STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255160	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DANIEL HEALTH CARE INC DBA THE MEADOWS	**1905 SOUTH ADAMS STREET P O DRAWER 127, FULTON, Mississippi, 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
F0000	INITIAL COMMENTS The State Agency (SA) conducted an onsite complaint investigation (CI) for MS #2667687 at the facility on 11/18/25. During the survey, SA determined that the facility was not in compliance with the requirements of participation in Medicare and Medicaid Services and cited F580 for notification. The census at the time of the survey was 130 with a bed capacity of 130 beds.	F0000		
F0580 SS = D	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician.	F0580		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

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F0580 SS = D	Continued from page 1 (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is- (A) A change in room or roommate assignment as specified in §483.10(e)(6); or (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section. (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s). §483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is NOT MET as evidenced by: Based on staff interview, record review, and review of facility-provided documentation, the facility failed to notify the medical provider prior to administering a medication that required pulse rate monitoring for one (1) of three (3) residents reviewed for medication monitoring (Resident #1). This failure resulted in a medication being administered multiple times when the resident's pulse rate was below the facility-required threshold of sixty (60), without provider notification or guidance. Findings include: Review of a statement on facility letterhead provided by the Administrator revealed, "All medications requiring pulse monitoring should be monitored before the medication is given by radial pulse for one full minute. If the pulse is below 60, contact the physician for guidance prior to giving the medication." Review of Resident #1's November 2025 medication record revealed a physician's order for Sotalol 120 mg tablet every twelve hours for atrial fibrillation. Continued review revealed the resident's pulse rate dropped below	F0580		

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F0580 SS = D	Continued from page 2 sixty on three occasions on 11/8/25 through 11/9/25. On 11/8/25 at 8:00 AM, the pulse rate was fifty, and the medication was held. On 11/8/25 at 20:00 (9:00 PM), the pulse rate was fifty-six, and the medication was signed as administered without physician notification. On 11/9/25 at 8:00 AM, the pulse rate was fifty-five, and the Sotalol was signed off as administered without physician notification. An interview with the Director of Nursing (DON) on 11/18/25 at 11:50 AM revealed she confirmed the Sotalol for Resident #1 should not have been administered when her pulse was below sixty, and because it is a beta blocker it can lower the pulse even more and cause weakness and circulatory concerns. She further stated that after reviewing the resident's records she was unable to find any documentation that the provider was notified of the resident's low pulse rate. An interview with the Administrator on 11/18/25 at 12:00 PM revealed she confirmed that the nursing staff should have notified the provider of the pulse rate dropping below sixty for further instruction. Review of the Record of Admission revealed the facility admitted Resident #1 on 11/4/25 with a diagnosis of atrial fibrillation.	F0580		