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 **01/14/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF TUPELO	**2273 SOUTH EASON BOULEVARD , TUPELO, Mississippi, 38804**

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M0000	Initial Comments The State Agency (SA) conducted an Annual Recertification survey and six (6) Complaint Investigations (CI) MS #2700059, CI MS #2693699, CI MS #2704745, CI MS #2688890, CI MS # 2698633, and CI MS #2699004 and one (1) Facility Reported Incident (FRI) MS #2715132 at the facility from 1/11/26 through 1/14/26. 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 M225, M475, M500, M610, M620, M640, and M1570. The SA identified non-compliance and cited M500 regarding Abuse for the (FRI) MS #2715132. The SA investigated CI MS #2700059, CI MS #2693699, CI MS #2704745, CI MS #2688890, CI MS #2698633, and CI MS #2699004 with no deficiencies cited. The census at the time of the survey was 106 and the facility was licensed for 120 beds.	M0000		
M0225	45.4.1 Nursing Facility Nursing Facility. To be classified as a facility, the institution shall comply with the following staffing requirements: 1. Minimum requirements for nursing staff shall be based on the ratio of two and eight-tenths (2.80) hours of direct nursing care per resident per twenty-four (24) hours. Staffing requirements are based upon resident census. Based upon the physical layout of the nursing facility, the licensing agency may increase the nursing care per resident ratio. 2. Each facility shall have the following licensed personnel as a minimum: a. Seven (7) day coverage on the day shift by a registered nurse.	M0225		

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

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M0225	Continued from page 1 b. A registered nurse designated as the Director of Nursing Services, who shall be employed on a full time (five [5] days per week) basis on the day shift and be responsible for all nursing services in the facility. c. Facilities of one-hundred eighty (180) beds or more shall have an assistant director of nursing services, who shall be a registered nurse. d. A registered nurse or licensed practical nurse shall serve as a charge nurse and be responsible for supervision of the total nursing activities in the facility during the 7:00 a.m. to 3:00 p.m. and 3:00 p.m. to 11:00 p.m. shift. The nurse assigned to the unit for the 11:00 p.m. to 7:00 a.m. shift may serve as both the charge nurse and medication/treatment nurse. A medication/treatment nurse for each nurses' station shall be required on all shifts. This shall be a registered nurse or licensed practical nurse. e. In facilities with sixty (60) beds or less, the director of nursing services may serve as charge nurse. f. In facilities with more than sixty (60) beds, the charge nurse may not be the director of nursing services or the medication/treatment nurse. 3. Non-Licensed Staff. The non-licensed staff shall be added to the total licensed staff, to complete the required staffing requirements. 4. There shall be at least two (2) employees in the facility at all times in the event of an emergency. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Level IIBased on record review, staff interview, and facility policy review, the facility failed to maintain the required minimum nursing staff hours per resident day (HPRD) on weekends, as required, resulting in low weekend staffing during the fourth quarter of 2025. Findings Include: On 1/11/2026 at 10:10 AM, the facility was reviewed after being flagged by CMS for low weekend staffing based on Payroll Based Journal (PBJ) data for the fourth quarter of 2025 (July 1, 2025 through September 30, 2025). The facility was unable to demonstrate it maintained sufficient nursing staff on	M0225		

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M0225	Continued from page 2 weekends to meet resident needs. Review of the facility policy titled “Staffing” revealed the facility’s practice is to ensure adequate staffing is maintained to provide the necessary care and services for each resident based on resident acuity and assessed needs. Review of PBJ staffing data and the facility’s daily staffing grid for fourth quarter 2025 revealed the facility failed to meet the Mississippi minimum staffing requirement of 2.80 hours per resident day (HPRD) on multiple weekend days, indicating a pattern of low weekend staffing. Specifically, the facility’s HPRD fell below the required 2.80 minimum on 07/05/2025 (2.77 HPRD, census 103), 07/06/2025 (2.71 HPRD, census 105), 07/12/2025 (2.71 HPRD, census 106), 07/13/2025 (2.71 HPRD, census 105), 07/19/2025 (2.55 HPRD, census 108), 07/20/2025 (2.56 HPRD, census 108), 07/26/2025 (2.71 HPRD, census 107), 08/02/2025 (2.46 HPRD, census 112), 08/03/2025 (2.40 HPRD, census 112), and 08/23/2025 (2.78 HPRD, census 108). This failure occurred on 10 of 26 weekend days reviewed, demonstrating a pattern of low weekend staffing. During an interview on 1/13/26 at 1:15 PM with Certified Nursing Assistant (CNA) #3 stated weekend staffing is sometimes low and believed this may be related to reliance on PRN (as needed) staff. The CNA stated when staffing is low, resident care tasks may take longer to complete; however, staff make every effort to complete resident care as quickly as possible. In an interview with the Administrator at 3:00 PM on 1/13/26, she stated the information provided on the Staffing Grid for the fourth quarter of 2025 was correct.	M0225		
M0475	45.16.6 Employee Testing for Tuberculosis Employee Testing for Tuberculosis 1. Each employee, upon employment of a licensed entity and prior to contact with any patient/resident, shall be evaluated for tuberculosis by one of the following methods: a. IGRA (blood test) and an evaluation of the individual for signs and symptoms of tuberculosis by medical personnel; or b. A two-step Mantoux tuberculin skin test administered and read by a licensed medical/nursing person certified in the techniques of tuberculin testing and an evaluation of the individual for signs and symptoms of tuberculosis by a licensed Physician, Physician ' s Assistant, Nurse Practitioner or a Registered Nurse.	M0475		

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M0475	Continued from page 3 2. The IGRA/Mantoux testing and the evaluation of signs/symptoms may be administered/conducted on the date of hire or administered/read no more than 30 days prior to the individual ' s date of hire; however, the individual must not be allowed contact with a patient or work in areas of the facility where patients have access until receipt of the results of the IGRA/assessment or at least the first of the two-step Mantoux test has been administered,/read and assessment for signs and symptoms completed. 3. If the Mantoux test is administered, results must be documented in millimeters. Documentation of the IGRA/TB skin test results and assessment must be documented in accordance with accepted standards of medical/nursing practice and must be placed in the individual ' s personnel file no later than 7 days of the individual ' s date of employment. If an IGRA is performed, results and quanitive values must be documented. 4. Any employee noted to have a newly positive IGRA, a newly positive Mantoux skin test or signs/symptoms indicative of tuberculin disease (TB) that last longer than three weeks (regardless of the size of the skin test or results of the IGRA), shall have a chest x-ray interpreted by a board certified Radiologist and be evaluated for active tuberculosis by a licensed physician within 72 hours. The employee shall not be allowed to work in any area where residents have routine access until evaluated by a physician/nurse practitioner/physician assistant and approved to return. Exceptions to this requirement may be made if the employee is asymptomatic and; a. The individual is currently receiving or can provide documentation of having received a course of tuberculosis prophylactic therapy approved by the Mississippi State Department of Health (MSDH) Tuberculosis Program for tuberculosis infection, or b. The individual is currently receiving or can provide documentation of having received a course of multi-drug chemotherapy approved by the MSDH Tuberculosis Program; or c. The individual has a documented previous significant tuberculin skin reaction or IGRA reaction.	M0475		

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M0475	Continued from page 4 4. For individuals noted to have a previous positive to either Mantoux testing or the IGRA, annual re-evaluation for the signs and symptoms must be conducted and must be maintained as part of the employee ' s annual health screening. A follow-up annual chest x-ray is NOT required unless symptoms of active tuberculosis develop. 5. If using the Mantoux method, employees with a negative tuberculin skin test and a negative symptom assessment shall have the second step of the two-step Mantoux tuberculin skin test performed and documented in the employees ' personal record within fourteen (14) days of employment. 6. The IGRA or the two-step protocol is to be used for each employee who has not been previously skin tested and/or for whom a negative test cannot be documented within the past 12 months. If the employer has documentation that the employee has had a negative TB skin test within the past 12 months, a single test performed thirty (30) days prior to employment or immediately upon hire will fulfill the two-step requirements. As above, the employee shall not have contact with residents or be allowed to work in areas of the facility to which residents have routine access prior to reading the skin test, completing a signs and symptoms assessment and documenting the results and findings. 7. All staff noted as negative per the IGRA blood test or who do not have a significant Mantoux tuberculin skin test reaction (reaction of less than 5 millimeters in size) shall be retested annually within thirty (30) days of the anniversary of their last IGRA or Mantoux tuberculin skin test. Staff exposed to an active infectious case of tuberculosis between annual tuberculin skin tests shall be treated as contacts and be managed appropriately. Individuals found to have a significant Mantoux tuberculin skin test reaction and a chest x-ray not suggestive of active tuberculosis, shall be evaluated by a physician or nurse practitioner/physician assistant for treatment of latent tuberculin infection. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Level II	M0475		

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M0475	Continued from page 5 Staff interviews, facility document reviews, and facility policy review revealed, the facility failed to ensure required second-step tuberculosis (TB) skin testing was completed for three (3) newly hired employees following initial negative TB tests, as required by regulation, placing residents at risk for potential exposure to tuberculosis. (Employee #1, #2, and #3) Findings include: Review of facility policy titled, "Tuberculosis: Screening" with effective date: March 2025, revealed, "Baseline Two-Step TB Skin Test for Health Care Personnel. If the Mantoux tuberculin skin test (TST) is used for baseline testing of health care personnel, use two-step testing..." Review of employee health record for Employee #1 revealed, employee received an initial TB skin test on 12/18/2025 which was documented as negative. The record did not contain documentation that required second-step TB skin testing was completed within the required timeframe. There was no documentation indicating the employee had a prior documented negative TB test within the previous 12 months. There was no documentation of medical contraindication or employee refusal. Review of employee health record for Employee #2 revealed, employee received an initial TB skin test on 10/18/2025 which was documented as negative. The record did not contain documentation that required second-step TB skin testing was completed within the required timeframe. There was no documentation indicating the employee had a prior documented negative TB test within the previous 12 months. There was no documentation of medical contraindication or employee refusal. Review of employee health record for Employee #3 revealed, employee received an initial TB skin test on 12/17/2025 which was documented as negative. The record did not contain documentation that required second-step TB skin testing was completed within the required timeframe. There was no documentation indicating the employee had a prior documented negative TB test within the previous 12 months. There was no documentation of medical contraindication or employee refusal. During an interview on 1/14/2025 at 3:00 PM, the Administrator confirmed the three employees did not receive second-step TB testing. She acknowledged that second-step TB testing was required when there was no prior documented TB test. She also acknowledged this put residents at risk of potential exposure to TB.	M0475		

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M0475 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 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	M0475 M0500		

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M0500	Continued from page 7 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; 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	M0500		

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M0500	Continued from page 8 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 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: Level II Based on observation, resident and staff interview, record review, and facility policy review, the facility failed to ensure a resident's right to be free from sexual abuse for one (1) of 32 initial pool residents. Resident #14 Findings Include: Review of the facility policy titled “Abuse Policy,” unrevised, revealed under Policy Statement: “It is the policy of the center to take appropriate steps to	M0500		

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M0500	Continued from page 9 prevent the occurrence of abuse, neglect, injuries of unknown origin, and misappropriation of resident/patient property..." Record review revealed the facility reported an allegation of abuse to the State Agency on 1/10/26 at 11:30 AM after a staff member witnessed Resident #56 touching Resident #14 inappropriately. The residents were immediately separated and Resident #56 denied the allegation, and an investigation was initiated. An observation of Resident #56 on 1/11/26 at 3:45 PM revealed he was sitting in his wheelchair outside his room doorway with a Certified Nurse Aide (CNA) sitting nearby. Resident #56 stated he "had behaviors" and that staff were watching him. An interview with Licensed Practical Nurse (LPN) #6 on 1/12/26 at 9:16 AM revealed Resident #56 touched Resident #14's breast over the weekend and had been placed on one-to-one supervision for observation. Record review of Resident #56's "Progress Notes" dated 1/10/26 revealed, "Staff reported to this nurse that resident touched another resident breast. Resident stated that he did it because he loves her." Record review of Resident #56's "Progress Notes" dated 1/10/26 revealed the Social Worker spoke with Resident #56 regarding the allegations. The entry documented that Resident #56 did not deny the touching and told the Social Worker, "That's what a man does when he is in love." An observation of Resident #14 on 1/12/26 at 10:34 AM revealed she was ambulatory and standing at the entrance of another resident's room. She was easily directed to her room and Resident #14 displayed a flat affect and responded to simple questions; however, her responses were inconsistent and suggested she did not fully understand or recall what was being asked. When questioned about the touching incident, she stated she did not remember and could not recall any part of the event. An interview with Resident #56 on 1/13/26 at 8:41 AM revealed that on 1/10/26 he was sitting at the dining table talking with Resident #14. He stated, "I accidentally touched her on the breast." He reported Resident #14 told him, "I love you," and stated he had been talking with her for a day or two prior to the incident and was attracted to her. He stated staff moved him back to his dining table afterward and began "watching" him. He acknowledged he had been attracted	M0500		

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M0500	Continued from page 10 to other female residents before but had not touched them. An interview with Social Services (SS) on 1/13/26 at 8:53 AM revealed she spoke with Resident #56 on the date of the incident. She stated Resident #56 told her, “That’s what men do when they are in love.” She stated he was cognitive and was educated about respecting other residents’ personal space. SS reported Resident #14 was unable to recall the incident. An interview with the Director of Nursing on 1/13/26 at 2:04 PM revealed the incident occurred in the dining area and was witnessed by a CNA. She stated the residents were separated and Resident #56 was placed on one-to-one staff observation until psychiatric services could evaluate him. An interview with CNA #4 on 1/13/26 at 2:18 PM revealed she was walking toward the dining room when she noticed a dietary employee observing something occurring between Resident #56 and Resident #14. CNA #4 stated she entered the dining room and observed Resident #56 touching Resident #14’s breast on the outside of her shirt while both residents sat at a dining table. CNA #4 reported she told him she was going to report the incident, and he replied, “I don’t care.” She reported the incident to the nurse. An interview with Dietary Staff #1 on 1/14/26 at 11:19 AM revealed she saw both residents sitting together in the dining room and observed Resident #56 stroking Resident #14’s face and rubbing her hair. She stated there were no staff present in the dining room at that time. She stated CNA #4 noticed the interaction and entered the room to check. Dietary Staff #1 stated she returned to her duties and did not personally witness the breast touching. Record review of Resident #56’s Psychiatric Telemedicine Visit dated 1/10/26 revealed under Subjective: “Earlier today, staff reported the patient inappropriately touched a female resident by rubbing her, which he acknowledges doing ‘to see her reaction,’ though he expected ‘nothing’ from it. He stated he likes the resident.” During an interview on 1/14/26 at 3:28 PM with the Director of Nursing, she stated she was aware that all residents have the right to be free from abuse and that the facility was responsible for protecting residents from such conduct. Record review of the "Admission Record" revealed the	M0500		

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M0500	Continued from page 11 facility admitted Resident #14 on 12/26/25 with medical diagnoses including Unspecified Dementia, Unspecified Severity, with Mood Disturbance. Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 12/31/25 revealed under section C, a Brief Interview for Mental Status (BIMS) score of 11, indicating Resident #14 was moderately cognitively impaired. Record review of the "Admission Record" revealed the facility admitted Resident #56 on 1/27/24 with medical diagnoses including Epilepsy, Anxiety Disorder, and Unspecified Mood Disorder. Record review of the MDS with an ARD of 1/5/26 revealed under section C, a BIMS score of 15, indicating Resident #56 was cognitively intact.	M0500		
M0610	45.21.2 Activities of daily living Activities of daily living. Each resident shall receive assistance as needed with activities of daily living to maintain the highest practicable well being. These shall include, but not be limited to: 1. Bath, dressing and grooming; 2. Transfer and ambulate; 3. Good nutrition, personal and oral hygiene; and 4. Toileting. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Level II Based on observation, staff interview, resident interview, record review, and facility policy review, the facility failed to ensure a resident who required assistance received activities of daily living (ADL) care, including grooming and personal hygiene services such as hair washing, in accordance with the resident's assessed needs and care plan. (Resident #58) Findings Include: Review of facility policy titled "Activities of Daily Living (ADLs)", with an effective date of August 2021, revealed the facility policy is to ensure activities of daily living are provided in	M0610		

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M0610	Continued from page 12 accordance with accepted standards of practice, the resident's care plan, and reasonable accommodation of the resident's choices and preferences. The policy further identified hygiene activities of daily living to include bathing, dressing, grooming, and oral care. During an interview on 1/11/2026 at 4:00 PM, Resident #58 stated she has received her baths but hasn't had her hair washed in approximately two weeks; she stated she would like her hair washed. During an interview and observation on 1/12/2026 at 4:33 PM, Registered Nurse (RN) #1 was interviewed at the resident's bedside and confirmed the resident's hair appeared unwashed. During an interview on 1/14/2026 at 9:36 AM, Certified Nursing Assistant (CNA) #5 stated she was not familiar with the resident and the past couple weeks she did not wash her hair because she did not want to cause her pain. CNA #5 further stated that now that she knows the resident, she will wash the resident's hair on Mondays, Wednesdays, and Fridays, which are the resident's scheduled shower days. On 1/14/26 at 10:00 AM, the Director of Nursing (DON) stated that the expectations are for the resident's hair to be washed by the CNAs on scheduled shower days. Record review of the Admission Record revealed Resident #58 was admitted to the facility on 7/30/2025 with diagnoses that included Cognitive Communication Deficit. Record review of the quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 10/20/2025 revealed a Brief Interview for Mental Status (BIMS) score of 07, indicating severely impaired cognition.	M0610		
M0620	45.21.4 Urinary incontinence Urinary incontinence. Residents with urinary incontinence shall be assessed for need of bladder retraining program. An indwelling catheter will not be used unless the resident ' s clinical condition indicates that catheterization is necessary. These residents shall receive treatment and services to prevent urinary tract infections. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Level II Based on observation, staff interview, and record review, the facility failed to ensure catheter care was performed correctly for one (1) of six (6) residents with an indwelling urinary catheter. Resident #70. Findings Include:	M0620		

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M0620	Continued from page 13 Record review of the facility's "Peri Care Audit Tool" (undated) revealed, "11. If Foley catheter present, must wash catheter tube first before starting the peri care. Washes from the meatus up the tube about 6 inches X2 (times two) with changing position of cloth." On 1/12/26 at 3:40 PM, an observation of Resident #70's catheter care with Certified Nurse Aide (CNA) #4 revealed she prepared to provide catheter care and filled one pan with clean water. CNA #4 wet a washcloth and applied Dynacare shampoo and body wash directly to the cloth. She washed the resident's groin area first, then washed the shaft of the penis, and lastly washed the urinary meatus followed by the catheter. She did not rinse the soap and dried all areas with a dry towel. During an interview with Certified Nurse Aide (CNA) #4 on 1/12/26 at 3:54 PM, she confirmed that she did not use the correct catheter-cleaning sequence during Resident #70's care and acknowledged she did not rinse the soap. CNA #4 explained she was "in a hurry and messed up." She acknowledged this could cause the resident to get a urinary tract infection. During an interview with the Director of Nursing on 1/12/26 at 4:02 PM, she confirmed improper catheter-care sequence could cause Resident #70 an infection and that not rinsing soap could cause skin irritation. Record review of the "Admission Record" revealed the facility admitted Resident #70 on 11/3/25 with medical diagnoses including Obstructive and Reflux Uropathy and Urinary Tract Infection. Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 11/10/25 revealed under section C, a Brief Interview for Mental Status (BIMS) summary score of 10, which indicated Resident #70 was moderately cognitively impaired. Section H indicated an indwelling catheter was marked.	M0620		
M0640	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,	M0640		

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M0640	Continued from page 14 this injury must be investigated and reported to appropriate state agencies. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Level II Based on observations, staff and resident interviews, record review, and facility policy review, the facility failed to ensure adequate supervision and monitoring for one (1) of 28 residents reviewed following expressions of suicidal ideation, despite receiving post-emergency room recommendations for psychiatric follow-up, placing the resident at risk for serious harm. (Resident #8) Findings include: Review of facility policy titled, “Behavioral Health Services” with no date revealed, “Each…resident must receive…the necessary behavioral health care and services to attain or maintain their highest practicable physical, mental, and psychosocial well-being…” Interview with Resident #8 on 01/11/26 at 3:45 PM the resident stated that she had been to the Emergency Room (ER) recently and that she wanted to see a psychiatrist and had not seen one yet. Review of the ER records revealed Resident #8 presented to ER with mood instability and insomnia on 01/10/26. Documentation indicated the resident experienced crying spells and moodiness, with fleeting thoughts of self-harm without plan, intent, or access to means. The resident declined psychiatric admission and stated inpatient care was not necessary. She expressed a desire for outpatient psychiatric follow-up with psychiatrist who visits the facility. The physician documented, "Patient appears stable; I do not feel the patient is a risk to herself as she has not endorsed any suicidal ideation at this time. She is in assisted living facility and can receive care from her psychiatrist there for medication adjustment..." Documentation further revealed, "...Patient states she has been feeling depressed and anxious and wanted to see a psychiatrist, but the (facility name removed) nurses ‘wouldn't listen to her’ so she made a comment about being suicidal. Upon admission to the ER, patient stated she was not actively suicidal and never had a plan..." During an interview on 1/13/2026 at 11:22 AM, Licensed Practical Nurse (LPN) #5 stated Resident #8 returned	M0640		

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M0640	Continued from page 15 from the ER at approximately 12:19 AM on 1/11/2026 with no new orders. She stated she confirmed with Emergency Medical Services (EMS) that the resident had not received medication while at the ER; therefore, she administered the resident's nighttime medications and assisted her to bed. She stated the ER did not provide a referral or follow-up orders. During an interview on 1/13/2026 at 11:13 AM, Social Services stated she spoke with Resident #8; however, no documentation was present to support that interaction. She further stated she made a referral on Monday, 1/12/2026, with (Proper Name) Health Services. She stated (Proper Name) Health Services provides weekly visits and that the Master Social Worker (MSW) was in the facility that day and scheduled to see the resident. She stated this behavior was new for Resident #8 and she completed a PHQ9 assessment (questionnaire to screen for depression) upon admission and again in November 2025, and neither assessment indicated concerns. She also stated the resident had experienced multiple room changes due to incompatibility with roommates. Review of the ER document titled "Iris Telepsychiatry Consult Note" dated 1/10/2026, revealed the following recommendations: "Medication recommendations: Review and adjust the current antidepressant regimen by facility psychiatric provider. Consider initiation or titration of a non-benzodiazepine anxiolytic appropriate for geriatric patients. Consider sleep-focused pharmacologic intervention (e.g., low-dose trazodone or mirtazapine, if clinically appropriate and not contraindicated). Avoid benzodiazepines if possible given age-related risks unless clearly indicated and closely monitored. 2. Non-Medication/therapeutic recommendations: Urgent psychiatric follow-up at assisted living facility; recommend expedited evaluation rather than routine monthly rounding. Facility staff monitor mood, anxiety, and sleep patterns closely. Encourage daughter's involvement in advocacy and care coordination. Environmental modifications at facility to reduce anxiety triggers (noise reduction, door-open accommodations due to claustrophobia). During an interview on 1/13/2026 at 3:03 PM, the Director of Nursing (DON) confirmed resident was sent to ER as the facility's intervention when the resident stated that she wanted to harm herself. She stated, "Since the hospital sent her back to us, we look at that as she's safe to come back to the facility...like an 'all clear' to us. That is why we did not put any additional interventions or monitoring into place."	M0640		

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M0640	Continued from page 16 Record review of the Admission Record revealed Resident #8 was admitted to the facility on 8/19/2025 with medical diagnoses that included Urinary Tract Infection, Type 2 Diabetes Mellitus with Diabetic Polyneuropathy, Bipolar Disorder, current episode hypomanic, Other Bipolar Disorder, Depression, and Anxiety. Record review of the quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 11/27/2025 revealed under Section C a Brief Interview for Mental Status (BIMS) score of 15, indicating the resident was cognitively intact.	M0640		
M1570	48.58.1 Infection Control The following infection control standards shall be met: 1. The facility must maintain and document an effective infection control program that protects patients, families, visitors, and facility personnel by preventing and controlling infections and communicable diseases. 2. The facility must have an active surveillance program that includes specific measures for prevention, early detection, control, education, and investigation of infections and communicable diseases in the facility. There must be a mechanism to evaluate the effectiveness of the program(s) and take corrective action when necessary. The program must include implementation of nationally recognized systems of infection control guidelines to avoid sources and transmission of infections and communicable diseases. 3. The facility must follow accepted standards of practice to prevent the transmission of infections and communicable diseases, including the use of standard precautions. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Level II Based on observation, staff interview, facility policy review, the facility failed to ensure infection prevention and control practices were consistently implemented in accordance with accepted standards of practice. Specifically, the facility failed to maintain oxygen equipment by not dating the oxygen tubing and	M1570		

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M1570	Continued from page 17 oxygen humidifier water bottles for Residents #37 and #93 and failed to ensure staff followed Enhanced Barrier Precautions (EBP) by not wearing a gown during Foley catheter care for a resident requiring EBP (Resident #70). These failures affected three (3) of twenty nine sampled residents. Findings Include: Record review of the facility policy titled “Oxygen Guideline” with an effective date of 1/1/2022 revealed, “Medical oxygen is classified by the Food and Drug Administration as a drug and therefore it is provided in accordance with a health care provider’s order and in accordance with acceptable standards of practice.” Review of the “Infection Control Guide” dated 2025 revealed under, “System of Isolation for Infection Control: Enhanced Barrier Precautions should be considered when: Any resident with any: … Wound and/or indwelling medical devices (e.g., central lines, urinary catheter”. It also revealed under “Required: Gloves and gown don prior to the high-contact care activity.” Resident #37 An observation on 1/11/26 at 3:45 PM revealed that Resident #37's oxygen tubing and the humidifier water bottle were not dated. A subsequent observation on 1/12/26 at 10:20 AM revealed that the oxygen tubing and humidifier water bottle remained undated. A record review of Resident #37's "Admission Record" revealed the facility admitted the resident on 7/6/25 with diagnoses that included Chronic Obstructive Pulmonary Disease. A record review of Resident #37's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 10/29/25 revealed, under section C, a Brief Interview of Mental Status (BIMS) score of 15, which indicated the resident is cognitively intact. Section O revealed that the Resident receives Oxygen therapy. Resident #93	M1570		

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M1570	Continued from page 18 An observation on 1/11/26 at 4:00 PM revealed that Resident #93 was receiving oxygen via an oxygen concentrator. The oxygen tubing and oxygen humidifier water bottle were not dated. An observation on 1/12/26 at 10:20 AM revealed the oxygen tubing and the water bottle remained undated. A record review of Resident #93's "Admission Record" revealed the facility admitted the resident on 11/1/25 with diagnoses that included Chronic Obstructive Pulmonary Disease. A record review of Resident #93's MDS with an ARD of 11/7/25 revealed, under section C, a Brief Interview of Mental Status (BIMS) score of 15, which indicated the resident is cognitively intact. Section O revealed that the Resident receives Oxygen therapy. During an interview and observation on 1/12/26 at 3:05 PM, Licensed Practical Nurse (LPN) #4 revealed that the oxygen tubing and water bottles are always to be dated when they are changed, because otherwise we don't know how long the resident has been using the same tubing. She confirmed that the oxygen tubing and water bottle for Residents #37 and #93 were not dated. LPN #4 stated, “By not keeping track of when the oxygen tubing and water bottle are changed out, it could set the residents up for a respiratory infection.” During an interview on 1/12/26 4:28 PM, the Director of Nurses (DON) revealed the facility previously documented when oxygen tubing and humidifier water bottles were changed; however, we were notified that our policy had changed, and we removed the documentation from our electronic system. The DON stated, “oxygen tubing is changed only when visibly soiled and humidifier water bottles are changed only when empty.” She confirmed that the facility does not date oxygen tubing or water bottles and acknowledged that there is no method to determine when the equipment was last changed. During an interview on 1/12/2026 at 4:44 PM, the Director of Clinical Care Coordination revealed, "I think we should be changing them out weekly, but they have changed the policy now to where the facility only	M1570		

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M1570	Continued from page 19 changes the tubing when they notice it is dirty and the bottles when they are empty." She confirmed there was no way to determine when the oxygen tubing or the humidifier water bottle was last changed due to the absence of dating and acknowledged that this practice could place residents at risk of infection. Resident #70 During an observation of Resident #70's catheter care with Certified Nurse Aide (CNA) #4 on 1/12/26 at 3:40 PM, she performed catheter care without applying a gown as required for EBP. During an interview with CNA #4 on 1/12/26 at 3:54 PM, she stated she had the gown ready for use during catheter care but forgot to apply it. She stated the purpose of wearing the gown was to protect the resident from infections. During an interview with the Director of Nursing on 1/12/26 at 4:02 PM, she stated her expectation was for staff to follow Enhanced Barrier Precautions to reduce infection risk. Record review of the "Admission Record" revealed the facility admitted Resident #70 on 11/3/25 with medical diagnoses including Obstructive and Reflux Uropathy and Urinary Tract Infection. Record review of the MDS with an ARD of 11/10/25 revealed under section C, a BIMS summary score of 10, which indicated Resident #70 was moderately cognitively impaired. Section H indicated an indwelling catheter was marked.	M1570		