STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	12AC	A. BUILDING: _____ B. WING _____	12/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF QUITMAN	191 HIGHWAY 511 EAST QUITMAN, MS 39355

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M 000	Initial Comments The State Agency (SA) conducted an annual recertification survey and Complaint Investigations (CIs), MS #26660 and CI MS #27032, at the facility from 12/15/24 through 12/18/24. The SA investigated CI MS #26660 for Resident/Patient/Client neglect, Quality of care, Resident/Patient dignity. The SA investigated CI MS #27032, a facility reported incident, for facility Resident to Resident client abuse, and cited M640. 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 cited M225 and M500.	M 000		
M 225	45.4.1 Nursing Facility Nursing Facility. To be classified as a facility, the institution shall comply with the following staffing requirements: 1. Minimum requirements for nursing staff shall be based on the ratio of two and eight-tenths (2.80) hours of direct nursing care per resident per twenty-four (24) hours. Staffing requirements are based upon resident census. Based upon the physical layout of the nursing facility, the licensing agency may increase the nursing care per resident ratio. 2. Each facility shall have the following licensed personnel as a minimum: a. Seven (7) day coverage on the day shift by a registered nurse. b. A registered nurse designated as the Director of Nursing Services, who shall be employed on a full time (five [5] days per week) basis on the day	M 225		1/14/25

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M 225	Continued From page 1 shift and be responsible for all nursing services in the facility. c. Facilities of one-hundred eighty (180) beds or more shall have an assistant director of nursing services, who shall be a registered nurse. d. A registered nurse or licensed practical nurse shall serve as a charge nurse and be responsible for supervision of the total nursing activities in the facility during the 7:00 a.m. to 3:00 p.m. and 3:00 p.m. to 11:00 p.m. shift. The nurse assigned to the unit for the 11:00 p.m. to 7:00 a.m. shift may serve as both the charge nurse and medication/treatment nurse. A medication/treatment nurse for each nurses' station shall be required on all shifts. This shall be a registered nurse or licensed practical nurse. e. In facilities with sixty (60) beds or less, the director of nursing services may serve as charge nurse. f. In facilities with more than sixty (60) beds, the charge nurse may not be the director of nursing services or the medication/treatment nurse. 3. Non-Licensed Staff. The non-licensed staff shall be added to the total licensed staff, to complete the required staffing requirements. 4. There shall be at least two (2) employees in the facility at all times in the event of an emergency. This Statute is not met as evidenced by: Level II Based on interviews, record review, and facility policy review, the facility failed to ensure the	M 225	1. On 12/18/24, the Administrator/Director of Nursing Services/Human Resource Director/Workforce Manager discussed challenges of inadequate staffing on the	

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M 225	Continued From page 2 minimum nursing staffing requirement of two and eight-tenths (2.80) hours of direct nursing care per resident per twenty-four hours was met as evidenced by lack of sufficient nursing staff in the fourth quarter for one (1) of four (4) staffing quarters reviewed. Findings included: A review of the facility's policy titled "Staffing Requirements for Resident Care," effective March 2023, revealed, "The facility must ensure that sufficient nursing staff is present at all times to meet residents' individual care needs and maintain a safe and sanitary environment." A record review of the facility's "Center Assessment Tool" dated 09/23/24 revealed " ... Other 1.8 ... When adjusting staffing for daily care needs, appropriate staff skill set are reviewed to assure that licensed and non-licensed staff are present at all times, 24/7, including nights and weekends, with skills to care for physical and psychosocial needs of patients and residents. Specific staffing needs are based upon individual patients' and residents' diagnosis, care plans, and any change of condition that may have occurred. Patients/residents who may have issues with behaviors are also taken into consideration when staffing is being reviewed ... Staffing Plan. 3.2 ... Our approach to determine the staffing needs to care for and support our patients and residents, along with the information provided in Section 1.8 above, begins at the bedside. The Administrator facilitates the coordination of care needed each day with the interdisciplinary team. The care team evaluates the resident/patient population and acuity as well as center layout to determine the number of team members needed to provide care and services to	M 225	weekends during July 2024-December 2024 which included employee morale, attendance, recruiting practices, hiring practices, orientation practices, and scheduling practices. On 12/18/24 and 12/19/24, all residents were assessed by the Director of Nursing Services (DNS) and Assistant Director of Nursing Services (ADNS) for complications due to lack of staffing with no complications noted. 2. All residents are at risk for lack of supervision due to lack of adequate facility staffing. 3. The Director of Clinical Operations provided education to the Administrator and DNS on 12/18/24 regarding need to provide sufficient staffing. Going forward, the center will ensure sufficient nursing staffing is provided to meet resident's needs safely and in a manner that promotes each resident's rights, physical, mental, and psychosocial well-being. 4. Beginning 12/19/24 and ongoing, the center administrative staff will conduct a workforce manager's meeting Monday through Friday to review the schedule, projected coverage, and call ins. Any need for additional staffing will be addressed at that time. To monitor the performance of our corrective action and to ensure sustainability, the Administrator will indefinitely audit the predicted staffing versus the actual staffing daily starting 12/19/24 to ensure adequate staffing daily. Beginning 12/19/24, Unit Managers, DNS, ADNS, and other administrative nursing staff will be utilized for staffing to meet	

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M 225	Continued From page 3 the patients/residents ... Position Total Number Needed or Average or Range Licensed nurses providing direct care 5 on days, 4 on evenings, Nurse aides 10 on days, 8 on evenings, 7 on nights ..." A record review of the staffing grids for the fourth quarter revealed that the staffing rate on the following weekends which were below the minimum requirements of 2.80 hours of direct nursing care per resident per 24 hours: 07/06/24 equaled 2.25, 07/07/24 equaled 2.69, 07/20/24 equaled 2.41, 07/21/24 equaled 2.52, 07/26/24 equaled 2.48, 07/27/24 equaled 2.74, 08/03/24 equaled 2.77, 08/04/24 equaled 2.59, 08/10/24 equaled 2.34, 08/17/24 equaled 2.50, 08/18/24 equaled 2.58, 08/20/24 equaled 2.77, 08/24/24 equaled 2.61, 08/30/24 equaled 2.68, 08/31/24 equaled 2.47, 09/28/24 equaled 2.78, 09/29/24 equaled 2.75, 12/07/24 equaled 2.31, 12/08/24 equaled 2.57, 12/14/24 equaled 2.68, and 12/15/24 equaled 2.72. On 12/15/2024 at 10:30 AM, during an interview with Certified Nurse Aide (CNA) #1, she reported having 16 residents to care for that day due to short staffing. She stated that staffing was inconsistent and often insufficient, particularly on weekends. She noted that completing her duties with fewer than six (6) CNAs was challenging. On 12/15/2024 at 10:45 AM, during an interview with Licensed Practical Nurse (LPN) #4, she explained that she usually worked in medical records but had been pulled to cover short staffing. She confirmed that low staffing levels had required many staff members to work extra hours. On 12/16/2024 at 10:50 AM, during an interview	M 225	resident's needs until adequate staff is hired and trained. Any negative findings will be brought to the Quality Assurance Performance Improvement meeting monthly for a minimum of 3 months beginning 1/13/25 by the Administrator for review and revision as necessary. Quality Assurance team will review the findings and determine if a need to alter our corrective action.	

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M 225	Continued From page 4 with LPN #3, she stated the facility had been short-staffed for several months. She reported working with six (6) CNAs on day shifts and five (5) or fewer on evening shifts, which created difficulties in completing all duties. On 12/18/24 at 10:05 AM, during an interview with the Director of Nursing (DON), she confirmed that she was aware of the low staffing issues and reported she has not been able to have the staffing she desires for the facility. On 12/18/2024 at 10:15 AM, during an interview and record review of the staffing grids with the Workforce Manager, she explained that the facility aimed to staff an average of 10 CNAs on day shifts, seven (7) CNAs on evening shifts, and five (5) CNAs on night shifts. However, staffing had fallen as low as five (5) CNAs on day shifts, four (4) CNAs on evening shifts, and three (3) CNAs on night shifts. The Workforce Manager confirmed that staffing grids for Quarter 4, 2024, showed multiple weekends with low staffing ratios. On 12/18/2024 at 10:40 AM, during an interview with the Administrator, she confirmed that the facility had consistently low staffing on weekends. She outlined ongoing efforts to address staffing shortages, including offering bonuses, recruiting from local vocational schools, and attempting CNA training programs, but acknowledged that staffing challenges remained unresolved.	M 225		
M 500	45.17.2 Residents' Rights Residents' Rights. The residents' rights policies and procedures ensure that each resident	M 500		1/14/25

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M 500	Continued From page 5 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 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	M 500		

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M 500	Continued From page 6 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 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	M 500		

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M 500	Continued From page 7 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, 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,	M 500		

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M 500	Continued From page 8 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, interviews, record review, and facility policy review, the facility failed to ensure residents' rights to privacy by allowing wandering residents to enter resident rooms without invitation or permission (Resident #5 and Resident #57) and failing to cover a urinary drainage bag (Resident #74) for three (3) of 22 sampled residents. Findings included: A record review of the facility's policy titled "Resident Rights & Quality of Life Policy," dated March 13, 2020, revealed, " ...All patients and residents have the right to a dignified existence, self-determination, and communication with access to people and services inside and outside the center... Procedure: A patient or resident has the right ...To personal privacy and confidentiality	M 500	1. Resident #5 and Resident #57 were provided nightstand with key lock for personal item securement by Maintenance Director on 1/8/25. On 1/10/25, stop signs were also placed on the doors of residents #5 and #57 to discourage wandering residents from coming into their rooms. Privacy covering for Resident #74 urinary drainage bag was placed 12/16/24 by the Director of Nursing Services(DNS). 2. All residents of the center who have a urinary drainage bag has the potential to be affected by the deficient practice. DNS audited all residents with urinary drainage bags and ensured all had privacy coverings on 12/16/24. All wandering residents were assessed 12/18/24 by DNS and Assistant Director of Nursing Services (ADNS) on 12/18/24 to assure care plan interventions were in place to prevent	

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M 500	Continued From page 9 of personal and clinical records ..." Resident #5 On 12/15/2024 at 10:37 AM, during an interview, Resident #5 stated that a female resident in a wheelchair often entered her room without permission, during the daytime and nighttime hours. She reported this to staff several times, but the behavior has continued. She explained she kept the door to her room closed at all times, whether she is in her room or not to prevent wandering residents from coming in. On 12/17/2024 at 12:05 PM, during an interview, Licensed Practical Nurse (LPN) #3 reported that Resident #5 often kept her door closed to prevent wandering residents from entering. She explained that while wandering residents frequently entered rooms, Resident #5 had not specifically complained to her about an individual resident. A record review of Resident #5's "Admission Record" revealed the facility admitted her on 08/15/2023 with diagnoses including Unspecified Mood Affective Disorder. A record review of the Comprehensive Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 11/29/2024 revealed in Section C, Resident #5 had a Brief Interview for Mental Status (BIMS) score of twelve (12), indicating moderate cognitive impairment. Further review of Section F revealed it was very important to her to take care of her personal belongings and things and to have a place to lock your things to keep them safe. Resident #57	M 500	accidents and hazards. Residents affected by violation of rights through interview will be offered a stop sign, locking night stand, or room change. 3. Social Services Director(SSD) and Activity Director interviewed all residents on 1/7/25 and 1/8/25 to ensure resident privacy was being maintained. Director of Nursing Services(DNS)/Director of Clinical Education(DCE) in-serviced staff on resident's rights and dignity to include privacy in room and privacy covering of urinary drainage bags on 1/6/25-1/9/25. Activity Director reviewed resident's rights to privacy and securement of belongings in Resident Council on 1/7/25 to residents who attended the Council meeting. 4. To monitor the performance of our corrective action and to assure sustainability, the SSD will interview/audit for resident's privacy/security and DNS will audit urinary drainage bag covering of 5 residents 3 days per week x 12 weeks beginning 12/23/24 to ensure resident's rights and dignity is provided. Any negative findings will be brought to the Quality Assurance Performance Improvement meeting monthly for a minimum of 3 months beginning 1/13/25, by the SSD or DNS for review and revision as necessary.	

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M 500	Continued From page 10 On 12/15/2024 at 10:25 AM, during an interview, Resident #57 stated that residents frequently entered his room uninvited, rummaging through his belongings. He recounted an incident in July 2024 where a resident rummaged through his snacks, causing him to fall while trying to intervene. On 12/17/2024 at 12:20 PM, during an interview, LPN #3 confirmed that Resident #57 often yelled at wandering residents to leave his room. She explained that one wandering resident had been doing so since admission but had reduced the frequency over time. A record review of Resident #57's "Admission Record" revealed the facility admitted him on 12/02/2022 with diagnoses including Type 2 Diabetes Mellitus. A record review of the Quarterly MDS with an ARD of 10/17/2024 revealed in Section C Resident #57 had a BIMS score of (15), indicating the resident was cognitively intact. Further review of Section F revealed it was somewhat important to have a place to lock his things and to keep them safe. Resident #74 On 12/15/2024 at 11:54 AM, during an observation, Resident #74's urinary drainage bag was uncovered and visible from the hallway because her door was open. On 12/16/2024 at 11:22 AM, during an observation and interview the Director of Nursing (DON) confirmed that Resident #74's catheter bag was not covered and emphasized the need to cover it to maintain the resident's dignity.	M 500		

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M 500	Continued From page 11 On 12/18/2024 at 10:30 AM, during an interview the DON and Administrator acknowledged the facility had several wandering residents and confirmed staff had been educated on redirecting wandering residents to respect others' privacy. They stated that residents' rights to privacy and dignity must always be upheld. A record review of Resident #74's "Admission Record" revealed the facility admitted her on 08/12/2022 with diagnoses including Stage 4 Pressure Ulcer of the Sacral Region. A record review of the Quarterly MDS with an ARD of 10/24/2024, in Section C revealed a BIMS score of four (4), indicating severe cognitive impairment. Further review of Section H revealed the resident had an indwelling catheter.	M 500		