MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	38MC	A. BUILDING: _____ B. WING _____	06/13/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MERIDIAN COMM LIVING CENTER	517 33RD STREET MERIDIAN, MS 39305

(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) COMPLETE DATE
M 000	Initial Comments The State Agency (SA) determined during an annual recertification survey, conducted from 6/11/2019 to 6/13/2019. The SA determined the facility was not in compliance with the Minimum Standards of Operation for Institutions for the Aged or Infirm, state licensure requirements at M500, M610, M640, M735, M780 and M815. The State Agency (SA) conducted complaint surveys, MS #15927 and MS #15977, during the recertification survey. The SA did not substantiate the complaint of Quality of Care/Treatment-Resident Safety/Falls or misappropriation of Property/misuse of residents personal property. No deficiencies were cited related to the complaints. The facility's census was 34 and the facility held a license for 60 beds.	M 000		
M 500	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	M 500		7/13/19

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M 500	Continued From page 1 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 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,	M 500		

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M 500	Continued From page 2 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;	M 500		

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M 500	Continued From page 3 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 16. is assured of exercising his civil and religious liberties including the right to independent personal decisions and knowledge of available	M 500		

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M 500	Continued From page 4 choice. The facility shall encourage and assist in the fullest exercise of these rights. This Statute is not met as evidenced by: Level II Based on observation, staff interview, record review, and facility policy review, the facility failed to provide privacy during toileting for (1) of (12) residents observed, Resident #3. Findings include: A review of facility's policy titled, "Dignity and Respect", not dated, revealed: The definition of dignity means that in their interactions with residents, staff carries out activities that assist the resident to maintain their self-esteem. It is the policy of this facility to treat each resident with respect and dignity and care for each resident in a manner and environment that promotes maintenance or enhancement of his/her quality of life. The privacy of a resident's body shall be maintained during toileting, bathing, and other activities of personal hygiene, except when staff assistance is needed for safety. An observation on 06/11/19 at 9:58 AM, revealed Resident #3 was sitting on the toilet in her restroom, with the door open. Resident #3's restroom is located on the exterior of the Resident's room, in view from the hallway. Resident #3's wheelchair, located outside of the open restroom door, was backed away from the door, giving full view of Resident #3 sitting on toilet. Licensed Practical Nurse (LPN) #4 was observed walking back to the medication cart, leaving the restroom door open; leaving Resident #3 sitting on the toilet, exposed to the hall.	M 500	The plan of correction is being submitted as a requirement by the federal regulations. This submission of this plan of correction is not to be construed as an admission by the facility as to the accuracy of the citation nor the findings of facts. Please accept this as our plan of correction. Rights/ Exercise of Rights 1. Resident #3 was interviewed by Regional Nurse Consultant on 06/13/19 to inquire on resident' s psychosocial concerns related to not providing privacy during care and resident could not recall event at time of interview. A One on One in-service was conducted with Licensed Practical Nurse #4 regarding Dignity and Respect (Ensuring privacy while providing care to all residents including closing doors, closing curtains, and limiting exposure of resident' s body to the area of care being provided) and completed on 06/13/19 by Regional Nurse Consultant. 2. The center recognizes that residents that require assistance with toileting could have the potential to be affected by the same deficient practice. A 100% room and care area audit were performed by the Director of Nursing and Clinical Operations Nurse completed on 06/11/19 to ensure no other residents were being provided care without privacy. No negative findings at time of audit.	

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M 500	Continued From page 5 An interview on 6/11/19 at 9:58 AM, with LPN #4, revealed that Resident #3 needed assistance of one (1) person to be put on toilet and gotten off the toilet. She stated, "I just helped her on the toilet. I left the door open because I was moving her wheelchair out of the way after I put her on the toilet". LPN #4 walked back to the restroom and closed the door, then returned to the medication cart. She stated, "I should have closed the door". Resident #3 opened the door and yelled out, calling LPN #4's name and said, I'm finished". An interview on 06/11/19 at 10:12 AM, with Resident #3, revealed, "If I had known I was seen on the commode it would have been a issue. I had to pee so bad I wasn't paying attention that the door was left open. It does bother me I was seen sitting on the pot". An interview on 06/13/19 at 10:35 AM, with the Regional Director of Operations, revealed, "If the staff member was there with Resident #3, and if she knew Resident #3 was sitting on the toilet and didn't shut the door, then yes, it is a dignity issue". An interview on 06/13/19 at 10:35 AM, with the Director of Nursing (DON) revealed, "The resident sitting on the toilet with the door open is a dignity issue."	M 500	3. Resident Rights in-service for care providers initiated by Director of Nursing on 07/01/19 and completed on 07/05/19. 4. The Director of Nursing will observe care for privacy of three (3) residents weekly for 3 weeks then one (1) resident weekly for two (2) weeks. Negative findings will be reported to the Quality Assurance and Performance Committee monthly by the Director of Nursing, for review and recommendations by the committee revisions, updates, or resolutions, updates or resolutions.	
M 610	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:	M 610		7/13/19

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M 610	Continued From page 6 1. Bath, dressing and grooming; 2. Transfer and ambulate; 3. Good nutrition, personal and oral hygiene; and 4. Toileting. This Statute is not met as evidenced by: Level II Based observation, record review, staff interview, and facility policy review, the facility failed to provide oral care to (1) of (12) residents observed for mouth care, Resident #9. Findings include: A review of facility's policy titled, "Oral Hygiene", dated August 24, 2015, revealed The purpose of the policy is to clean the mouth, teeth, and dentures, prevent infection and irritation, and to moisten the mucous membranes. During an observation on 06/11/19 at 10:03 AM, Resident #9 received Glucerna per feeding tube. Resident #9 lips were observed as dry and scaly, with skin peeling off the lips. Mouth odor was present. An observation on 06/12/19 at 4:35 PM, revealed Resident #9 continued to have dry lips with peeling skin and mouth odor. During an interview on 06/12/19 at 4:35 PM, LPN #2 confirmed that Resident #9's lips were dry and peeling. An interview on 06/12/19 at 5:29 PM, with the Corporate Regional Director of Operations	M 610	1. Oral Care was performed for Resident # 9 on 06/12/19 by the Director of Nursing. Director of Nursing assessed oral cavity for any issues and was noted that Resident #9 had signs and symptoms of Oral Candidiasis. Medical Doctor was contacted via phone by Licensed Practical Nurse on 06/12/19 and received order on 06/13/19 for Nystatin swab to oral cavity two (2) times a day until resolved. 2. The facility recognizes that all residents requiring assistance with oral care could have the potential to be affected by the same deficient practice. The Corporate Regional Registered Nurse conducted a 100% audit on 06/13/19 of residents requiring assistance with oral care with no negative findings. 3. An in-service for nursing staff regarding providing oral care was initiated on 06/13/19 by the Director of Nursing and was completed on 07/05/19. 4. The Director of Nursing will observe oral care beginning on 07/03/19 with five residents requiring assistance with oral care weekly for two weeks then two residents weekly for four weeks to ensure oral care is being completed according to	

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M 610	Continued From page 7 revealed "I see her lips. I'll check everyone else right now". An interview on 06/12/19 at 5:30 PM, with the Corporate Registered Nurse (RN), revealed, "I do see that she needs oral hygiene. Her lips are dry and she has peeling skin on her lips". During an interview on 06/13/19 at 10:35 AM, the Director of Nursing (DON) stated, "Resident #9 having dry peeling lips is a hygiene issue".	M 610	residents plan of care. Negative findings will be reported to the Quality Assurance and Performance Committee monthly by the Director of Nursing, for Review and recommendations by the committee for revisions, updates, or resolutions.	
M 640	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, this injury must be investigated and reported to appropriate state agencies. This Statute is not met as evidenced by: Level II Based observation, staff interview, record review, and facility policy review, the facility failed to provide a smoking apron, to help prevent smoking accidents, for (1) of (6) residents observed, who was assessed for smoking risks, Resident #3. Findings include: Review of a facility's policy titled, "Smoking", dated 12/02/16, revealed: It is the policy of this facility to provide a safe environment for residents who smoke. Additional precautions may apply to some residents due to safety awareness	M 640	1. On 06/13/19, Resident #3 was assessed by Director of Nursing for any injuries associated to resident smoking without apron with no negative findings. The smoking assessment and care plan was re-evaluated on 06/13/19 by Minimum Data Set Coordinator and confirmed the need of a smoking apron to ensure the safety of the resident. The care plan task was updated to indicate that resident #3 is to utilize a smoking apron for smoking activities on 06/13/19. Resident #3 was educated on 06/13/19 about the importance of use of smoking apron and possible negative outcomes for refusal of use of smoking apron during smoking	7/13/19

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M 640	Continued From page 8 concerns or medical conditions. Such additional precautions will be noted on the residents' plan of care. Residents with known history of smoking, those that express a desire to smoke on admission, or those who wish to start smoking will be evaluated on admission, quarterly, and as needed for safety awareness and any physical limitations related to smoking safety. The interdisciplinary team will make the determination of interventions needed for the resident during smoking. These interventions will be entered into the resident's care plan. Instructions regarding individual residents safety needs are available to the staff member who supervises the smoking, Providing and maintaining this information is the responsibility of the Director of Nursing (DON) or designated nursing personnel. An observation on 06/11/19 at 10:24 AM, revealed Resident #3 was outside smoking with no smoking apron on. Staff were observed outside with the resident. An observation on 06/12/19 at 10:30 AM, revealed Resident #3 was outside smoking and did not have a smoking apron on. Record Review of the Minimum Date Set (MDS) assessment, Section C, dated 9/14/19, revealed Resident #3 had a Brief Interview for Mental Status (BIMS) score of 10, which indicated moderate cognitive impairment. Record Review of a Smoking evaluation, dated 10/15/16, as well as an evaluation dated 5/7/19, revealed Resident #3 needed supervision and a smoking apron for safety during smoking. An interview on 06/13/19 at 10:35 AM, with the Administrator, revealed, "It is an issue that	M 640	activities. 2. The facility recognizes that all residents that choose to smoke have the potential to be affected by the same deficient practice. The Director of Nursing and the Minimum Data Set Coordinator completed 100% audit of smoking assessment, smoking care plan, and care plan task to ensure that the care plan and the care plan task reflect the safety precautions indicated by the smoking assessment. This audit was initiated on 06/13/19 and was completed on 06/18/19. 3. The Director of Nursing initiated an in-service on 07/01/19 for all nursing staff regarding the use of smoking aprons and the safety precautions for residents that choose to smoke and completed in-service on 07/04/19. 4. Beginning on 07/03/19, the Director of Nursing will observe smoking activities daily for 4 weeks then three smoking activity a week for 4 weeks to ensure that safety precautions indicated for each individual resident that chooses to smoke are observed. Negative findings will be reported to the Quality Assurance and Performance Committee monthly by the Director of Nursing, for review and recommendations by the committee for revisions, updates, or resolutions.	

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M 640	Continued From page 9 Resident #3 wasn't wearing the smoking apron, if the assessment states that as an intervention". An interview on 06/13/19 at 10:35 AM, with the Director of Nursing (DON) revealed she took Resident #3 outside the first day of survey and the resident refused the apron. The DON confirmed the resident didn't have the smoking apron on.	M 640		
M 735	45.25.1 Medical Records Management Medical Records Management. 1. A medical record shall be maintained in accordance with accepted professional standards and practices on all residents admitted to the facility. The medical records shall be completely and accurately documented, readily accessible, and systematically organized to facilitate retrieving and compiling information. 2. A sufficient number of personnel, competent to carry out the functions of the medical record service, shall be employed. 3. The facility shall safeguard medical record information against loss, destruction, or unauthorized use. 4. All medical records shall maintain the following information: identification data and consent form; assessments of the resident's needs by all disciplines involved in the care of the resident; medical history and admission physical exam; annual physical exams; physician or nurse practitioner/physician assistant orders; observation, report of treatment, clinical findings and progress notes; and discharge summary,	M 735		7/13/19

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M 735	Continued From page 10 including the final diagnosis. 5. All entries in the medical record shall be signed and dated by the person making the entry. Authentication may include signatures, written initials, or computer entry. A list of computer codes and written signatures must be readily available and maintained under adequate safeguards. 6. All clinical information pertaining to the residents stay shall be centralized in the resident's medical records. 7. Medical records of discharged residents shall be completed within sixty (60) days following discharge. 8. Medical records are to be retained for five (5) years from the date of discharge or, in the case of a minor, until the resident reaches the age of twenty-one (21), plus an additional three (3) years. 9. A resident index, including the resident's full name and birth date, shall be maintained. This Statute is not met as evidenced by: Level II Based on record review, staff interview, and facility policy review, the facility failed to accurately document an appropriate related diagnosis for the use of a medication for one (1) of 13 records reviewed. (Resident #17) Findings include: Review of the facility's policy titled, "Healthcare Information Management," dated 7/27/2007,	M 735	1. The medical record for Resident #17 was reviewed on 06/13/19 by the Medical Records Nurse and the medical diagnosis for use of Dilantin updated with the correct diagnosis as ordered by the Medical Director. 2. The facility recognizes that all residents receiving anti-seizure medication have the potential to be affected by this deficient practice. The Medical Records Nurse conducted a 100% audit on	

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M 735	Continued From page 11 provided by Licensed Practical Nurse (LPN) #3/Medical Records Director, revealed that this facility policy does not address the accurate documentation of appropriate related diagnoses for the use of medications given to residents. Review of the medical records for Resident #17, revealed a Medication Administration Record (MAR), dated 06/01/2019-06/30/2019, which indicated that an order for the medication Dilantin to be given three (3) times per day, with a related diagnosis of Other Abnormalities of Gait and Mobility and Other Symbolic Dysfunctions. Review of Resident #17's medical records, revealed an undated Accumulative Medical Diagnosis Report, where it was indicated that a diagnosis for Other Seizures was present upon Initial Admission on 1/18/2017. During an interview, on 6/13/2019 at 10:34 AM, Licensed Practical Nurse (LPN) #3/Medical Records Director revealed that the related diagnoses of Other Abnormalities of Gait and Mobility and Other Symbolic Dysfunctions were not appropriate diagnoses for the use of the medication Dilantin. LPN #3 stated she didn't know who put the order in the record, but the diagnosis was not correct for the use of Dilantin. During an interview, on 6/13/2019 at 1:39 PM, the facility's Registered Pharmacist (RPh) Consultant stated that he reviewed the resident's medical records monthly and this included medications and their related diagnoses. The RPh stated that his primary focus has been on the antipsychotic medications prescribed for Resident #17. The RPh stated, "I guess I may have over-looked Dilantin and those diagnoses for Resident #17." He confirmed the diagnosis was not correct for	M 735	06/13/19 of residents receiving anti-seizure medication and noted all residents receiving anti-seizure medication had the correct diagnosis. 3. The Medical Records nurse initiated an in-service on 06/27/19 for nurses regarding order entry and ensuring proper diagnosis for medications as indicated by Physician will be utilized. This in-service was completed on 07/08/19. The Medical Records Nurse will complete 100% medical diagnosis audits on all new admissions/readmissions within 72 hours of admission to ensure that medications have the appropriate diagnosis as indicated by the physician. 4. Beginning on 07/03/19, the Director of Nursing will audit medical diagnosis in relationship to medication use on five random residents weekly for four weeks then two random residents weekly for six (6) weeks to ensure that medications have correct diagnosis for use as indicated by the physician. Negative findings will be reported to the Quality Assurance and Performance Committee monthly by the Director of Nursing, for Review and recommendations by the committee for revisions, updates, or resolutions.	

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M 735	Continued From page 12 the use of Dilantin. During an interview, on 6/13/2019 at 2:11 PM, Resident #17's Medical Doctor (MD) stated that the order of Dilantin was for Resident #17's seizure disorder diagnosis. The MD stated, "The current diagnosis that is showing on the chart, of Abnormalities of Gait and other symbolic dysfunction, is not accurate." During an interview, on 6/13/2019 at 2:42 PM, Registered Nurse (RN) #1/ Corporate RN stated that she doesn't know about any policy on how to enter diagnoses correctly, but she would see. RN #1 stated, "The listed diagnosis for the Dilantin, ordered for Resident # 17, was probably there, because someone keyed it in wrong." RN #1 also stated, "I'll have them fix it." Review of the Face Sheet revealed Resident #17 was admitted by the facility on 1/18/2017, and re-admitted on 2/9/2019, with diagnoses which include Chronic Obstructive Pulmonary Disease (COPD) with (Acute) Exacerbation and Other Seizures.	M 735		
M 780	45.27.2 Activity Program Activity Program. Provisions shall be made for suitable recreational and entertainment activities for resident according to their needs and interests. These activities are an important adjunct to daily living and are to encourage restoration to self-care and resumption of normal activities. Variety in planning shall include some outdoor activities in suitable weather. Level II Based on observation, staff interview, resident	M 780	1. The Group activities of Smoothie Social for Resident #22, Resident # 7, Resident #8, Resident #13, Resident #21,	7/13/19

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M 780	Continued From page 13 interview, record review, and facility policy review, the facility failed to provide activities to meet the interest, and physical, mental and psychosocial well-being of the residents for three (3) of three (3) days observations for activities. This was also voiced during the Resident Council meeting, which included Resident #22, Resident #7, Resident #8, and Resident #13; and also through interviews/observations with Resident #16, Resident #21, Resident #22, Resident #28, and Resident #30. This was eight (8) of 34 residents in the facility. Findings Include: Review of the facility's activity policy, dated April 26, 2010, titled "Activity program", revealed the activity program is designed to encourage maximum individual participation and geared to the individual resident's needs. Activities are scheduled seven (7) days a week and residents are given an opportunity to contribute to the planning preparation, conducting cleanup, and critique of the programs. Activity programs consist of individual, small and large group activities that are designed to meet the needs and interests of each resident. Activities are not necessarily limited to formal activities being provided only by the activities staff. Other facility staff, volunteers, visitors, residents and family members may also provide the activities. Activities participation for each resident is approved by the attending physician, based on information in the resident's comprehensive assessment. Schedules are posted on the resident bulletin board. Activity schedules are also provided individually to residents who cannot access the bulleting board (e.g.. bed bound or visually impaired residents).	M 780	Resident #16, Resident #28, and Resident #30 were restarted as of 06/13/19 by the Life Connections Coordinator. 2. The facility recognizes that all residents could have the potential to be affected by the same deficient practice. The Life Connections Coordinator initiated interviews on 06/13/19 of all residents that can be interviewed regarding interests, likes, dislikes, and enjoyed activities and completed updating activity events to reflect interests of residents as of 07/08/19. 3. The Life Connections Coordinator received a one-on-one in-service by Nursing Home Administrator on 06/13/19 on providing group activities on a routine basis and how to develop group activities to meet the interest of the residents. The Nursing Home Administrator in-serviced Life Connections Coordinator and facility staff about the importance of group activities that meet the interest of the residents of the facility on 06/13/19. 4. Beginning on 07/08/19, the Nursing Home Administrator will observe group activities two times a week for four weeks then weekly for four weeks to ensure that group activities are being conducted and meet the interests of the residents. The Life Connections Coordinator will interview residents at Monthly Resident Council meetings regarding the activity program and implement suggestions as appropriate for group activities for three months. Negative findings will be reported to the Quality Assurance and Performance	

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M 780	Continued From page 14 Record Review of the facility's "Life connections program", revealed the life connections program is based on the comprehensive assessment (life story), care plan, and the preferences of each resident to support their choice of activities both facility-sponsored group and individual activities, as well as independent activities. It is designed to meet the interests of and support physical, mental, and psychosocial well-being of each resident, encouraging both independence and interaction in the community. Resident Council Meeting During a meeting with the Resident Council committee on 6/11/19 at 4:06 PM, residents complained of not having enough activities to keep them busy. The Resident Council President, (Resident #22) said that they haven't had very many activities since the previous Activity person got promoted to Social Services. The Council Members (Resident #13, Resident #7 and Resident #8) said they have Bingo every other Tuesday. The Council Members said they sit around and look at each other everyday. Record Review of the Resident Council members' most recent Brief Interview for Mental Status (BIMS) scores revealed Resident #13 (BIMS=15), Resident #8 (BIMS=15), Resident #7 (BIMS=15), which indicated they had no cognitive impairment. Resident #16 Observation and interview on 06/12/19 at 2:12 PM, revealed Resident #16 sitting in his room watching television. Resident #16 was alert and oriented, speech clear, and he was able to make his needs known. Resident #16 stated that he stayed in his room and watched television, because they don't have anything to do for	M 780	Committee monthly by the Director of Nursing, for Review and recommendations by the committee for revisions, updates, or resolutions.	

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M 780	Continued From page 15 activities. Resident #16 said he smoked cigarettes and would like to do more than smoke cigarettes everyday. Resident #16 was asked if he told anyone about his concerns, and he stated that he had not. He stated that he thought the facility provided the Activity Program and the residents only do what's offered to them. Resident #16 said nobody asked him about what activities he liked. Record Review of the comprehensive care plan revealed Resident #16 enjoyed Dominoes, playing Spades, fishing and hunting. Resident #16 required some assistance with activities for physical and social needs, related to a left above the knee amputation and Dementia. Resident #21 Observation and interview, on 06/12/19 at 2:14 PM, revealed Resident #21 sitting in a wheel chair in the hallway. Resident #21 stated that the facility does not have enough activities. Resident #21 said he likes to paint and he likes cars. Resident #21 revealed he has been depressed because his wife had filed for divorce and his health had declined. Record Review of the current care plan revealed Resident #21 enjoyed religious activities, cars and animals (dogs). Resident #22 Observation and interview on 06/11/19 at 9:56 AM, revealed Resident #22 sitting in the hallway with her eyes closed. Resident #22 was alert and oriented, speech was clear, and she was able to make her needs known. Resident #22 revealed she is the Resident Council President. Resident #22 said she wished they had something to do. Resident #22 said they did have a lot of activities	M 780		

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M 780	Continued From page 16 when the prior person was the Activity Director, who is now the Social Worker. Resident #22 said she enjoyed arts and crafts. Record Review of the current care plan revealed Resident #22 enjoyed church, playing bingo, reading her Bible, and doing arts and crafts. Resident #28 Observation and interview on 06/12/19 at 5:27 PM, revealed Resident #28 sitting in a wheel chair in his room watching television. Resident #28's speech was clear and he was able to make his needs known. Resident #28 revealed he wanted to go home because he's bored and there wasn't much to do in the facility. Resident #28 said nobody had asked him what type of activities he wanted to do. Resident #28 said the only outings or activities that he participated in was going to Dialysis Tuesday, Thursday, and Saturday. Record review of the current activity care plan revealed Resident #28 liked to watch westerns, loved to hunt, fish, and enjoyed religious activities. Resident #30 Observation and interview on 06/12/19 at 5:31 PM, revealed Resident #30 sitting in a wheel chair in his room watching television. Resident #30 was alert and oriented, speech clear, and he was able to make his needs known. Resident #30 revealed he sat in his bedroom watching television, because there was nothing else to do. Record Review of the current care plan revealed the facility will continue to encourage Resident #30 to attend activities of his choice, resident enjoys church, cooking, western movies, cards,	M 780		

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M 780	Continued From page 17 country music, news, social parties, cook outs, holidays, bird watching, casino, park/zoo, and shopping. During an interview on 06/13/19 at 9:09 AM, the Activity Director (AD) revealed that she was told by the old Administrator that the resident's played too much Bingo. The AD said the residents do "roll and stroll" daily; they Roll and Stroll to breakfast, lunch, and dinner by the staff. The AD stated that it helped the residents to communicate with the staff. During an interview on 06/13/19 at 9:42 AM, the Social Worker (SW) revealed she was promoted to Social Services from activities. The SW said she would Google and make up games for the residents. The SW confirmed the residents used to have bingo games several times a week. The SW also revealed the residents enjoyed card games, dominoes, trivia, arts and crafts. During an interview on 06/13/19 at 9:48 AM, the Director of Nursing (DON) confirmed the facility had very little activities. The DON confirmed the residents had been sitting in the hallway and rooms without anything to do. The DON also said she had just started in that position and she has ideas to incorporate with the resident's activities. During an interview on 06/13/19 at 9:52 AM, the Corporate Regional Director of Operations confirmed the residents did not have any group activities during the three (3) days of survey. The Corporate Regional Director of Operations said the facility is bringing another AD from another facility to train the AD, so the residents will enjoy living in this facility.	M 780		

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M 815	Continued From page 18	M 815		
M 815	45.29.1 Safe Food Handling Procedures Safe Food Handling Procedures. Food shall be prepared, held, and served according to current Mississippi State Department of Health Food Code Regulations. This Statute is not met as evidenced by: Level II Based on observation, staff interview, record review, and facility policy review, the facility failed to accurately calibrate the food thermometer, to ensure safety of serving food, for (1) of (2) days of food temperature observations. This had the potential to affect 32 of 34 residents who receive meal trays. Findings include: A review of facility's policy titled, "How to Calibrate a Thermometer", undated, revealed: Thermometers should be calibrated regularly to make sure the readings are correct. The ice-point method is the most widely used method to calibrate a thermometer. The Policy revealed Step 1 in calibrating the thermometer is to fill a large container with crushed ice and add clean tap water until the container is full. Stir the mixture. Put the thermometer stem or probe into the ice water. Make sure the sensing area is under the water. Wait 30 seconds or until the reading stays steady. Adjust the thermometer so it reads 32 degrees Fahrenheit or zero (0) degrees Celsius. Hold the calibration nut securely with a wrench or other tool and rotate the head of the thermometer until it reads 32 degrees Fahrenheit; zero (0) degrees Celsius.	M 815	1. On 6/12/19 the food was warmed to adequate serving temperatures prior to serving the lunch meal to 32 residents. Dietary manager verified the serving temperatures of food with a digital thermometer. 2. The Facility recognizes that all residents receiving meals could have the potential to be affected by this deficit practice. On 06/12/19, all mechanical thermometers were removed and replaced with digital-read thermometers and all food was verified to be at the correct serving temperature by the Dietary Manager prior to distribution of the evening meal. 3. The Dietary Manager in-serviced dietary staff on the proper procedure to calibrate thermometers to accurately measure food serving temperatures on 06/12/19. The Regional Dietary Manager conducted an in-service on 07/03/19 regarding the proper procedure for Thermometer calibration on a digital thermometer and a mechanical thermometer. The Regional dietary manager conducted an in-service on 07/08/19 regarding the recording food temperatures and log check off.	7/13/19

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M 815	Continued From page 19 A review of instructions pulled from the back package of the new dial read bimetallic thermometer titled, "How to calibrate your thermometer", revealed: Prepare a cup of ice with a small amount of water. Insert the stem into the water, do not touch the ice. Temp should read 32 degrees Fahrenheit (0 degrees Celsius). If it needs adjustment, turn the nut behind the face until the proper reading is shown. During an observation on 06/12/19 at 11:30 AM, Dietary Staff #2 had four (4) thermometers in ice water to calibrate the thermometers for checking the temperature (temp) of food. The thermometer that Dietary Staff #2 pulled out of the ice water to use didn't show that it was calibrated to 32 degrees. Dietary Manager #1 told Dietary Staff #2, who was beginning to prepare to temp the foods, to turn the thermometer dial on the end of thermometer to calibrate the thermometer to 32 degrees, after the cold water was not dropping the temperature on the dial to 32 degrees. Dietary Staff #2 stated out loud, "That's the way we calibrate the thermometer sometimes". Dietary Staff #2 turned the dial on two (2) dial read (bimetallic) thermometers to 32 degrees holding the thermometer in his hand. The Dietary Manager asked Dietary Staff #2 to calibrate the thermometers using ice water, instead of turning the dial. Dietary Staff #2 placed the thermometers back into the ice water and the thermometers showed calibration to 32 degrees, after turning the dial with his hand. Dietary Staff #2 then took the temperature of the foods. The temperatures were as follows: Chicken and dumplings, 144 degrees Green peas, 160 degrees Cheese Quiche,-100 degrees with a reheat x one (1) - temperature of 136 degrees	M 815	4. Beginning on 07/02/19, the Dietary Manager will perform supervised thermometer calibrations performed by dietary staff five times a week for four weeks then three (3)times a week for four (4) weeks to ensure that dietary staff perform thermometer calibration by proper procedure. Negative findings will be reported to the Quality Assurance and Performance Committee monthly by the Director of Nursing, for Review and recommendations by the committee for revisions, updates, or resolutions.	

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M 815	Continued From page 20 Capri Vegetable blend-150 degrees After each check of the temperature of pureed chicken and dumplings, the pureed green peas were checked, with the same dial read thermometer used to check the pureed chicken and dumplings. The chicken and dumplings were checked, and then the pureed peas was checked, cleaning the dial read thermometer after each use. The first container of pureed chicken and dumplings temp was checked with the dial-read thermometer and had an initial temperature of 106 degrees. The pureed chicken and dumplings were reheated in an oven, set on 400 degrees, for approximately 30 minutes. The pureed chicken and dumplings temp was re-checked, with the thermometer, with a temp of 118 degrees. The first container of chicken and dumplings were discarded. (Pureed green peas were tempt with the same thermometer at 102 degrees, with a re-heat temp of 102. The peas were discarded). Dietary Staff #2 pulled another dial- read thermometer from the ice water, which showed a temp of 42 degrees. Dietary Staff #2 then tuned the dial on the dial-read thermometer with his hand until the dial showed 32 degrees. Dietary Staff #2 retrieved another container of pureed chicken and dumplings. Dietary Staff #2 checked the temperature of the pureed chicken and dumplings with the dial-read thermometer and a temperature of 102 degrees was shown on the thermometer. Dietary Manager #1 verified all temperatures of food to this point. The pureed chicken and dumplings were reheated one (1) time in the oven, at a temperature of 500 degrees, for approximately 45 minutes, with a temperature of 128 degrees on the dial-read thermometer upon re-check. The second	M 815		

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M 815	Continued From page 21 container of pureed chicken and dumplings were thrown away. (Pureed green peas tempt with the same thermometer at 90 degrees, with a re-heat temp of 106 degrees. The second container of pureed green peas were thrown away). Dietary Staff #2 obtained a third container of pureed chicken and dumplings and pulled the third dial-read thermometer from the ice water and it showed a reading of 48 degrees, after being in the ice water for approximately 45 minutes. Dietary Staff #2 turned the dial of the thermometer, with his hand, to show a calibration of 32 degrees. The third container of pureed chicken and dumplings temperature showed 120 degrees on the dial-read thermometer. The pureed chicken and dumplings were re-heated in the oven for approximately 45 minutes. Dietary Staff #2 used a digital thermometer to temp the pureed chicken and dumplings after the re-heat of one (1) time. The digital thermometer showed the pureed chicken and dumplings to have a temperature of 208 degrees. (Third container of pureed green peas, with the dial-read thermometer, read 122 degrees. They were re-heated and using the digital thermometer, the temperature was 180 degrees). Dietary Manager #1 viewed all attempts of obtaining food temperatures, attempts at calibration of dial-read thermometers, re-heating of food in oven, the amount of time the food was re-heated in oven, and Dietary Manager #1 verified all temperatures of pureed chicken and dumplings and pureed green peas. An interview on 06/12/19 at 2:39 PM, with Dietary Manager (DM) #1, revealed she definitely thought that calibrating the thermometers wrong could affect the appropriate food temps. DM #1 stated that Dietary Staff #1 did turn the dial on the thermometer without using a wrench to hold the	M 815		

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M 815	Continued From page 22 nut on the dial. DM #1 stated that she threw all the thermometers away and had obtained new thermometers. She stated, "I will in-service all staff on calibrating the thermometer the correct way. It could definitely affect the temps of food the residents are receiving". During an interview on 06/12/19 at 4:05 PM, the Dietary Manager revealed that Dietary Staff #2 turned the whole face of the thermometer and did not use a wrench like the directions said to do. The Dietary Manager stated, "I bet that is what messed the thermometer calibration up". An interview on 06/13/19 at 11:20 AM, with Dietary Manager #1 revealed that Dietary Staff #1 didn't go by the directions to calibrate the thermometers yesterday. She stated that she saw the instructions on calibrating the thermometer and it said to use a wrench to hold the nut on the thermometer when turning the dial on the thermometer. Dietary Manager #1 stated that a couple of the thermometers they were using didn't even bring the temp down to 32 degrees in the ice water. Dietary Manager #1 stated that the thermometers not reading the temperatures accurately could have caused all of the food temperatures to be inaccurate; the food could have been hotter than it was showing and could have caused a accident. An interview on 06/13/19 at 11:25 PM, with Dietary Staff #1 revealed, "I turned the dial and didn't use a tool to hold the screw. We did have trouble getting the thermometers to 32 degrees". An interview on 06/13/19 at 10:40 AM, with the Corporate RN revealed that the food could have been extremely hot and could have caused burns with the thermometers not reading accurately.	M 815		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	38MC	A. BUILDING: _____ B. WING _____	06/13/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MERIDIAN COMM LIVING CENTER	517 33RD STREET MERIDIAN, MS 39305

(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) COMPLETE DATE