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
	48AM	A. BUILDING: _____ B. WING _____	C 02/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF AMORY	1215 EARL FRYE DRIVE AMORY, MS 38821

(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 survey and four (4) Complaint Investigations (CI) MS #27703, CI MS #27184, CI MS #27940, and CI MS #27952 at the facility from 2/10/25 through 2/13/25. During the survey, the SA determined the facility was not in compliance with the Minimum Standards for Institutions for the Aged or Infirm and cited M500, M610, M655, M1015, M1210, and M1570. The SA identified non-compliance and cited M500 regarding resident rights for CI MS #27952. The SA identified non-compliance for CI MS#27703 and cited M1210 and M1015. The SA investigated CI MS #27184 and CI MS #27940 with no deficiencies cited. The census at the time of the survey was 114 and the facility was licensed for 152 beds	M 000		
M1015	45.35.2 Bathtubs, Showers, and Lavatories Bathtubs, Showers, and Lavatories. Bathtubs, showers, and lavatories shall be kept clean and in proper working order. They shall not be used for laundering or for storage of soiled materials. Neither shall these facilities be used for cleaning mops, brooms, etc. This Statute is not met as evidenced by: Level II Based on observation, resident and staff interviews, and facility policy review, the facility failed to provide a safe, clean environment as evidenced by an unsanitary toilet in room C-7 for one (1) of seventy-three resident occupied rooms observed. Findings Include:	M1015	1. The raised toilet seat in the bathroom of C7 was replaced by the Maintenance Director on 2/12/25. 2. All residents who have raised toilet seats have the potential to be affected by this deficient practice. 3. Facility staff were in-serviced 2/27/2025, on reporting damages to Maintenance for a safe, clean, comfortable and homelike environment.	3/14/25

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M1015	Continued From page 1 Review of the facility policy titled, "Resident Rights and Quality of Life Policy", dated 3/13/20, revealed, "A patient or resident has the right: ... to receive services in a center environment that is safe, clean, and comfortable ..." Findings include: An observation 2/10/25 at 10:45 AM of the bathroom in room C-7 revealed a raised toilet seat that had a large dark brown dried substance on the back of the toilet seat rim, and a smeared dark brown substance was also on the metal bar at the top of the back of the raised toilet seat. An observation of the bathroom of room C-7 with Certified Nurse Assistant #3 on 2/11/25 at 1:25 PM, she confirmed there was a large dried dark brown substance on the back of the toilet seat rim and a smeared dark brown substance on the metal bar at the top of the back of the raised toilet seat that appeared to be stool. She stated concerns about the toilet not being clean is that it is not sanitary and could lead to the spread of infection. She then stated the nursing staff are responsible for cleaning the toilets or any equipment or surface that is contaminated with bodily secretions. An interview with the Director of Nursing on 2/11/25 at 2:05 PM, she confirmed that nursing staff are responsible for cleaning equipment that is soiled with bodily fluids, she stated concerns from not sanitizing the toilet it is an infection control concern and sanitation issue and could lead to infections. In an interview with housekeeper #2 on 2/12/25 at 2:00 PM, she revealed housekeeping should notify their supervisor and nursing staff if they find	M1015	Nursing staff were educated on providing cleaning of soiled resident equipment. 4. To monitor the performance of our corrective action and to ensure sustainability, the Administrator and the Director or Nursing will make rounds to ensure cleanliness of the environment one x week x four weeks beginning 3/4/2025 then monthly x two months. The results of the audits will be addressed in the Quality Assurance and Performance improvement (QAPI) meeting on 3/13/25 and then monthly for a minimum of three consecutive months to assure continued compliance. Any variance will be addressed immediately.	

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M1015	Continued From page 2 a room that has surfaces or equipment soiled with bodily fluids. She then stated that the housekeeping staff clean the contaminated surfaces after nursing has cleaned the surfaces.	M1015		
M1210	45.40.7 Walls and Ceilings Walls and Ceilings. All walls and ceilings shall be of sound construction with an acceptable surface and shall be maintained in good repair. Generally the walls and ceilings should be painted a light color. This Statute is not met as evidenced by: Level II Based on observation, resident and staff interviews, and facility policy review, the facility failed to provide a safe, clean environment as evidenced by a wall in disrepair for one (1) resident in the seventy-three resident occupied rooms observed. Resident #99 Findings Include: Review of the facility policy titled, "Resident Rights and Quality of Life Policy", dated 3/13/20, revealed, "A patient or resident has the right: ... to receive services in a center environment that is safe, clean, and comfortable ..." Resident #99 During the initial tour on 2/10/25 at 11:40 AM, an observation revealed a large section of paint, measuring approximately two feet wide by one and a half feet high, missing from the wall behind Resident #99's headboard. During an interview, Resident #99 stated he would like to have the paint repaired.	M1210	1. The Maintenance Director painted the section of wall in room of Resident #99 on 2/28/2025. 2. All residents have the potential to be affected by this deficient practice. 3. The Maintenance Director was in-serviced on room inspection and reviewing work orders and timely completion by the Director of Clinical Education on 2/27/2025. Facility staff were in-serviced 2/27/2025, on reporting damages to Maintenance for a safe, clean, comfortable and homelike environment. 4. To monitor the performance of our corrective action and ensure sustainability, the Administrator and Maintenance Director will make rounds one x week x four weeks beginning 2/27/2025, then monthly x two months to ensure a safe, clean, comfortable environment. The results of the audits will be addressed in the Quality Assurance and Performance Improvement (QAPI)meeting on 3/13/2025 and then monthly for a minimum of three	3/14/25

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M1210	Continued From page 3 During an observation of Resident #99's room with the DON and interview on 2/11/25 at 3:25 PM, the DON confirmed the wall needed repair. She stated the maintenance department is responsible for the repair of damaged walls and it was the staff's responsibility to report these concerns so they could be addressed. She confirmed each resident should have a room that is clean, comfortable and homelike and the facility failed to provide this for Resident #99. An interview on 2/12/25 at 8:50 AM, with the Administrator confirmed that the maintenance staff was responsible for painting and repairing damage. She stated the paint concern had been noted on the room rounds previously but had not been repaired. She confirmed each resident has the right to a safe, comfortable, home-like environment and the facility failed to provide this for Resident #99. Record review of Resident #99's "Admission Record" revealed the facility admitted the resident on 1/23/25 with medical diagnoses that included Traumatic Subdural Hemorrhage, Dysphagia, and Epilepsy. Record review of Resident #99's Admission MDS with an ARD of 1/30/25 revealed a Brief Interview for BIMS score of 9 which indicated the resident had a moderate cognitive impairment.	M1210	consecutive months to assure continued compliance. Any variance will be addressed immediately.	