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 01/21/2025

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

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M 000	Initial Comments The State Agency (SA) conducted a Complaint Investigation (CI) MS #27676 at the facility on 1/21/25. 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 M 865 for sufficient staff in the dietary department. The facility held a license for 140 beds at the time of the complaint survey, and the facility census was 122.	M 000		
M 865	45.30.9 Serving of Meals Serving of Meals. 1. Table should be of a type to seat not more than four (4) or six (6) residents. Residents who are not able to go to the dining room shall be provided sturdy tables (not TV trays) of proper heights. For those who are bedfast or infirm tray service shall be provided in their rooms with the tray resting on a firm support. 2. Personnel eating meals or snacks on the premises shall be provided facilities separate from and outside of food preparation, tray service, and dishwashing areas. 3. Foods shall be attractively and neatly served. All foods shall be served at proper temperature. Effective equipment shall be provided and procedures established to maintain food at proper temperature during serving. 4. All trays, tables, utensils and supplies such as china, glassware, flatware, linens and paper placemats, or tray covers used for meal service	M 865		2/12/25

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M 865	Continued From page 1 shall be appropriate, sufficient in quantity and in compliance with the applicable sanitation standard. 5. Food Service personnel. A competent person shall be designated by the administrator to be responsible for the total food service of the home. Sufficient staff shall be employed to meet the established standards of food service. Provisions should be made for adequate supervision and training of the employees. This Statute is not met as evidenced by: Level II Widespread Based on observations and interviews the facility failed to ensure sufficient staffing in the dietary department to meet the nutritional needs of residents for eight (8) of 12 sampled residents (Resident #2, Resident #3, Resident 4, Resident #5, Resident #6, Resident #7, Resident #9, Resident #10.) Specifically, the facility did not employ adequate dietary staff to prepare and serve meals in a timely manner, resulting in residents receiving cold meals and prolonged delays during meal service. Findings include: Review of the facility policy titled "Food: Quality and Palatability" with a revision date of 2/2023 revealed under, "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." Initial observation on 01/21/25 at 8:15 PM revealed one (1) employee in the kitchen preparing food for 122 resident census.	M 865	• The center addressed the corrective actions on 1/21/2025 by obtaining food preferences for residents #4, #3, #5, #2, #9, #7, #1, #10, and #6. On 1/22/2025, Administrator provided to the Regional Dietary Manager regarding staffing expectations for the center. Administrative changes made in dietary management by regional dietary staff on 1/22/2025. • All residents that receive by mouth diet have the potential to be affected by this deficient practice. • On 1/22/2025 two additional support managers were on site at center to assist with recruiting and on-boarding of new employees for the dietary department. On 1/22/2025 Regional Dietary manager educated dietary staff on meal temperature and mealtimes. On 1/22/2025 dietary staff were educated on the attendance policy by the interim Dietary Manager. Facility assessment was reviewed by the Administrator on 1/24/2025 to determine center dietary staffing needs. • The center plans to monitor effects of systemic changes by daily monitoring of	

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M 865	Continued From page 2 On 1/21/25 at 9:15 AM, an interview with the Regional Dietary Manager (RDM) #1 revealed that the kitchen staffing continued to be the biggest concern for the dietary department. He stated that he has been at this facility for two months and has never seen a building so hard to find dietary staff that will work. He explained that the kitchen staff continued to work with short staff and that for the last two weeks he has been in the kitchen preparing meals. He revealed that the other day they had an employee get sick in the dietary department and had to call an ambulance for her and that the Administrator went to a local restaurant and bought breakfast for the residents because they did not have anyone to prepare the meal that morning. The RDM revealed just this morning he had a staff member to walk out and quit despite being aware of the staff shortage and offering him a bonus to stay. On 1/21/25 at 9:20 AM, an interview with Resident #4 revealed the food continued to be a big concern for the residents. She stated, "It's horrible." The resident explained that she ate grilled cheese and soup every day because what was served from the menu, she could not eat, and it was always cold. On 1/21/25 at 9:28 AM, an interview with Resident #3 revealed her only concern with the facility was the food. She stated, "It's not fit to eat and it's not good." She stated the food was not properly cooked and that the vegetables were mushy, and the meat was tough. On 1/21/25 at 9:33 AM, an interview with Resident #5 revealed the food was no better. She stated, "The food is slop, and our food choices are limited." She explained that last night at	M 865	dietary staff coverage by dietary manager, Administrator, Director of Operations, and Regional Account Manager for twelve weeks beginning on 1/25/25. Administrative staff (Minimum Data Set Nurses, Director of Nursing services, Business Office Manager, Social Service Director, Director of Care Coordination, Director of Clinical Education, Receptionist, and Unit Managers) to interview two residents five days a week for four weeks, three times a week for four weeks, and two times a week for four weeks regarding food temperatures and quality of food 1/23/2025. Five meal trays will be tested for temperature and palatability by the dietary manager seven days a week for twelve weeks beginning on 1/23/2025. Facility assessment to be reviewed weekly by the Administrator for 12 weeks. Any negative findings will be brought to Quality Assurance Process Improvement Meeting beginning on 2/11/2025, monthly for 3 months or until such time as compliance is sustained.	

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M 865	Continued From page 3	M 865		

dinner she received chicken strips that were overcooked and were too tough to chew and that she just ate the fruit off her tray. She revealed the dietary department was always late getting the meal trays out and the food was always cold. She stated, "they don't have any help in there."

On 1/21/25 at 9:52 AM, during an interview with Resident #2 the resident voiced his food had been cold every meal. He stated, "I'm not talking about lukewarm; I'm talking about cold like it's been in the refrigerator." He revealed he wished the facility could do something to fix the problem.

On 1/21/25, an observation revealed, between 8:30 AM-9:00 AM and again at 11:35 AM-12:15 PM, the breakfast and lunch trays were placed on uncovered tray racks and then were later retrieved from the dining room by the aides then distributed to the residents in their rooms.

On 1/21/25 at 11:35 AM, an interview with the Administrator (ADM) revealed the kitchen was in transition and the current RDM was leaving, and a new person was starting. He revealed he was not involved in the decision about the change and verbalized it was a corporate decision and that he was not happy about it because they have had so many issues with staff not being available to work in the dietary department as it is currently. The ADM revealed he would like to keep the same consistent staff in the kitchen to carry out food services.

On 1/21/25 at 12:50 PM, an observation and interview with Resident #9 revealed he was sitting in his chair in his room. The resident voiced his lunch tray was just brought in to him and stated, "The food here is lousy." He revealed last night for dinner he received a Swiss steak fried so hard

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M 865	Continued From page 4	M 865		

it was not eatable, which was often the case with a lot of the meats served. He explained the dietary department did not know how to cook the foods properly without overcooking them. Resident #9 revealed cold food had been an issue for a while and stated, "The food is never warm." An observation of the lunch meal provided revealed pulled pork loin, mashed potatoes, and Brussel sprouts and it was observed that the resident could not cut the meat with his utensils.

On 1/21/25 at 1:02 PM, an observation and interview with Resident #6 revealed, she was sitting on the side of the bed eating her lunch meal. The resident stated, "The food is horrible, and it's horrid to chew." She stated, "When you all were here last, the kitchen put on a show and the food was good, but when you all left, it went back to the same old thing." Resident #6 revealed they had been served "Chef Boyardee" out of a can a couple of times and stated, "I wouldn't serve that to my kids, but they serve it to us." An observation revealed the resident was eating a piece of cut-up bologna and not eating her lunch meal because the pork meat was too tough to chew.

On 1/22/25 at 1:11 PM, an observation and interview with Resident #7 revealed she motioned for the Survey Agent (SA) to enter her room. The resident was observed eating her lunch meal and stated, "It's cold." She picked up her fork and began pushing around the meat and stated, "That's so tough, I can't chew it." An observation of the lunch meal revealed she received pork loin, au gratin potatoes, Brussel sprouts, corn bread and a cookie. She stated, "They need some help in the kitchen."

On 1/21/25 at 1:21 PM, an observation and

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M 865	Continued From page 5	M 865		

interview with Resident #10 revealed he came to the facility last Friday and he had not had a warm meal since he came to the facility and stated, "It's cold every day." The lunch meal was sitting untouched on the bedside table. The meal consisted of pork loin, au gratin potatoes, Brussel sprouts, and cornbread.

On 1/21/25 at 2:35 PM, during an interview with Registered Nurse (RN) #1 revealed, the biggest complaint she gets is about the food. She explained we try to do what we can to make sure the residents have snacks and stuff, so they do not get hungry. RN #1 revealed the food had been an issue for a while and the dietary staff have struggled to find help.

On 1/21/25 at 3:05 PM, an interview and observation with the RDM #1 confirmed the current dietary manager was stepping down to become the cook and acknowledged there was a lot of transition in the dietary department along with staffing concerns.

On 01/21/25 at 3:11 PM in an interview RDM #2 confirmed that this was her second day on the job as the new replacement for RDM #1. She revealed one of the things she had noticed about the kitchen was they did not have a steamer. She revealed her experience had shown that anytime a kitchen did not have a steamer, the vegetables such as broccoli tend to get softer and softer until mushy. revealed she observed the meal tray line at lunch and the temperatures were adequate upon leaving the kitchen. She revealed after the tray carts leave the kitchen, they have no control over how quickly the trays were distributed and explained that could be how the food was becoming cold. She confirmed uncovered tray racks were used to distribute the food on the halls

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M 865	Continued From page 6	M 865		

and revealed without insulated boxes, it would be impossible to keep the food warm. She confirmed that she was aware of the ongoing concerns with RDM #1 not being able to find staff that will work in the dietary department.

Record review of the "Admission Record" revealed the facility admitted Resident #2 on 5/30/24 with a medical diagnosis that included Malignant neoplasm of stomach.

Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 12/5/24 revealed under, section C, a Brief Interview for Mental Status (BIMS) summary score of 15, which indicated Resident #2 was cognitively intact.

Record review of the "Admission Record" revealed the facility admitted Resident #3 on 4/01/24 with a medical diagnosis that included Irritable Bowel Syndrome.

Record review of the MDS with an ARD of 1/10/25 revealed under, section C, a BIMS summary score of 15, which indicated Resident #3 was cognitively intact.

Record review of the "Admission Record" revealed the facility admitted Resident #4 on 11/01/22 with medical diagnoses that included Chronic Obstructive Pulmonary Disease and Dysphasia.

Record review of the MDS with an ARD of 11/11/24 revealed under, section C, a BIMS summary score of 14, which indicated Resident #4 was cognitively intact.

Record review of the "Admission Record"

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M 865	Continued From page 7	M 865		

revealed the facility admitted Resident #5 on 6/06/24 with medical diagnoses that included Chronic Obstructive Pulmonary Disease and Dysphasia.

Record review of the MDS with an ARD of 12/13/24 revealed under, section C, a BIMS summary score of 15, which indicated Resident #5 was cognitively intact.

Record review of the "Admission Record" revealed the facility admitted Resident #6 on 3/05/24 with a medical diagnosis that included Cerebral Ischemia.

Record review of the MDS with an ARD of 11/29/24 revealed under section C, a BIMS summary score of 13, which indicated Resident #6 was cognitively intact.

Record review of the "Admission Record" revealed the facility admitted Resident #7 on 2/05/19 with medical diagnoses that included Parkinson's Disease and Dysphasia.

Record review of the MDS with an ARD of 12/16/24 revealed under section C, a BIMS summary score of 15, which indicated Resident #7 was cognitively intact.

Record review of the "Admission Record" revealed the facility admitted Resident #9 on 9/13/18 with a medical diagnosis that included Type 2 Diabetes Mellitus.

Record review of the MDS with an ARD of 11/12/24 revealed under section C, a BIMS summary score of 15, which indicated Resident #9 was cognitively intact.

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M 865	Continued From page 8 Record review of the "Admission Record" revealed the facility admitted Resident #10 on 1/16/25 with a medical diagnosis that included Acute Chronic Diastolic Heart Failure. Record review of the Admission BIMS dated 1/17/25 revealed Resident #10 was cognitively intact.	M 865		