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
	41TM	A. BUILDING: _____ B. WING _____	05/06/2021

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) COMPLETE DATE
M 000	Initial Comments The State Agency (SA) conducted an annual recertificaton survey at the facility from 05/03/21 to 05/06/21. During the survey, the SA determined the facility was not in compliance with the Minimum Standards for Institutions for the Aged or Infirm. The SA cited deficiencies at M160, M 640 and M 655. The facility had a census of 83 at the time of the survey and was licensed for 120 beds.	M 000		
M 160	45.2.27 Personal Care Personal Care. The term "personal care" shall mean assistance rendered by personnel of the facility for residents in performing one or more of the activities of daily living which includes, but is not limited to, the bathing, walking, excretory functions, feeding, personal grooming, and dressing of such residents. This Statute is not met as evidenced by: Level II Based on observation, staff interview and facility policy review, the facility failed to provide nail care to a dependent resident as evidenced by long, jagged fingernails for one (1) of 21 residents observed for ADL's. Resident #26. Findings include: Review of the facility's policy titled, "Care Delivery Procedures", effective date January 2021, revealed Diversicare utilizes Perry and Potter-Clinical Nursing Skills and Techniques as a guideline for performing skilled procedures while providing care for our resident. On 05/05/21 at 08:05 AM, an observation and interview with Licensed Practical Nurse (LPN) #1	M 160	-Resident #26 fingernails were cleaned and trimmed on 5/10/21 by an RN. All residents have the potential to be affected by this alleged deficient practice. -An audit was conducted on 5/6/2021 by a Licensed Nurse on all residents to ensure that their fingernails were clean and trimmed. (Exhibit I) An audit was done on 5/11/21, 5/18/21 and 5/25/21 which was one (1) time a week for three (3) weeks on all residents to ensure that their fingernails were cleaned and trimmed by the Director of Nursing Services/Unit Manager. (Exhibit J) An in-service was conducted on 5/5/21 with the nursing staff on keeping residents fingernails clean and trimmed by the	7/12/21

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	41TM	A. BUILDING: _____ B. WING _____	05/06/2021

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) COMPLETE DATE
M 160	Continued From page 1 revealed, Resident #26 revealed resident with jagged, long fingernails with sharp points. The left ring fingernail was short, with the other nails one half to one inch in length, discolored to a dingy, dull, brownish shade. LPN #1 described residents' fingernails as being long, jagged and discolored and stated they needed to be trimmed. When asked who is responsible for keeping his nails trimmed, LPN #1 reported it is usually the aides who trim nails but sometimes it is the nurse, I would need to check. I could trim them, if he will allow it. On 5/05/2021 at 8:45 AM, an observation and interview with Registered Nurse (RN) #2 confirmed Resident #26 with long, jagged nails. RN #2 reported his nails would be taken care of today if he will allow it. On 05/05/2021 at 3:10 PM, an interview and record review of the Order Summary Report and Care Plans with RN #3 Supervisor confirmed there was no order for nail care and the Care Plan stated the RN was to trim nails as ordered and as needed. She reported she has trimmed the nails in the past. When asked when was the last time she trimmed the residents nails she reported she could not recall but that it had to be a couple months. On 05/05/2021 at 4:50 PM, an interview with the RN Consultant revealed the facility has a policy to refer to Perry and Potter Instructions for resident care areas. On 5/6/2021 at 10:25 AM, an interview with the Director of Nurses (DON) revealed the Certified Nurses Assistants (CNA's) would report to the nurse if a resident had long nails and they could not trim them, the nurses trim all diabetics and	M 160	Director of Clinical Education. (Exhibit K) -Systemic changes will include rounds by Director of Nursing Services/Wound Care Nurse/Unit Managers/Charge Nurse to ensure that all fingernails are clean and trimmed one (1) time a week for twelve (12) weeks or until sustained compliance can be achieved. Rounds began on 6/3/21. (Exhibit L) -Any negative findings will be brought to the Quality Assurance Performance Improvement Committee meeting monthly for three (3) months. Findings were brought before our Quality Assurance Committee on June 24, 2021. (Exhibit D) Findings will continue to be reviewed in our Quality Assurance Performance Improvement Meeting in July and August.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	41TM	A. BUILDING: _____ B. WING _____	05/06/2021

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) COMPLETE DATE
M 160	Continued From page 2 Residents with blood thinners. On 05/6/2021 at 10:35 AM with CNA #1 revealed the aides do most of the nail care with bathing but I always ask the nurse before trimming nails. The nurse will let me know if I can trim nails. Record review of Resident #26's Admission Record revealed he was admitted to the facility on 09/20/2016 with diagnoses of Austitic Disorder and Unspecified Intellectual Disabilities. Record review of the Order Summary Report dated May 5, 2021, and the Treatment Administration Record (TAR) dated 4/1/2021 - 4/30/2021 revealed nail care was not listed as an order or treatment on either record. Record review of the Care Plan revealed, "Focus: I have a physical functioning deficit related to ...self care impairment...Date initiated 10/4/2016, revealed, Interventions:... RN to file/trim nails as ordered/needed, Date initiated 2/22/2017." e	M 160		
M 640	45.21.8 Accidents Accidents. The facility shall ensure that the residents ' environment remains as free of accident hazards as possible, and adequate supervision shall be provided to prevent accidents. If an unexplained accident occurs, this injury must be investigated and reported to appropriate state agencies. This Statute is not met as evidenced by: Level II Based on observation, staff interview, resident interview, record review and facility policy review,	M 640	-Resident #10, #5 and #330 were assessed for self-administration of medications, medication storage boxes were placed in room with medications, and	7/12/21

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	41TM	A. BUILDING: _____ B. WING _____	05/06/2021

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) COMPLETE DATE
M 640	Continued From page 3 the facility failed to ensure a safe environment as evidenced by respiratory inhalers left at the resident's bedside for three (3) of 25 residents observed for respiratory inhaler use. Resident #5, #10, and #330 Findings include: Review of the faclity policy, titled, " Self-Administration of Medications", revealed the facility should document in the resident's care plan whether the resident or facility staff is responsible for the storage of the resident's medications. If the resident is responsible for the storage of his/her medicatons, the facility should provide a secured compartment for storage of such medications in accordance with Facilty policy, Applicable Law, the State Operations Manual, and as follows: 9.1 The medication storage compartments should be located in the resident's room so that another resident is not able to access the medications. 9.2 The storage compartment should be locked when not in use. 9.3 The resident should store the key or combination to the compartment securely at all times. On 05/03/21 at 10:26 AM, an observation, of Resident #10's overbed table revealed small open top plastic box containing two (2) respiratory inhalers, a Symbicort 160-4.5 mcg/act and an Albuterol 90mg inhaler. On 05/04/21 at 9:30 AM, Resident #10 continued to have her Symbicort and Albuterol Inhalers at the bedside. She stated the nurses let her keep them to use. She stated that she was competent and knows when and how to use them. She stated she feels safer with them because she has Chronic Obstructive Pulmonary Disease, and if	M 640	residents were educated on 5/4/21 by Director of Clinical of Education. (Exhibit M) Resident #10, #5 and #330□s care plan was updated on 5/4/2021 to reflect Self-Administration of Meds (Exhibit M2) -Residents who are capable of administering their own medications have the potential to be affected by this alleged deficient practice. Rounds were made on 5/5/21, 5/12/21, and 5/19/21 which was one (1) time a week for three (3) weeks by the Director of Nursing Services/Assistant Director of Nursing/Unit Managers/Charge Nurse to ensure that no medications are left at bedside. (Exhibit O) -On 5/10/21 all current residents were reviewed by our interdisciplinary team to identify any resident who were capable of self-administration of medications. (Exhibit O1) No other residents were identified during our review. An In-service was completed with all nursing staff on self-administration of medications, storage of these medications and resident education on 5/4/21 by our Director of Clinical Education. (Exhibit P) -Systemic changes starting 5/7/21 will be that the Clinical Health Status on all new admits will be reviewed during our morning clinical start up meeting Monday through Friday to determine if the residents wish and or capable of administrating their own medications by our Interdisciplinary Team. If any resident wishes to administer their own medications, a Self-Administration of	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	41TM	A. BUILDING: _____ B. WING _____	05/06/2021

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) COMPLETE DATE
M 640	Continued From page 4 she gets short of breath, she can't wait for the nurses to bring them. She stated that she feels like they are her life line. Resident #10 was able to verbalize appropriately all of the steps for administration of her inhalers and stated she takes them at 8 AM and 8 PM. She stated that she does not want the facility to take them. On 05/04/21 at 03:03 PM, an observation revealed an Albuterol 90 mcg inhaler on Resident #5's over bed table. Resident #5 stated that they (the staff) came and took her roommates inhaler and she wanted this surveyor to know that she had her rescue inhaler with her. She stated the nurses know she keeps it in her room so she can use it when she needs it. An interview, on 05/05/21 at 09:00 AM, with Licensed Practical Nurse (LPN) #2 revealed that the facility is a non-administering facility for the residents. She stated that the residents should not be taking medications themselves. LPN #2 confirmed that she was aware that Resident #10 had her inhalers at the bedside. LPN #2 stated that she had asked the resident about it and Resident #10 told her that they always let her keep them. LPN #2 stated that she guessed they were charting the inhalers based on what the resident said. LPN #2 stated that the resident could be at risk for overuse or nonuse of the medication. An interview, on 05/05/21 at 02:10 PM, with Registered Nurse (RN) #6, revealed she did not see any inhalers in Resident #5 and Resident #10's room when she administered medications yesterday but, the residents had their inhalers at their bedside when she was told by management to remove them from the resident's room.	M 640	Medications Assessment will be completed and medication storage established and Resident educated. This Systemic change will be ongoing. (Exhibit Q) -Any negative findings will be brought to the Quality Assurance Performance Improvement Committee meeting monthly for three (3) months. Findings were brought before our Quality Assurance Committee on June 24, 2021. (Exhibit D) Findings will continue to be reviewed in our Quality Assurance Performance Improvement Meeting in July and August.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	41TM	A. BUILDING: _____ B. WING _____	05/06/2021

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) COMPLETE DATE
M 640	Continued From page 5 A telephone interview, on 5/5/21 at 3:34 PM, with Licensed Practical Nurse (LPN) #3, revealed that she did not see any medications on the Resident #5 and Resident #10's overbed tables. She stated that she administered their inhalers from the medication cart. When asked if she thought it was possible for the pharmacy to send Resident #10 two (2) of the same inhalers at the same time, she stated that it probably was not. An interview, on 05/06/21 at 9:00 AM, with the Director of Nursing (DON), revealed that the resident's should not have medications left at the bedside. She stated she did not know how the residents got those medications. The DON confirmed that Resident #10 only had one (1) Symbicort Inhaler and it was removed from her bedside. The DON stated that she did not know why the nurses were leaving medication with the residents. The DON stated they did not have any wanderers on the hall and the two (2) residents in this room did not get out of their room, especially since COVID-19. Record review of the Minimum Data Set(MDS) with an Assessment Reference Date (ARD) 1/28/21 Section C revealed Resident #5 had a Brief Interview for Mental Status (BIMS) score of 13 and the MDS with an ARD of 2/24/21 revealed Resident #10 had a BIMS score of 15, indicating both residents are cognitively intact. Observation on 05/03/21 at 11:31 AM, in Resident #330's room revealed 2 inhalers laying on the resident's overbed table. Trelegy 100 micrograms (mcg)/25 mcg and Trelegy 100 mcg/62.5/25 mcg.	M 640		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	41TM	A. BUILDING: _____ B. WING _____	05/06/2021

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) COMPLETE DATE
M 640	Continued From page 6 Observation on 05/04/21 at 09:00 AM, in Resident #330's room revealed an Albuterol inhaler laying on the bedside table and the Trelegy inhalers not observed in the room. Observation and interview on 05/04/21 at 04:35 PM, in Resident #330's room revealed an Albuterol inhaler laying on the overbed table. Interview with Resident #330 revealed he stated this inhaler is one I had in my pocket that I brought from home and that it is empty. The State Agency (SA) asked him about the Trelegy inhalers that he had in his room yesterday and he stated that he is not sure why they took it out of his room because "I know how to use it because I am supposed to use it one time a day." An interview, on 05/05/21 at 09:00 AM, with Licensed Practical Nurse (LPN) #2 revealed that the facility is a non-administering facility for the residents. She stated that the residents should not be taking medications themselves. An interview, on 05/04/21 at 04:12 PM, with the Nurse Consultant, revealed she stated the facility was following the policy concerning self administration of medications. This surveyor asked if the facility had locked boxes in the rooms and the Nurse Consultant responded that they did not but, then added that they would tomorrow. She then confirmed that the facility was not following the policy for self-administration of medications.	M 640		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	41TM	A. BUILDING: _____ B. WING _____	05/06/2021

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) COMPLETE DATE
M 640	Continued From page 7	M 640		

Based on observation, staff interview, resident interview, record review and facility policy review, the facility failed to ensure a safe environment as evidenced by respiratory inhalers left at the resident's bedside for three (3) of 25 residents observed for respiratory inhaler use. Resident #5, #10, and #330

Findings include:
Review of the faclity policy, titled, " Self-Administration of Medications", revealed the facility should document in the resident's care plan whether the resident or facility staff is responsible for the storage of the resident's medications. If the resident is responsible for the storage of his/her medicatons, the facility should provide a secured compartment for storage of such medications in accordance with Facilty policy, Applicable Law, the State Operations Manual, and as follows: 9.1 The medication storage compartments should be located in the resident's room so that another resident is not able to access the medications. 9.2 The storage compartment should be locked when not in use. 9.3 The resident should store the key or combination to the compartment securely at all times.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	41TM	A. BUILDING: _____ B. WING _____	05/06/2021

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) COMPLETE DATE
M 640	Continued From page 8 On 05/03/21 at 10:26 AM, an observation, of Resident #10's overbed table revealed small open top plastic box containing two (2) respiratory inhalers, a Symbicort 160-4.5 mcg/act and an Albuterol 90mg inhaler. On 05/04/21 at 9:30 AM, Resident #10 continued to have her Symbicort and Albuterol Inhalers at the bedside. She stated the nurses let her keep them to use. She stated that she was competent and knows when and how to use them. She stated she feels safer with them because she has Chronic Obstructive Pulmonary Disease, and if she gets short of breath, she can't wait for the nurses to bring them. She stated that she feels like they are her life line. Resident #10 was able to verbalize appropriately all of the steps for administration of her inhalers and stated she takes them at 8 AM and 8 PM. She stated that she does not want the facility to take them. On 05/04/21 at 03:03 PM, an observation revealed an Albuterol 90 mcg inhaler on Resident #5's over bed table. Resident #5 stated that they (the staff) came and took her roommates inhaler and she wanted this surveyor to know that she had her rescue inhaler with her. She stated the nurses know she keeps it in her room so she can use it when she needs it. An interview, on 05/05/21 at 09:00 AM, with Licensed Practical Nurse (LPN) #2 revealed that the facility is a non-administering facility for the residents. She stated that the residents should not be taking medications themselves. LPN #2 confirmed that she was aware that Resident #10 had her inhalers at the bedside. LPN #2 stated that she had asked the resident about it and Resident #10 told her that they always let her	M 640		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	41TM	A. BUILDING: _____ B. WING _____	05/06/2021

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) COMPLETE DATE
M 640	Continued From page 9	M 640		

keep them. LPN #2 stated that she guessed they were charting the inhalers based on what the resident said. LPN #2 stated that the resident could be at risk for overuse or nonuse of the medication.

An interview, on 05/05/21 at 02:10 PM, with Registered Nurse (RN) #6, revealed she did not see any inhalers in Resident #5 and Resident #10's room when she administered medications yesterday but, the residents had their inhalers at their bedside when she was told by management to remove them from the resident's room.

A telephone interview, on 5/5/21 at 3:34 PM, with Licensed Practical Nurse (LPN) #3, revealed that she did not see any medications on the Resident #5 and Resident #10's overbed tables. She stated that she administered their inhalers from the medication cart. When asked if she thought it was possible for the pharmacy to send Resident #10 two (2) of the same inhalers at the same time, she stated that it probably was not.

An interview, on 05/06/21 at 9:00 AM, with the Director of Nursing (DON), revealed that the resident's should not have medications left at the bedside. She stated she did not know how the residents got those medications. The DON confirmed that Resident #10 only had one (1) Symbicort Inhaler and it was removed from her bedside. The DON stated that she did not know why the nurses were leaving medication with the residents. The DON stated they did not have any wanderers on the hall and the two (2) residents in this room did not get out of their room, especially since COVID-19.

Record review of the Minimum Data Set(MDS)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	41TM	A. BUILDING: _____ B. WING _____	05/06/2021

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) COMPLETE DATE
M 640	Continued From page 10 with an Assessment Reference Date (ARD) 1/28/21 Section C revealed Resident #5 had a Brief Interview for Mental Status (BIMS) score of 13 and the MDS with an ARD of 2/24/21 revealed Resident #10 had a BIMS score of 15, indicating both residents are cognitively intact. Observation on 05/03/21 at 11:31 AM, in Resident #330's room revealed 2 inhalers laying on the resident's overbed table. Trelegy 100 micrograms (mcg)/25 mcg and Trelegy 100 mcg/62.5/25 mcg. Observation on 05/04/21 at 09:00 AM, in Resident #330's room revealed an Albuterol inhaler laying on the bedside table and the Trelegy inhalers not observed in the room. Observation and interview on 05/04/21 at 04:35 PM, in Resident #330's room revealed an Albuterol inhaler laying on the overbed table. Interview with Resident #330 revealed he stated this inhaler is one I had in my pocket that I brought from home and that it is empty. The State Agency (SA) asked him about the Trelegy inhalers that he had in his room yesterday and he stated that he is not sure why they took it out of his room because "I know how to use it because I am supposed to use it one time a day." An interview, on 05/05/21 at 09:00 AM, with Licensed Practical Nurse (LPN) #2 revealed that the facility is a non-administering facility for the residents. She stated that the residents should not be taking medications themselves. An interview, on 05/04/21 at 04:12 PM, with the Nurse Consultant, revealed she stated the facility	M 640		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	41TM	A. BUILDING: _____ B. WING _____	05/06/2021

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) COMPLETE DATE
M 640	Continued From page 11 was following the policy concerning self administration of medications. This surveyor asked if the facility had locked boxes in the rooms and the Nurse Consultant responded that they did not but, then added that they would tomorrow. She then confirmed that the facility was not following the policy for self-administration of medications.	M 640		
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 interview and record review, the facility failed to label the enteral feeding bag, ensure the correct flow rate for a continuous tube feeding and the oxygen (O2) flow rate was consistent with the physician order for two (2) of ten (10) residents reviewed for gastrostomy feedings and oxygen administration. Resident #76 and Resident #330. Findings include: Observation on 05/03/21 at 11:45 AM, revealed Resident #76 receiving a tube feeding of Jevity 1.2 cal (calorie) at 60 milliters (ml)/hour (hr). Observation on 05/04/21 at 10:15 AM, revealed	M 655	-Resident #76□s enteral feeding bag was removed and replaced with a bag that was labeled by the Unit Manager with the correct flow rate for a continuous tube feeding that is consistent with the physician□s order on 5/3/2021. Residents that are fed with enteral feeding have the potential to be affected by this alleged deficient practice. -An audit was conducted on 5/4/2021 by a Licensed Nurse on all residents that are fed with enteral feeding to ensure that all enteral feeding bags were labeled with the correct flow rate that is consistent with the physician□s order. (Exhibit R) Audits were conducted 5/4/21, 5/5/21, 5/6/21, 5/10/21, 5/11/21, 5/13/21, 5/17/21, 5/19/21	7/12/21

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	41TM	A. BUILDING: _____ B. WING _____	05/06/2021

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) COMPLETE DATE
M 655	Continued From page 12 Resident #76's tube feeding rate was at 60ml/hr. Interview and observation on 05/04/21 at 02:50 PM, with Licensed Practical Nurse (LPN) #1, when asked had she used Resident #76's Percutaneous Endoscopic Gastrostomy (PEG) tube today, she stated that she had given her medications in the tube at 9 AM and 1 PM today. When asked what the order was for Resident #76's tube feeding, she looked on the Medication Administration Record (MAR) and stated she has an order for Jevity 1.2cal at 55ml/hr. When asked had she checked the feeding rate today, she admitted that she had not looked at the rate. Observation in Resident #76's room, LPN#1 looked at the feeding pump and stated the rate is set on 60ml/hr. She used a marker and wrote Jevity 1.2 at 55ml/hr on the feeding bag and when asked her how she knew what was in the feeding bag, she stated that she did not know for certain and that she is going to discard the feeding bag and tubing because she could not say for certain what was in the bag. LPN#1 changed the rate on the feeding pump to 55ml/hr. When asked LPN #1 what the wrong rate could do to the resident, she stated it could cause an upset stomach and the physician order was not followed. Interview on 5/4/21 at 3:30 PM, with the Director of Nursing (DON) and Nurse Consultant, they confirmed that the facility had no specific policy and procedure on gastrostomy feedings. Record review of the MAR revealed Jevity 1.2 cal at 55ml/hr and is initialed on 5/4/21 by LPN #1. Interview on 05/05/21 at 08:30 AM, with LPN #2, when asked when she would assess her residents and she stated that she would assess them when she goes from room to room	M 655	and 5/21/21 which was three (3) times a week for three (3) weeks by the Director of Nursing Services/Unit Managers to ensure all enteral feeding bags are labeled with the correct flow rate that is consistent with the physician□s order. (Exhibit S) -An in-service was conducted on 5/5/2021 by the Director of Clinical Education with all licensed nurses concerning the expectation of labeling of enteral feeding bags with the correct flow rate that is consistent with the physician□s order. (Exhibit T) -Systemic changes will include rounds that began on 5/24/21 by Director of Nursing Services/Assistant Director of Nursing/Unit Managers/Charge Nurse to ensure that all feeding bags are labeled with the correct flow rate that is consistent with the physician□s order on all residents that are fed with enteral feeding one (1) time a week for twelve (12) weeks or until sustained compliance can be reached. (Exhibit U) -Any negative findings will be brought to the Quality Assurance Performance Improvement Committee meeting monthly for three (3) months. Findings were brought before our Quality Assurance Committee on June 24, 2021. (Exhibit D) Findings will continue to be reviewed in our Quality Assurance Performance Improvement Meeting in July and August.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	41TM	A. BUILDING: _____ B. WING _____	05/06/2021

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) COMPLETE DATE
M 655	Continued From page 13	M 655		

administering her morning medications. When asked what she would assess on a resident with a PEG tube feeding and she stated that she would check the formula and flush rate and compare to the orders.

Record review of a Physician Orderdated 4/21/21 revealed an order for Jevity 1.2 cal at 55ml/hr continuous.

Record review of the Care plan revealed a care plan with a revision date of 4/30/21 revealed an intervention "Enteral Feed order every shift.Juvity 1.2 cal...55 ml/hr continuous...."

Record review of the Admission Record revealed Resident #76 was admitted to the facility on 4/14/21. Record review of the Diagnosis Information revealed Traumatic Subarachnoid with loss of consciousness of unspecified duration, subsequent encounter, Dysphagia unspecified, Hydrocephalus unspecified, Hemiplegia and Hemiparesis following Cerebral infarction affecting right dominant side, Anorexia, Unspecified Severe Protein-Calorie Malnutrition.

Record review of the Minimum Data Set (MDS) dated 4/21/21 revealed a Brief Interview for Mental Status (BIMS) score of 99 which revealed Resident #76 is cognitively impaired and unable to complete the interview.

Interview on 05/05/21 at 03:23 PM, with DON, when asked what the consequences could be if the rate of a tube feeding was not correct, and she stated it could cause them to be too full and they could aspirate.

Interview on 5/6/21 at 12:18 PM, with Registered nurse (RN) #4, she stated they do not have any

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	41TM	A. BUILDING: _____ B. WING _____	05/06/2021

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) COMPLETE DATE
M 655	Continued From page 14 in-services on feeding tube flow rate and that the nurses are supposed to follow the physician orders for this. Resident #330 Findings include: Observation on 05/03/21 at 11:31 AM, revealed Resident #330 receiving oxygen at a flow rate of 5 liters. Observation on 05/04/21 at 09:20 AM, revealed Resident #330 receiving oxygen at a flow rate of 2 liters. Observation on 05/04/21 at 03:00 PM, revealed Resident #330 receiving oxygen at a flow rate of 2 liters. Observation and interview on 05/04/21 at 04:30 PM, with Resident #330, revealed the resident sitting in his room in the wheelchair with an oxygen flow rate at 2 liters with no shortness of breath noted. Resident #330 revealed he does not adjust his oxygen. An Interview and observation on 05/04/21 at 04:35 PM, with Registered Nurse (RN) #1 revealed she had not assessed Resident #330. She stated she had not made rounds on him yet because he had been doing therapy. When making her rounds, she stated she would check his oxygen for the correct rate. RN #1 confirmed Resident #330 currently had an oxygen flow rate of 2 liters. RN #1 confirmed the physician order and the Medication Administration Record (MAR) for Resident #330 revealed the oxygen order was for 6 liters. When asked she reported the	M 655		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	41TM	A. BUILDING: _____ B. WING _____	05/06/2021

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) COMPLETE DATE
M 655	Continued From page 15	M 655		

consequence of the wrong oxygen rate could be the oxygen would not do what it should do. She stated she was going to check his oxygen saturation and set the rate to 6 liters.

An interview on 05/04/21 at 04:58 PM, with Assistant Director of Nursing (ADON) revealed there were no new orders written today on Resident #330 for a change in his oxygen rate.

An interview on 05/05/21 at 03:23 PM, with the Director of Nursing (DON), revealed the potential consequences of not having the correct flow rate per the physician order, could result in the resident having a low oxygen level, and could lead to seizures or a stroke.

An interview on 05/05/21 at 04:06 PM, with the DON, revealed the facility does not have a policy and procedure for Oxygen Flow Rate and that they use Care Delivery Procedures from Perry and Potter. Record review of the Care Delivery procedure revealed under Delegation and Collaboration the skill of applying a nasal cannula or oxygen mask can be delegated to Nursing Assistive Personnel (NAP). The nurse is responsible for assessing patient's respiratory system, response to oxygen therapy, and setup of oxygen therapy, including adjustments of oxygen flow rate.

An interview on 5/6/21 at 12:18 PM, with RN #4, revealed the facility does not have any in-services on oxygen flow rate and that the nurses are supposed to follow the physician orders.

Record review of Resident #330's Order Summary Report dated 4/28/21 revealed an order for Humidified Oxygen at 6 liters by nasal cannual (BNC) continuous.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	41TM	A. BUILDING: _____ B. WING _____	05/06/2021

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) COMPLETE DATE
M 655	Continued From page 16 Record review of Resident #330's care plan "Focus-Potential for Shortness of Breath (SOB) related to Chronic Obstructive Pulmonary Disease (COPD)" dated 4/28/21 revealed an intervention "Humidified O2 at 6L BNC Continous" Record review of Resident #330's the MAR revealed Humidified oxygen at 6 liter BNC continuous and is initialed on 5/4/21 by Licensed Practical Nurse (LPN) #1.	M 655		