STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255100	A. BUILDING _____ B. WING _____	11/20/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF TYLERTOWN	200 MEDICAL CIRCLE TYLERTOWN, MS 39667

(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 Survey Agency (SA) conducted an annual recertification survey from 11/18/18 through 11/20/18. During the survey, the SA determined the facility was not in compliance with Medicare and Medicaid requirements of participation. The SA cited the regulatory deficiencies F550 and F657. At the time of the survey, the census was 39 and the facility held a license for 60 beds.	F 000		
F 550 SS=D	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. §483.10(b) Exercise of Rights.	F 550		12/14/18

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

Electronically Signed | 12/14/2018

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F 550	Continued From page 1 The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States. §483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility. §483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, record review, and facility policy review, the facility failed to knock on Resident #7 and #21's doors prior to entering the rooms to administer medications, and ensure privacy to administer medications via Resident #21's Gastrostomy Tube. This concern was identified for two (2) of four (4) residents observed for medication administration. Findings include: Review of the facility's "Resident Rights", not date, revealed each of us has a personal responsibility to our patients/residents and their rights. We treat our patients and residents with dignity and respect. We treat our patients and residents with dignity and respect at all times. The patients/residents has the right to a dignified existence, self -determination and communication. The patient/resident has the right to personal privacy and confidentiality of his or her personal clinical records.	F 550	The center will correct the deficiency as it relates to Resident # 7 and # 21 by respecting each resident's dignity by knocking on the doors prior entry into their rooms and pulling privacy curtains and closing doors prior to administering medications enterally. Resident # 7 and # 21 were each evaluated by Assistant Director of Nursing (ADNS)/Director of Clinical Education (DCE) 11/20/2018 for any symptoms of emotional distress related to failing to knock on the doors before entering the resident's room and failing to close the curtains and doors during medication administration via an enteral route. No emotional distress was identified. Licensed Practical Nurse # 1 was provided a coaching and counseling by Assistant Director of Nursing/Director of Clinical Education, after Assistant Director of Nursing/Director of Clinical Education, was made aware of the	

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DIVERSICARE OF TYLERTOWN	200 MEDICAL CIRCLE TYLERTOWN, MS 39667

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F 550	Continued From page 2 Resident #7 An observation during the medication administration observation, on 11/19/2018 at 9:32 AM, with Licensed Practical Nurse (LPN) #1, revealed LPN #1 failed to knock on Resident #7's door prior to entering the room. During an interview, on 11/20/2018 at 11:54 AM, with LPN #1, she confirmed she failed to knock on the door prior to entering Resident #7's room. LPN #1 said she was nervous, and had never administered medications with a surveyor before. A review of the facility's Face Sheet revealed the facility admitted Resident #7, on 11/06/2016, with diagnoses, which included Cerebrovascular Disease, Hypertension, and Wedge Compression Fracture of T 11-T 12 Vertebra. A review of Resident #7's Quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 06/15/2018, revealed Resident #7 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated the resident was cognitively intact. Resident #21 An observation, on 11/19/2018 at 9:30 AM, revealed LPN #1 failed to knock on Residents #21's door prior to entering the room. LPN also #1 failed to close the curtain and door prior to administering medications via Resident #21's Gastrostomy Tube. An interview, on 11/20/18 at 11:49 AM, revealed LPN #1 confirmed she failed to knock on	F 550	negative finding. The coaching and counseling consisted of educating Licensed Practical Nurse # 1 on the importance of respecting each resident's dignity by treating their room as their home and the importance of knocking on the door prior to entering resident rooms and closing privacy curtains and doors prior to enteral medication administration. All residents have the potential for being affected by this practice. The facility staff will protect residents in similar situations by educating all staff regarding the need to respect the resident's room as their home and not enter without knocking on the door and closing privacy curtains when medications are administered. The Assistant Director of Nursing who also functions as the Director of Clinical Education will educate all staff at the time of hire and annually thereafter on the importance of respecting residents rooms as their homes. This will include the necessity of knocking on all resident's doors prior to entering and closing privacy curtains. The Administrator will verify after the completion of orientation for each newly hired employee and annually thereafter that the education has been provided. The center will alter our system of orientation and training initiating education at the time of hire and annually thereafter for all staff to ensure that education regarding respecting the resident's room	

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DIVERSICARE OF TYLERTOWN	200 MEDICAL CIRCLE TYLERTOWN, MS 39667

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F 550	Continued From page 3 Resident #21's door prior to entering the room, and close the curtain and door prior to administering Resident #21's medications via the Gastrostomy Tube to provide privacy. LPN #1 said the facility in-serviced them all the time on knocking on the residents' doors. A review of the facility's Face Sheet revealed the facility admitted Resident #21, on 06/06/2018, with diagnoses, which included unspecified Intellectual Disabilities, Gastrostomy Tube, Dysphasia, and Convulsions. A review of Resident #21's Quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 07/11/2018, revealed Resident #21 had a Brief Interview for Mental Status (BIMS) score of 99, which indicated the facility was unable to complete the BIMS due to the resident was severely cognitively impaired.	F 550	as their home. The education will provide an emphasis on knocking on the door prior to entering and closing privacy curtains and doors prior to providing medications enterally. The Assistant Director of Nurses/Director of Clinical Education completed the initial in service on 11/20/2018 for all staff. The Director of Nurses will verify after completion of orientation and annually thereafter by reviewing training records, that the employee comprehends the necessity to treat each resident with dignity and respect by knocking on resident room doors prior to entering and by closing privacy curtains prior to administration of enteral medications. The Director of Nurses and/or the Administrator started audits on 11/26/2018 to assure that all staff were knocking on doors and that nurses were closing privacy curtains prior to administering enteral medications. Audits will occur on all three shifts, three (3) x week x one (1) week, two (2) x week x 2 weeks, then monthly for 2 months. Any variance in findings will be addressed immediately and presented by our Director of Nurses in our monthly Quality Assurance and Performance Improvement meetings. The Quality Assurance and Performance Improvement monthly meeting will function to assure that our system improvements are effective and all residents are continually treated with dignity and respect by staff knocking on	

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DIVERSICARE OF TYLERTOWN	200 MEDICAL CIRCLE TYLERTOWN, MS 39667

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F 550	Continued From page 4	F 550	doors prior to entering and closing privacy curtains during enteral medication administration. Findings will be submitted to Quality Assurance Performance Improvement and make recommendations as needed.	
F 657 SS=D	Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii) §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff. (E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan. (F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident. (iii)Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments. This REQUIREMENT is not met as evidenced by:	F 657		12/14/18

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F 657	Continued From page 5 Based on record review, staff interview, and facility policy review, the facility failed to revise Resident #1's comprehensive care plan to address activities. This concern was identified for one (1) of 25 resident care plans reviewed. Findings include: Review of a typed statement on the facility's letterhead revealed: The facility's policy for completing the Minimum Data Set (MDS) and Care Plan is the Centers for Medicare and Medicaid Services Long Term Care Facility Resident Assessment Instrument User's Manual, version 1.14. There was no date or signature on the statement. On 11/19/18 at 8:50 AM, an observation revealed Resident #1 was sitting upright in her bed with her eyes closed. Record review of the physician's orders, dated October 31, 2018, revealed Resident #1 had a diagnosis of Unspecified Dementia Without Behavioral Disturbances. Further review of the medical record revealed no care plan for activities. Review of the most recent comprehensive Admission MDS assessment, with an Assessment Reference Date (ARD) of 5/25/18, included a diagnosis of Dementia. On 11/19/18 at 9:05 AM, an interview with Social Service Director (SSD) #1, revealed Resident #1 has confusion, but not behaviors. Social Service Director #1 stated Resident #1 has not had behaviors that she is aware of.	F 657	1)An activity care plan was developed for Resident # 1 by the Activity Director on 11/19/2018. 2)All residents have the potential for being affected by this practice. Our Registered Nurse Assessment Coordinator will protect residents in similar situation by assuring each resident has a care plan that includes activity focus, goal and approaches reflective of the resident's needs and desires. This review will occur quarterly by the Registered Nurse Assessment Coordinator. On 11/20/2018 the Activity Director reviewed 100 % of all resident s to assure that each resident had an active activities care plan. No additional residents were identified as lacking an activity care plan. 3)The Activity Director was provided a coaching and counseling session by the Administrator on 11/20/2018 regarding omission of Resident # 1's activity care plan. To assure the problem does not reoccur, the Activity Director will maintain a filing system, by which she will be triggered to review each Resident's activity care plan at a minimum on a quarterly basis. The Activity Director was provided an in service by Director of Nurses on 11/26/2018 regarding the need to develop and maintain and active and current activities care plan for each Resident in the center. 4) The Health Information Medical Records Coordinator will monitor our sustained performance by reviewing each	

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F 657	Continued From page 6 On 11/19/18 at 9:15 AM, an interview with Certified Nursing Assistant (CNA) #1, revealed Resident #1 may state she does not want to get up when the staff tries to get her up, but after encouragement Resident #1 will allow staff to assist her with getting dressed, and getting out of bed. An interview, on 11/19/18 at 9:20 AM, with Activity Director #1 revealed, Resident #1 enjoys reading the newspaper in her room, word search puzzles, and will play card games. Activity Director #1 stated Resident #1 does not have an activity care plan. Activity Director #1 also stated Resident #1 would need a care plan to tell the staff what activities to do for her. On 11/19/18 at 9:25 AM, an interview with the Registered Nurse (RN) #1, revealed the Activity Director would need a care plan to show what Resident #1 is doing, and to show what Resident #1 likes or dislikes. A review of the facility's Face Sheet revealed, the facility admitted Resident #1, on 5/15/18, with an included diagnosis of Dementia.	F 657	resident's care plan on admission and then at a minimum on a quarterly basis to assure that each resident has an active and pertinent activities plan of care that addresses each Resident's needs and desires. Our Director of Nurses will report the audit findings to our Quality Assurance and Performance Improvement meetings on a monthly basis. Our Quality Assurance and Performance Improvement plans will determine root cause analysis of negative findings and will address actions necessary to improve the center s plan.	

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	255100	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**11/21/2018**

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K 000	INITIAL COMMENTS 42 CFR 483.70(a) The facility meets the applicable provisions of the 2012 (existing) Edition of the Life Safety Code (LSC) of the National Fire Protection Association (NFPA). There were no LSC deficiencies cited during this survey.	K 000		

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

Electronically Signed | 12/10/2018

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	255100	A. BUILDING _____ B. WING _____	11/21/2018

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E 000	Initial Comments *EMERGENCY PREPAREDNESS* Survey conducted on 11/21/18 reveals the above facility meets all applicable Federal, State and local emergency preparedness requirements. No deficiencies were identified.	E 000		

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