STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255160	A. BUILDING _____ B. WING _____	05/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DANIEL HEALTH CARE INC DBA THE MEADOWS	1905 SOUTH ADAMS STREET FULTON, MS 38843

(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) COMPLETION DATE
F 000	INITIAL COMMENTS The State Agency (SA) conducted an annual re-certification survey at the facility from 5/27/25 through 5/29/25. During the survey, the SA determined that the facility was not in compliance with the requirements for participation in Medicare and Medicaid and cited F550, F553, F561, and F641. The census at the time of the survey was 116 and the facility is licensed for 130 beds.	F 000		
F 550 SS=D	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. §483.10(b) Exercise of Rights.	F 550		7/2/25

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 06/11/2025

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F 550	Continued From page 1 The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States. §483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility. §483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is not met as evidenced by: Based on observation, staff interviews, record review, and facility policy review, the facility failed to promote dignity by not ensuring the use of a privacy cover for the urinary catheter bag for one (1) of five (5) residents reviewed with a catheter. (Resident #2) Findings Include: Review of the facility policy titled "Catheter Placement Policy," with a revision date of August 14, 2017, revealed catheter bags should be placed inside a privacy bag. Review of the facility policy titled "Dignity Policy," with a revision date of September 6, 2010, revealed care should be provided in a manner and in an environment that maintains or enhances each resident's dignity with respect in full recognition of his or her individuality. On 5/27/25 at 9:40 AM, observation of Resident	F 550	F550 Statements contained herein are intended for purposes of compliance with Federal and State law regarding responses to the Statement of Deficiencies. The language herein is not intended to be used by any third party, it is solely for the purposes of compliance with participation requirements of Medicare and Medicaid. 1. On 5.27.25, Resident #2 revealed lying in bed with a urinary bag hanging at the bedside, uncovered and lacking a privacy cover. Registered Nurse(RN) Supervisor immediately reported to Director of Nursing and obtained privacy cover for the urinary catheter bag. The privacy cover was immediately placed over Resident #2 urinary catheter bag found on bedside. 2.	

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F 550	Continued From page 2 #2 revealed the resident lying in bed with a urinary catheter bag hanging at the bedside, uncovered and lacking a privacy cover. Record review of the physician orders revealed Resident #2 had an order for a suprapubic catheter. During an interview with Licensed Practical Nurse (LPN)# 1 at Resident 2's bedside on 5/28/25 at 9:42 AM, she confirmed that the resident should have a privacy cover on his catheter bag and stated, "It can be embarrassing for the resident, and it's a dignity issue." During an interview with Director of Nursing (DON) on 5/28/25 at 11:47 AM, she stated, "All staff know that they should have a privacy bag over the catheter bag for dignity. We have enough catheter bag covers for the wheelchair and bed." Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 5/14/2025, revealed in Section C a Brief Interview for Mental Status (BIMS) score was an 8, indicating the resident's cognitive status was moderately impaired. Item H0100: Appliances revealed, "A. Indwelling catheter." Record review of the Record of Admission revealed the facility admitted Resident #2 on 8/19/2017, with medical diagnoses including Urinary Retention.	F 550	-All residents that have a urinary catheter bag have the potential to be affected by this deficient practice. -On 5.27.25, the unit Quality Assurance Nurse Supervisors identified all residents who had a current order for a urinary catheter bag and rounded to ensure the privacy bag was in place for the wheelchair and bed. All privacy bags were in place and covering the urinary catheter bag at the time of the rounds. 3. -On 5.28.25, the Administrator, Director of Nursing, and Education Nurse/Infection Preventionist reviewed the policies titled "Catheter Placement Policy" and the "Dignity Policy" with no recommended changes to the policy noted. -To prevent this from recurring, a mandatory in-service/education for all staff was held on 6.3.25, 6.4.25, 6.5.25 and 6.8.25 titled "Resident Rights" with F550 Regulation and the policies titled "Catheter Placement Policy" and "Dignity Policy" being covered to ensure residents with an urinary catheter bag has a privacy cover at all times in order to maintain residents' dignity and privacy. -A make-up in-service/education has been set for 6.11.25 and also 1-on-1 in-service/education will be available to ensure that all staff will be in-serviced/educated by 6.30.25.	

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F 550	Continued From page 3	F 550	4. -The unit Quality Assurance(QA) Nurses will conduct daily rounds beginning 6.9.25 for four weeks to ensure that the residents with an order for an urinary catheter bag has a privacy cover at all times. If satisfactory compliance is found during the four weeks, the QA Nurses will then begin weekly rounds on 7.14.25 for a period of two months. All findings will be reported to the Director of Nursing and deficient practices will be corrected immediately. -The Director of Nursing will report findings of facility compliance on a monthly basis to the QA Committee for a period of three months beginning 7.1.25. The QA Committee may decide to stop the weekly resident rounds once the three months is over and when no further deficient evidence has resulted in the prior 30 days. -The Director of Nursing will be responsible for implementation and monitoring of this process.	
F 553 SS=D	Right to Participate in Planning Care CFR(s): 483.10(c)(2)(3) §483.10(c)(2) The right to participate in the development and implementation of his or her person-centered plan of care, including but not limited to: (i) The right to participate in the planning process, including the right to identify individuals or roles to be included in the planning process, the right to	F 553		7/2/25

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F 553	Continued From page 4 request meetings and the right to request revisions to the person-centered plan of care. (ii) The right to participate in establishing the expected goals and outcomes of care, the type, amount, frequency, and duration of care, and any other factors related to the effectiveness of the plan of care. (iii) The right to be informed, in advance, of changes to the plan of care. (iv) The right to receive the services and/or items included in the plan of care. (v) The right to see the care plan, including the right to sign after significant changes to the plan of care. §483.10(c)(3) The facility shall inform the resident of the right to participate in his or her treatment and shall support the resident in this right. The planning process must- (i) Facilitate the inclusion of the resident and/or resident representative. (ii) Include an assessment of the resident's strengths and needs. (iii) Incorporate the resident's personal and cultural preferences in developing goals of care. This REQUIREMENT is not met as evidenced by: Based on resident and staff interviews, record review, and facility policy review, the facility failed to involve a bed-bound resident for a scheduled care plan meeting for one (1) of 21 sampled residents. Resident #80 Findings Include: Review of the "Care Plan Invitation Policy" unrevised revealed, "It is the policy of this facility that invitations to care plan conferences will be handled in the following manner: The resident	F 553	F553 Statements contained herein are intended for purposes of compliance with Federal and State law regarding responses to the Statement of Deficiencies. The language herein is not intended to be used by any third party, it is solely for the purposes of compliance with participation requirements of Medicare and Medicaid. 1. Social Services Director(SSD) spoke with	

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F 553	Continued From page 5 and/or the responsible party will be invited to attend the care planning conference by one week prior to the scheduled date ... A formal interdisciplinary care planning conference will be held weekly on Thursday. All members present are to provide input and sign the care plan verifying attendance..." Review of the "Resident Rights Policy" with a revision date of 12/06/10 revealed under, "Exercise Rights: Each resident will be able to exercise his/her rights as a resident in this facility and as a citizen of the United States." 11. "To participate in his/her total care plan preparation and implementation..." An observation and interview with Resident #80 on 5/27/25 at 10:06 AM revealed she was lying in bed and stated she was bed bound and did not attend her care plan meetings because she did not leave her room. The resident explained she had never been invited to a meeting, and the facility had not mentioned anything about having one and confirmed that her family was not involved with her care. An interview with Social Services (SS) #1 on 5/27/25 at 2:12 PM revealed the facility has care plan meetings every Thursday. She explained that she notifies the residents of their upcoming care plan meeting when she goes into their rooms to do their Brief Interview for Mental Status (BIMS) and mood assessment. She stated the resident's son-in-law came to the first couple of care plan meetings but has not come in quite a while. SS #1 stated the resident prefers not to come out of her room and confirmed the team did not accommodate for the resident by holding the meeting in her room. She acknowledged the	F 553	Resident #80 on 5.27.25 to explain the care plan conference and her rights to attend and to participate in her plan of care. SSD informed her that in-room meetings can be held in order to participate if she so chooses. Resident #80, "Care Plan Authorization" form has been updated to reflect her participation choice. -Resident #80 next care plan conference is scheduled for 6.19.25. SSD will meet with resident #80 - 1 week in advance and will be given the option to attend the care plan conference in her room or in a designated area per her choice. 2. All residents have the potential to be affected by this deficient practice. 3. -On 5.28.25, the Administrator, Director of Nursing, and Social Services Director reviewed the policy titled "Care Plan Invitation Policy". Revisions to the policy were recommended and policy has been updated with a revision date of 5.28.25. -An in-service/education was held on 6.10.25 by the Administrator with the Director of Nursing, Social Services Department, MDS Coordinator and Case Management nurses to review the updated Care Plan Involvement Policy and the F553 Regulation. Education was also provided on the importance of each resident having the opportunity to participate in their plan of care. Social	

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F 553	Continued From page 6 resident should be involved and make decisions regarding her care. An interview with the Director of Nursing (DON) on 5/29/25 at 8:12 AM confirmed the staff should involve Resident #80 in care plan meetings and explained the resident should have a direct voice regarding how her care was managed. Record review of the "Record of Admission" revealed the facility admitted Resident #80 on 10/31/23 with medical diagnoses that included Seizures and Unspecified Sequelae of Nontraumatic Subarachnoid Hemorrhage. Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 3/24/25 revealed under section C, a Brief Interview for Mental Status (BIMS) summary score of 15, which indicated Resident #80 was cognitively intact.	F 553	Services will ensure that the facility supports the resident's right to be informed of, and participate in his/her care planning and treatment. 4. -The SSD will audit the careplan calendar weekly times 12 weeks beginning 6.10.25 to ensure that letters are being mailed/emailed to Responsible Representatives, that resident's are being informed and invited to participate in care plan conference and that documentation of the care plan conference is reflected in the resident's medical record. -The SSD will report findings on a weekly basis to the Administrator for four weeks and then monthly for a period of three months. -The SSD will report findings to the Quality Assurance(QA) Committee on a monthly basis x three months beginning 7.1.25. The QA Committee may decide to stop the audits after three months if satisfactory compliance has been evidenced and if no further deficient practice has resulted in the prior 30 days. -The Administrator will be responsible for implementation and monitoring of this process.	
F 561 SS=D	Self-Determination CFR(s): 483.10(f)(1)-(3)(8) §483.10(f) Self-determination. The resident has the right to and the facility must	F 561		7/2/25

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F 561	Continued From page 7 promote and facilitate resident self-determination through support of resident choice, including but not limited to the rights specified in paragraphs (f)(1) through (11) of this section. §483.10(f)(1) The resident has a right to choose activities, schedules (including sleeping and waking times), health care and providers of health care services consistent with his or her interests, assessments, and plan of care and other applicable provisions of this part. §483.10(f)(2) The resident has a right to make choices about aspects of his or her life in the facility that are significant to the resident. §483.10(f)(3) The resident has a right to interact with members of the community and participate in community activities both inside and outside the facility. §483.10(f)(8) The resident has a right to participate in other activities, including social, religious, and community activities that do not interfere with the rights of other residents in the facility. This REQUIREMENT is not met as evidenced by: Based on observation, resident and staff interviews, record review, and facility policy review, the facility failed to allow a resident the opportunity to make important care-related decisions for one (1) of 21 sampled residents. Resident #87 Findings Include: Review of the "Resident Rights Policy" with a revision date of 9/06/10 revealed under, "Exercise	F 561	F561 Statements contained herein are intended for purposes of compliance with Federal and State law regarding responses to the Statement of Deficiencies. The language herein is not intended to be used by any third party, it is solely for the purposes of compliance with participation requirements of Medicare and Medicaid. 1.	

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F 561	Continued From page 8 Rights: Each resident will be able to exercise his/her rights as a resident in this facility and as a citizen of the United States." An observation and interview with Resident #87 on 5/27/25 at 10:56 AM revealed she was sitting in her wheelchair in her room and stated that she did not sleep well last night and explained that they made her get up early this morning. She revealed, "I told them I would rather not get up, and I wanted to sleep in." The resident stated that they made her get up anyway. An interview with Resident #87 on 5/28/25 at 9:50 AM revealed she was 90 years old, and depending on how she felt, she might not want to get up early every morning. The resident stated she would like to make those care decisions for herself. An interview with Licensed Practical Nurse (LPN) #2 on 5/28/25 at 10:02 AM revealed Resident #87 was on the "get-up list" for the 11-7 shift to get her up. She explained that the night shift started getting the residents up around 5:30 AM and confirmed the resident did voice at times she did not want to get up early, but the daughter wanted her up for all meals. LPN #2 acknowledged it was the residents' right to make care choices, and the facility should honor that request. An interview with the Director of Nursing on 5/29/25 at 8:12 AM confirmed Resident #87 should be able to make decisions regarding her care that were important to her, such as sleeping in late if she wanted to. Record review of the "Record of Admission" revealed the facility admitted Resident #87 on	F 561	On 5.28.25, the unit Quality Assurance(QA) Nurse Supervisor met with Resident #87 to discuss her get up preferences. Resident #87 was moved from the 11p-7a "get up list" to the 7a-3p list on 5.28.25. Plan of Care was updated on 6.10.25. QA nurse explained to resident that she has the right to make her decisions and if she wishes to remain in bed for a desired amount of time, then her wishes will be honored. 2. All residents have potential to be affected by this deficient practice. 3. -On 5.28.25, the Administrator, Director of Nursing(DON) and Social Services Director(SSD) reviewed the "Resident Rights Policy". No recommended changes noted to the policy. -A mandatory in-service/education for all staff was held by the Education Director on 6.3.25, 6.4.25, 6.5.25 and 6.8.25 titled "Residents Rights". Staff were educated on resident's rights and the importance of ensuring that each resident is able to exercise their right to make care-related decisions. -A make-up in-service/education has been set for 6.11.25 and also 1-on-1 in-service/education will be available to ensure that all staff will be in-serviced/educated by 6.30.25.	

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F 561	Continued From page 9 5/03/24 with a medical diagnosis that included Mixed Anxiety Disorder. Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 4/04/25 revealed under section C, a Brief Interview for Mental Status (BIMS) summary score of 10, which indicated Resident #87 was moderately cognitively impaired.	F 561	4. -The unit QA Nurse Supervisors will interview all residents weekly beginning the week of 6.9.25 for three months to ensure that residents' are actively participating in their plan of care and that their preferences are being attained. The QA Nurses will report findings to the Director of Nursing weekly and deficient practices will be corrected immediately. -The QA Nurse Supervisors will report findings on a weekly basis to the Director of Nursing x four weeks and then monthly for two months for a total of three months total. -The Director of Nursing will report findings of facility compliance on a monthly basis to the Quality Assurance(QA) Committee for a period of 3 months beginning 7.1.25. The Quality Assurance Committee may decide to stop the weekly resident rounds once the three months is complete and when no further deficient evidence has resulted in the prior 30 days. -The Director of Nursing will be responsible for implementation and monitoring of this process.	
F 641 SS=D	Accuracy of Assessments CFR(s): 483.20(g)(h)(i)(j) §483.20(g) Accuracy of Assessments. The assessment must accurately reflect the	F 641		7/2/25

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F 641	Continued From page 10 resident's status. §483.20(h) Coordination. A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals. §483.20(i) Certification. §483.20(i)(1) A registered nurse must sign and certify that the assessment is completed. §483.20(i)(2) Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment. §483.20(j) Penalty for Falsification. §483.20(j)(1) Under Medicare and Medicaid, an individual who willfully and knowingly- (i) Certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than $1,000 for each assessment; or (ii) Causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty or not more than $5,000 for each assessment. §483.20(j)(2) Clinical disagreement does not constitute a material and false statement. This REQUIREMENT is not met as evidenced by: Based on staff interviews, record review, and facility policy review, the facility failed to accurately complete "Section K" of the Minimum Data Set (MDS) for a resident with significant weight loss for one (1) of 21 sampled residents. Resident #48 Findings Include: Review of the facility policy titled "Resident Assessment Instrument Policy (RAI)" with a	F 641	F641 Statements contained herein are intended for purposes of compliance with Federal and State law regarding responses to the Statement of Deficiencies. The language herein is not intended to be used by any third party, it is solely for the purposes of compliance with partipation requirements of Medicare and Medicaid. 1.	

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F 641	Continued From page 11 revision date of 5/19/15 revealed, "It is the policy of this facility that the RAI will be done as follows: According to the guideline specified by CMS (Centers for Medicare and Medicaid Services)..." Record review of the "Weights Detail Report" for Resident #48 revealed the following recorded weights: 3/27/25 237.1 4/29/25 230.3 Record review of the "Readmission Assessment" for Resident #48 dated 5/07/25 revealed a weight of 206.6, which was a significant weight loss of 10.29% (percent) from the last documented weight on 4/29/25. Record review of the Admit 5-day Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 5/13/25 revealed under section K0300, a weight loss of 5% or more in the last month was not marked. An interview with the Minimum Data Set (MDS) Nurse on 5/29/25 at 8:56 AM confirmed Resident #48 had weight loss that should have been captured on the 5-day MDS assessment. She stated, "It just got missed." She revealed the information submitted in the assessment must be accurate to develop the resident's care that is needed. An interview with the Director of Nursing (DON) on 5/29/25 at 9:09 AM revealed her expectations were for the MDS staff to accurately reflect the resident's status at the time the assessment was completed. Record review of the "Record of Admission"	F 641	The Minimum Data Set(MDS) Nurse completed a modification assessment for Section K on 5.29.25, noting a significant weight loss for Resident #48. The assessment was completed, submitted and accepted on 5.30.25. 2. All residents have the potential to be affected by this deficient practice. 3. -On 5.28.25, the Administrator, Director of Nursing and MDS Coordinator reviewed the policy titled "Resident Assessment Instrument Policy(RAI)" with no recommended changes noted. -The Administrator held an in-service/education with the MDS nurses on 6.10.25 to review F641 Regulation and the policy titled "Resident Assessment Instrument Policy". Emphasis was placed on the importance of each assessment containing accurate documentation to ensure the MDS reflects the current resident's status. 4. -The MDS Coordinator will audit assessments for accuracy weekly for four weeks beginning 6.10.25 and then monthly for a total of six months. Audit findings will be reported to the Administrator. Negative findings will be addressed immediately and corrected.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255160	A. BUILDING _____ B. WING _____	05/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 641	Continued From page 12 revealed the facility admitted Resident #48 on 8/12/24 with a medical diagnoses that included Chronic Kidney Disease, stage 3, and Chronic Systolic Congestive Heart Failure. Record review of the MDS with an Assessment Reference Date (ARD) of 5/23/25 revealed under section C, a Brief Interview for Mental Status (BIMS) summary score of 3, which indicated Resident #48 was severely cognitively impaired.	F 641	-The MDS Coordinator/Administrator will report the findings of the audits and reviews to the Quality Assurance Committee beginning 7.1.25 on a monthly basis for six months. The Quality Assurance Committee can modify the plan, if needed, to ensure that the facility remains in compliance. -The Administrator will be responsible for the compliance of this corrective action.	