Mississippi State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(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
M0000	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 Rules and Regulations for the Minimum Standards of the Aged and Infirm and cited M500. The census at the time of the survey was 130 with a bed capacity of 130 beds.	M0000		
M0500	45.17.2 Residents' Rights Residents' Rights. The residents' rights policies and procedures ensure that each resident admitted to the facility: 1. is fully informed, as evidenced by the resident's written acknowledgment, prior to or at the time of admission and during stay, of these rights and is given a statement of the facility's rules and regulations and an explanation of the resident's responsibility to obey all reasonable regulations of the facility and to respect the personal rights and private property of other residents; 2. is fully informed, and is given a written statement prior to or at time of admission and during stay, of services available in the facility, and of related charges including any charges for services covered by the facility's basic per diem rate; 3. is assured of adequate and appropriate medical care, is fully informed by a physician or nurse practitioner/physician assistant of his medical conditions unless medically contraindicated (as documented by a physician or nurse practitioner/physician assistant in his medical record), is afforded the opportunity to participate in the planning of his medical treatment, to not be limited in his/her choice of a pharmacy or pharmacist	M0500		

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

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M0500	Continued from page 1 provider in accordance with state law, as referenced in House Bill 1439, which states that the facility shall not limit a resident ' s choice of pharmacy or pharmacy provider if that provider meets the same standards of dispensing guidelines required of long term care facilities, to refuse to participate in experimental research, and to refuse medication and treatment after fully informed of and understanding the consequences of such action; 4. is transferred or discharged only for medical reasons, or for his welfare or that of other residents, or for nonpayment for his stay (except as prohibited by sources of third-party payment), and is given a two weeks advance notice in writing to ensure orderly transfer or discharge. A copy of this notice is maintained in his medical record; 5. is encouraged and assisted, throughout his period of stay, to exercise his rights as a resident and as a citizen, and to this end may voice grievances, has a right of action for damages or other relief for deprivations or infringements of his right to adequate and proper treatment and care established by an applicable statute, rule, regulation or contract, and to recommend changes in policies and services to facility staff and/or to outside representatives of his choice, free from restraint, interference, coercion, discrimination, or reprisal; 6. may manage his personal financial affairs, or is given at least a quarterly accounting of financial transactions made on his behalf should the facility accept his written delegation of this responsibility to the facility for any period of time in conformance with State law; 7. is free from mental and physical abuse; 8. is free from restraint except by order of a physician or nurse practitioner/physician assistant, or unless it is determined that the resident is a threat to himself or to others. Physical and chemical restraints shall be used for medical conditions that warrant the use of a restraint. Restraint is not to be used for discipline or staff convenience. The facility must have policies and procedures addressing the use and monitoring of restraint. A physician order for restraint must be countersigned within 24 hours of the emergency application of the restraint;	M0500		

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M0500	Continued from page 2 9. is assured security in storing personal possessions and confidential treatment of his personal and medical records, and may approve or refuse their release to any individual outside the facility, except, in the case of his transfer to another health care institution, or as required by law of third-party payment contract; 10. is treated with consideration, respect, and full recognition of his dignity and individuality, including privacy in treatment and in care for his personal needs; 11. is not required to perform services for the facility that are not included for therapeutic purposes in his plan of care; 12. may associate and communicate privately with persons of his choice, may join with other residents or individuals within or outside of the facility to work for improvements in resident care, and send and receive his personal mail unopened, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 13. may meet with, and participate in activities of, social, religious and community groups at his discretion, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 14. may retain and use his personal clothing and possessions as space permits, unless to do so would infringe upon rights of other residents, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 15. if married, is assured privacy for visits by his/her spouse; if both are inpatients in the facility, they are permitted to share a room, unless medically contraindicated (as documented by the attending physician or nurse practitioner/physician assistant in the medical record); and	M0500		

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M0500	Continued from page 3 16. is assured of exercising his civil and religious liberties including the right to independent personal decisions and knowledge of available choice. The facility shall encourage and assist in the fullest exercise of these rights. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on staff interview, record review, and review of facility-provided documentation, the facility failed to ensure nursing staff followed established parameters for pulse monitoring and provider notification 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 the medication being administered 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 Sotalol 120 mg tablet every twelve hours for atrial fibrillation. Continued review revealed the resident's pulse rate dropped below 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 and the physician was not notified. On 11/9/25 at 8:00 AM, the pulse rate was fifty-five, and the medication was signed off as administered and the physician was not notified. 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	M0500		

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M0500	Continued from page 4 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.	M0500		