STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255118	A. BUILDING _____ B. WING _____	C 06/17/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF MERIDIAN	**4728 HIGHWAY 39 NORTH MERIDIAN, MS 39301**

(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 a complaint survey from 06/15/21 through 06/17/21 for Complaint Investigations (CI) # 17832 for Quality of Care (QOC), resident not being transferred to a different facility, CI #16756 for QOC, resident not being groomed adequately, CI #17316 for Neglect, resident reported someone at the facility treated her mean, and CI #17040 for unqualified Personnel. During the survey, the SA determined the facility was not in compliance with the requirements of participation in Medicare and Medicaid. The SA substantiated, CI#17040 for incompetent nursing staff and cited F726. (CI) # 17832, CI #16756, CI #17316 were not substantiated. The facility held a license for 120 beds with a census of 82 at the time of the survey.	F 000		
F 726 SS=D	Competent Nursing Staff CFR(s): 483.35(a)(3)(4)(c) §483.35 Nursing Services The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e). §483.35(a)(3) The facility must ensure that licensed nurses have the specific competencies and skill sets necessary to care for residents'	F 726		7/1/21

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

Electronically Signed | 07/02/2021

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F 726	Continued From page 1 needs, as identified through resident assessments, and described in the plan of care. §483.35(a)(4) Providing care includes but is not limited to assessing, evaluating, planning and implementing resident care plans and responding to resident's needs. §483.35(c) Proficiency of nurse aides. The facility must ensure that nurse aides are able to demonstrate competency in skills and techniques necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care. This REQUIREMENT is not met as evidenced by: Based on staff interview, record review and facility policy review, the facility failed to hire competent nursing staff for one (1) of five (5) licensure/certifications reviewed. Certified Nurse Assistant (CNA) #1. Findings include: The facility's, "New Employee Qualification" policy, with an effective date of 2018, revealed "to provide superior resident care, the Company strives to employ only the most qualified individuals. Accordingly, it has established the following procedures as components of the qualification process that should be used when hiring employees...Mississippi: if the applicant is successful in the interview process, he/she should be advised that a conditional offer of employment is being made, with the conditions being...l). verification of certification or licensure." In a record review of "Investigation Template" dated 8/12/20, revealed a Certified Nursing Assistant (CNA) working as a License Practical	F 726	• Certified Nursing Assistant (CNA) #1 was removed from the schedule as of 7/27/2020 due to not being able to provide proof of being a Licensed Practical Nurse (LPN) and later suspending pending a full investigation on 8/7/2020 once identified that CNA #1 was not a LPN. CNA #1 was terminated as of her last day of work 7/17/2020. • Each resident in the Center has the potential to be affected by the deficient practice. The Nursing Home Administrator performed a 100% audit of all current Registered Nurses (RN), LPNs, and CNAs to ensure all personnel have current and valid credentials to perform the job in which they are performing. • The Senior Vice President of Human Resources provided in-service training to the Work Force Manager (WFM) and Human Resource Coordinator (HRC) #2 on reviewing applications, verifying certifications/licenses, job descriptions,	

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F 726	Continued From page 2 Nurse (LPN) falsely represented herself. On 7/15/20 CNA #1 applied and represented herself as a License Practical Nurse (LPN) in Iowa and MS. CNA #1 was oriented two (2) days (7/15/2020 and 7/16/2020) and worked the South unit on 7/17/20, on a medication cart with indirect supervision. CNA #1 claimed several times on her application, resume, and via her reference checks that she was an LPN and passed medications and performed wound care in the hospital and nursing home setting. She was immediately suspended and later terminated. Human Resource Coordinator (HR-C) #2, stateed CNA #1 was hired and orientated before she verified her license and started before her knowledge. HR-C #2 received the application on 7/6/20, and gave it to the Work Force Manager (WFM). CNA #1 was interviewed, and brought back to hire. On 7/14/20 HR-C #2, was off, WFM contacted CNA#1 to come in on 7/15/20. On 7/27/20 CNA #1 came to HR-C#2 office with her timecard for entry, HR-C #2 told her that she was having trouble finding her license and verifying. CNA #1 revealed she received her license about a year ago, there must be a computer glitch, and she had a name change. CNA #1 stated she would go home and get a copy of her license and bring it back. CNA #1 never returned with the license. The facility did not hear from her any further. On 8/7/21, the Director of Nurses (DON) phoned CNA #1 and she admitted she was not a nurse, but a CNA. On 6/15/21 at 8:50 AM, in an interview with the Administrator, revealed during an outbreak with COVID-19, CNA #1 applied and represented herself as an LPN in Iowa moving to Mississippi (MS). HR-C #2 received CNA #1's application on 7/6/20, gave to WFM, CNA #1 was interviewed,	F 726	and the New Hire Compliance mandatory requirements (which includes having documented proof of an applicant certification/license prior to hiring and starting orientation) on 8/11/2020. The Nursing Home Administrator will audit (New Hire Certification/License Audit) for all applicants prior to hiring to ensure that the Center has documented proof of a current certification/license for the position they are being hired to work in for the next 90 days. (These reviews were completed as of 11/24/2020). • The Nursing Home Administrator will being the results of the “New Hire Certification/License Audit” to the monthly Quality Assurance Performance Improvement (QAPI) Committee for three(3) months for review and/or revision and to make recommendation as needed from the results of the audit. The QAPI Committee will consist of the following members at a minimum: Medical Director, Director of Nursing Services, the Nursing Home Administrator, and three (3) additional departmental managers. (These reviews were completed as of 11/24/2020 by the QAPI Committee.)	

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F 726	Continued From page 3	F 726		

and brought back to hire. On 7/14/20 HR-C #2, was off work. The WFM contacted CNA #1 to report to work on 7/15/20. She was oriented to the facility on 7/15/20 and 7/16/20, placed on the schedule on 7/17/20, and gave medication to residents on the 3 to 11 shift. License Practical Nurse (LPN) #1 worked on South cart on 7/17/20, checking on CNA #1 throughout the shift. The Administrator revealed on 8/7/20 after many attempts to contact CNA #1, she was contacted and admitted to the DON that she was a CNA not an LPN. She was immediately placed on suspension until the investigation could take place, then terminated once determining that she was not an LPN. On 8/7/20 the facility submitted a Facility Reported Incident (FRI) to the Attorney General and State Agency (SA) and began the plan of correction and Qualiy Assurance.

On 6/15/21 at 9:00 AM, in an interview with the DON, she revealed she contacted CNA #1 on 8/7/20 after attempting to contact her many times with no answer. The employee revealed that she was a CNA not an LPN. She was immediately placed on suspension until the investigation was completed, then terminated.

On 6/15/21 at 1:32 PM, in an interview with the State Attorney General (AG) office, revealed in the State of MS it is not a crime to practice nursing without a license unless you are a Physician and/or an Attorney. CNA #1 plead guilty to false pre-tense, and was charged with a misdemeanor, and fined $500.00.

On 6/15/21 at 2:00 PM, in an interview with HR-C #2, she revealed she was not at work when her file was given to the WFM. CNA #1 was not supposed to start working until her nursing

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F 726	Continued From page 4 license was verified. When HR-C #2 returned to work it was determined CNA #1 was not a licensed nurse but instead a CNA.	F 726		