STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255145	A. BUILDING _____ B. WING _____	C 04/24/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COURTYARD REHABILITATION AND HEALTHCARE	501 SOUTH LOCUST STREET MCCOMB, MS 39648

(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 CI MS #15848, #15847 and #15811 The State Agency (SA) conducted a complaint survey for CI MS #15811, #15847, and #15848, at the facility, from April 22, 2019 to April 24, 2019. During the survey, the SA determined the facility was not in substantial compliance with Medicare/Medicaid requirements of participation, as evidenced by CI MS #15811 related to Dietary Services was substantiated and the SA cited F808. The SA determined CI MS #15847 related to Physical Environment - no hot water was unsubstantiated and no deficiencies cited. The SA determined CI MS #15848 related to Quality of Care/Treatment was unsubstantiated and no deficiencies cited. Resident census at the time of the survey was 133, and the facility held a license for 145 beds.	F 000		
F 808 SS=D	Therapeutic Diet Prescribed by Physician CFR(s): 483.60(e)(1)(2) §483.60(e) Therapeutic Diets §483.60(e)(1) Therapeutic diets must be prescribed by the attending physician. §483.60(e)(2) The attending physician may delegate to a registered or licensed dietitian the task of prescribing a resident's diet, including a therapeutic diet, to the extent allowed by State law. This REQUIREMENT is not met as evidenced by: Based on observations, resident and staff interviews, record reviews, and the facility policy review, the facility failed to serve the physician	F 808	* Resident #2 correct meal was obtained from dietary by Certified Nursing Assistant #1 and provided to resident upon	5/31/19

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

Electronically Signed | 05/30/2019

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 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.

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F 808	Continued From page 1 ordered diet for one (1) of four (4) residents' meal tray observations as evidenced food items were not served according to the meal tray ticket for Resident #2. Findings include: Review of the facility's "Therapeutic Diet" policy, with a revision date of 9/2017, revealed, "All residents have a diet order, including regular, therapeutic, and texture modification, that is prescribed by the attending physician, physician extender, or credentialed practitioner in accordance with applicable regulatory guidelines." An observation, on 4/22/19 at 5:40 PM, of Resident #2's dinner meal tray revealed a Renal diet meal ticket for 1500 milliliters (ml) fluid restriction; dietary will provide 720 milliliters, no pork, send vegetable in big red bowl, one unsweetened tea only. The meal items on the tray were (1) chicken breast, (1) big bowl of corn, (1) bowl of lima beans, (1) slice of white bread, and (1) eight (8) ounce glass of unsweetened tea. An interview, on 4/22/19 at 5:40 PM, with Resident #2 revealed, "I can have corn, just not that much of it; and, I was supposed to get extra meat." An interview, on 4/22/19 at 5:40 PM, with the staff Account Manager confirmed the items on Resident #2's dinner meal tray. An interview, on 4/23/19 at 11:50 AM, with Licensed Practical Nurse (LPN) #1 revealed, they write the diet order, and then the dietary slip. The Unit Managers care plan the diet. LPN #1 said they go and check the trays to make sure the	F 808	notification of error. Resident #2's diet order was reviewed with tray ticket by Dietary Manager to verify accuracy prior to serving to resident. Re-education was conducted with Certified Nursing Assistant #1 on verifying what is sent on meal tray matches the tray ticket by Licensed Practical Nurse #1. Re-education with dietary staff present was conducted by Dietary Manager 4/22/2019 on preparing meal tray according to physician diet order. * Quality Audit of current Residents' diet orders and meal trays was conducted on 5/1/2019 by Dietary Manager to ensure tray tickets match the diet orders. Findings showed that residents on dialysis and/or fluid restrictions had the highest risk of being affected. Audit revealed that dinner trays were affected the most. Director of Nursing then assigned Charge Nurse on 3p-11p shift to complete monitoring tools as well as Charge Nurse on weekend shifts. * Re-education conducted with remaining current Dietary Staff by Dietary Manager 4/25/2019 on this regulation with emphasis on ensuring tray prepared matches the physician ordered diet. Re-education by Director of Nursing with current nursing staff on 4/28/2019 on this regulation with emphasis on checking meal tray prior to serving to ensure diet order is followed. Education of new nursing employees regarding therapeutic diet policy will be conducted during orientation by Education Nurse. Residents will be served the diet ordered by the physician.	

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F 808	Continued From page 2 order is followed. LPN #1 stated, "Evening dietary has problems. A lot of times the diet slip on the tray does not match the food." LPN #1 said they go back to dietary and let them know, and the Dietary Service Manager (DSM) will usually resolve it, and if there are further problems, we would go to the Administrator/Director of Nurses. An interview, on 4/23/19 at 1:45 PM, with Certified Nursing Assistant (CNA) #1 revealed, she always makes sure the right resident, the right diet and type of liquids. CNA #1 stated if there are differences , she goes to dietary, but first she tells her nurse, and retrieve what the resident needs. CNA #1 states, "Lunch tickets don't necessarily match what they have on the tray." Record review of the cumulative physician's orders, for April 2019, revealed an order for Carbohydrate Controlled Diet with No Added Salt, 1500 milliliters of fluid restriction daily, Renal diet with large meat and egg portions. Review of a handwritten order from the dialysis unit, dated 3/19/19, included Renal diet with large meat/egg portions. Review of the Registered Dietitian's Progress Note, dated 1/24/19, revealed diet change to a Renal diet.	F 808	* Quality monitoring of meal delivery initiated on 5/1/2019 and conducted by the assigned unit manager or charge nurse one meal a day for one week then three meals a week for three weeks then one meal weekly. Quality monitoring of meal delivery initiated 5/1/2019 conducted by Dietary Manager or assigned dietary aide one meal daily for one week and then one meal weekly. Monitoring tools completed by Dietary staff record whether or not hall trays sent to the floor match dietary slip. Monitoring tools performed by Unit Managers or Charge Nurses record: whether or not nurse present at window verifying meal ticket matches tray prior to distribution by Certified Nursing Assistant to residents in dining room, meal served matches meal ticket, and meal served matches menu posted. Quality monitoring findings to be presented by Director of Nursing and reviewed at monthly Quality Assurance and Performance Improvement committee meeting. Quality monitoring schedule will be modified based on findings and frequency of monitoring increased if necessary.	

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M 645	45.21.9 Nutrition Nutrition. Residents shall maintain acceptable parameters of nutritional status, such as body weight and protein levels, unless residents ' clinical condition indicates that this is unavoidable. All residents shall receive diets as orders by their physician or nurse practitioner/physician assistant. Residents identified with significant nutritional problems shall receive appropriate medical nutrition therapy based on current professional standards. This Statute is not met as evidenced by: Level 2 Based on observations, resident and staff interviews, record reviews, and the facility policy review, the facility failed to serve the physician ordered diet for 1 (one) of 4 (four) residents' meal tray observations as evidenced food items were not served according to the meal tray ticket for Resident #2. Findings include: Review of the facility's policy, "Therapeutic Diet", with a revision date of 9/2017, revealed, "All residents have a diet order, including regular, therapeutic, and texture modification, that is prescribed by the attending physician, physician extender, or credentialed practitioner in accordance with applicable regulatory guidelines." An observation, on 4/22/19 at 5:40 PM, of Resident #2's dinner meal tray revealed a Renal diet meal ticket for 1500 milliliters (ml) fluid restriction; dietary will provide 720 milliliters, no pork, send vegetable in big red bowl, one unsweetened tea only. The meal items on the tray	M 645	* Resident #2 correct meal was obtained from dietary by Certified Nursing Assistant #1 and provided to resident upon notification of error. Resident #2's diet order was reviewed with tray ticket by Dietary Manager to verify accuracy prior to serving to resident. Re-education was conducted with Certified Nursing Assistant #1 on verifying what is sent on meal tray matches the tray ticket by Licensed Practical Nurse #1. Re-education with dietary staff present was conducted by Dietary Manager 4/22/2019 on preparing meal tray according to physician diet order. * Quality Audit of current Residents' diet orders and meal trays was conducted on 5/1/2019 by Dietary Manager to ensure tray tickets match the diet orders. Findings showed that residents on dialysis and/or fluid restrictions had the highest risk of being affected. Audit revealed that dinner trays were affected the most. Director of Nursing then assigned Charge Nurse on 3p-11p shift to complete monitoring tools as well as Charge Nurse on weekend shifts.	5/31/19

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M 645	Continued From page 1 were (1) chicken breast, (1) big bowl of corn, (1) bowl of lima beans, (1) slice of white bread, and (1) 8 ounce glass of unsweetened tea. An interview, on 4/22/19 at 5:40 PM, with Resident #2 revealed, "I can have corn, just not that much of it and I was supposed to get extra meat." An interview, on 4/22/19 at 5:40 PM, with the staff Account Manager confirmed the items on Resident #2's dinner meal tray. An interview, on 4/23/19 at 11:50 AM, with Licensed Practical Nurse (LPN) #1 revealed, they write the diet order, and then the dietary slip. The Unit Managers care plan the diet. LPN #1 said they go and check the trays to make sure the order is followed. LPN #1 stated, "Evening dietary has problems. A lot of times the diet slip on the tray does not match the food." LPN #1 said they go back to dietary and let them know, and the Dietary Service Manager (DSM) will usually resolve it, and of there are further problems, we would go to the Administrator/Director of Nurses. An interview, on 4/23/19 at 1:45 PM, with Certified Nursing Assistant (CNA) #1 revealed, she always makes sure the right resident, the right diet and type of liquids. CNA #1 stated if there are differences , she goes to dietary, but first she tells her nurse, and retrieve what the resident needs. CNA #1 states, "Lunch tickets don't necessarily match what they have on the tray." Record review of the cumulative Physician's Orders, for April 2019, revealed an order for Carbohydrate Controlled Diet with No Added Salt, 1500 milliliters of fluid restriction daily, Renal diet	M 645	* Re-education conducted with remaining current Dietary Staff by Dietary Manager 4/25/2019 on this regulation with emphasis on ensuring tray prepared matches the physician ordered diet. Re-education by Director of Nursing with current nursing staff on 4/28/2019 on this regulation with emphasis on checking meal tray prior to serving to ensure diet order is followed. Education of new nursing employees regarding therapeutic diet policy will be conducted during orientation by Education Nurse. Residents will be served the diet ordered by the physician. * Quality monitoring of meal delivery initiated on 5/1/2019 and conducted by the assigned unit manager or charge nurse one meal a day for one week then three meals a week for three weeks then one meal weekly. Quality monitoring of meal delivery initiated 5/1/2019 conducted by Dietary Manager or assigned dietary aide one meal daily for one week and then one meal weekly. Monitoring tools completed by Dietary staff record whether or not hall trays sent to the floor match dietary slip. Monitoring tools performed by Unit Managers or Charge Nurses record: whether or not nurse present at window verifying meal ticket matches tray prior to distribution by Certified Nursing Assistant to residents in dining room, meal served matches meal ticket, and meal served matches menu posted. Quality monitoring findings to be presented by Director of Nursing and reviewed at monthly Quality Assurance and Performance Improvement committee meeting. Quality monitoring schedule will be modified based on	

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M 645	Continued From page 2 with large meat and egg portions. Review of a handwritten order from the dialysis unit, dated 3/19/19, included Renal diet with large meat/egg portions. Review of the Registered Dietitian's Progress Note, dated 1/24/19, revealed diet change to a Renal diet.	M 645	findings and frequency of monitoring increased if necessary.	