STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255139	A. BUILDING _____ B. WING _____	05/10/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF BATESVILLE	154 WOODLAND ROAD BATESVILLE, MS 38606

(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 at the facility from 5/7/19 to 5/10/19. During the survey, the SA determined the facility was not in compliance with the Medicare and Medicaid requirements of participation. The SA cited the regulatory deficiencies F584 and F759. At the time of the survey the census was 100 and the facility held a license for 130 beds.	F 000		
F 584 SS=D	Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7) §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft. §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior; §483.10(i)(3) Clean bed and bath linens that are	F 584		6/5/19

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

Electronically Signed | 05/29/2019

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F 584	Continued From page 1 in good condition; §483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv); §483.10(i)(5) Adequate and comfortable lighting levels in all areas; §483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and §483.10(i)(7) For the maintenance of comfortable sound levels. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and facility policy review, the facility failed to keep a clean and sanitary environment for two (2) of four (4) days of observation. This affected Resident #5, Resident #15, and Resident #91. Findings include: Review of the facility's "Five (5)- Step Daily Room Cleaning" policy, not dated, revealed, "PURPOSE: To teach Environmental Services employees the proper cleaning method to sanitize a patient room or any area in a healthcare facility... 1. Empty Trash, Collect trash from all rooms as a first priority... 2. Horizontal Surfaces, Using a solution of properly diluted germicide, sanitize all horizontal surfaces...4. Dust Mop, The Entire floor must be dust mopped - especially behind dressers and beds...5. Damp Mop...The most important area of a patient's room to disinfect is the floor. This is where most airborne bacteria will settle and so it needs to be sanitized	F 584	1. The Regional Housekeeping Supervisor deep cleaned, Linens were changed, pillows replaced for Resident #5, Resident #15 and Resident #91 rooms on May 8, 2019 Director of Nursing cleaned feeding pumps and oxygen concentrators for Resident #5 and Resident #91 on May 8, 2019. The Housekeeping Regional Supervisor began in-service on May 8, 2019, on five and seven step complete room cleaning. Director Of Nursing in-service on cleaning of Tube feeding pumps and oxygen concentrator with nursing staff beginning 5/8/19, to be completed 5/31. 2. The Residents currently living in the facility were reviewed by Director Of Nursing on 5/11/19, Director of Nursing determined that residents currently living	

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F 584	Continued From page 2 daily". On 05/08/19, at 09:21 AM, an observation of Resident #91's bed and floor revealed the bed was not made. Two (2) pillows were on top of the bed and were heavily stained with dark, brown stains covering 75 percent (%) of one (1) white pillow and 25% of the other blue strip pillow. The trash can next to the bed was filled with trash to the brim. Dark brown splattered material was noted on the floor between the trash can and the bed measuring about two (2) square feet. Resident #91 was not present in the facility at this time. Staff stated that he was at a doctor's appointment. Interview on 5/7/19 at 9:30 AM, with Resident #51, revealed that he and his roommate (Resident #91) are independent, stating, "They don't ever come in here. They don't clean or mop the floors". He stated, "They don't worry about you if you can do for yourself". Record review revealed that Resident #51 had a Brief Interview for Mental Status score of 15 on the Minimum Data Set Quarterly Assessment dated 4/2/19, indicating intact cognitive skills for daily decision making. On 05/08/19 at 10:15 AM, during an interview with Registered Nurse #1 (RN), she confirmed the stains on the pillows and the dark matter on the floor, stating "It's very dirty. It's not healthy. The floor should not be like this, they mop daily. The stains on the pillows look like blood but could be tobacco spit. The pillows are very dirty and would not be healthy to sleep on". On 05/08/19 at 03:21 PM, interview with the	F 584	in facility were at risk for housekeeping concern. 3. On 5/17/19 the Regional Housekeeping Supervisor completed in-servicing housekeeping staff on five step daily room cleaning process. The Director Of Nursing in-serviced on cleaning of tube feeding pumps and oxygen concentrator with nursing staff beginning 5/8/19, to be completed 5/31/19. Beginning 05/13/2019 Director Of Nursing/Assistant Director Of Nursing/Administrator/Housekeeping Supervisor will observe ten rooms weekly x three weeks for deep cleaning completion, then five rooms weekly for two weeks, and then two rooms weekly ongoing. 4.The Administrator/Director Of Nursing/Assistant Director Of Nursing will bring any concerns to Quality Assurance Meeting monthly for review and recommendations as indicated.	

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F 584	Continued From page 3 Director of Nursing, confirmed that she had seen the pillows earlier that morning and that they were very dirty. She stated that staff have changed out the pillows and cleaned the room. On 05/07/19 at 11:59 AM, an observation of Room A 22, Resident #5's room, revealed a box of gloves and a paper towel on the floor under Bed A. On the floor between Bed A and Bed B there were three (3) clear plastic syringe caps and one (1) blue syringe cap, one (1) clear syringe cap under a chair in the corner of the room against the leg, one (1) clear syringe cap under head of Bed B. Further observation revealed on the floor and on the oxygen concentrator beside Bed B and Resident #5's feeding pump pole were numerous dark beige drips and splatters and on the floor next to the Bed B dresser were two (2) pieces of paper, a dressing package and a piece of notebook paper. On 05/08/19 at 11:03 AM, an observation of A Room A 22 revealed on the side of Bed B, the oxygen concentrator and floor near the formula pole with numerous splatters and drips of a light to dark brown color, a box of gloves and a paper towel under Bed A, three (3) clear syringe tips under Bed A and two (2) under Bed B and one (1) under the chair against the leg and two (2) pieces of paper on the floor next to Bed B dresser. On 05/08/19 at 04:02 PM, an observation of Room A 22 revealed Bed A had been lowered and was resting on top of a box of gloves and paper towel under Bed A, clear syringe caps on the floor, three (3) under Bed B and one (1) under bed A and one (1) in the right back corner under a chair. The 02 concentrator had beige splatters and drops and around the PEG tube pole on the	F 584		

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F 584	Continued From page 4 floor. On 05/08/19 at 04:15 PM, an observation with the Administrator in Room A 22 revealed a box of gloves and a paper towel under Bed A, the five (5) syringe tips on the floor, the splatters and drips on the 02 concentrator and on the floor. The Administrator revealed she had asked the housekeeping manager to inspect every room in the building to make sure they were clean, the condition of the room was not acceptable and she would have housekeeping clean the room before we return in the morning. On 05/10/19 at 09:33 AM, an interview with Housekeeper #1 revealed the housekeepers are assigned to rooms to clean on a daily basis, each room is dusted, the walls wiped down, the floors and under the beds are swept and mopped. Housekeeper #1 revealed if there were syringes tips, glove boxes, drips from formula on the floor, and paper on the floor the daily cleaning should get all of that cleaned up and removed. If those items were not cleaned up in 24 hours then the housekeepers did not clean like they should.	F 584		
F 759 SS=D	Free of Medication Error Rts 5 Prcnt or More CFR(s): 483.45(f)(1) §483.45(f) Medication Errors. The facility must ensure that its- §483.45(f)(1) Medication error rates are not 5 percent or greater; This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, record review, and facility policy review, the facility failed to maintain a medication error rate less than 5	F 759	1. The Director Of Nursing in-serviced Licensed Practical Nurse #1 and Registered Nurse #3 on Five rights of	6/5/19

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F 759	Continued From page 5 percent (%) as evidenced by incorrectly administering medications per Resident #97's Percutaneous Endoscopic Gastrostomy (PEG) tube and administering an incorrect dosage of an Antihypertensive medication to Resident #13. Eight (8) of 43 opportunities of medications observed for medication pass resulted in a medication error rate of 18.6%. This affected Resident #13 and Resident #97. Findings include: Review of the facility's "Medication Administration Competency Checklist" policy, dated 2014, revealed oral medications should be prepared following the six (6) rights of medication administration. Select the correct drug, compare of medication on label with the Medication Administration Record (MAR), check drug dose and expiration date. Review of the facility's Medication Administration Competency Audit-Enteral Tube policy, not dated, revealed; 14. Administers each medication separately, unless Dr. has given the approval to mix the medications. Flushes tube with five (5) milliliters (ml) or more of water after each dose. Do not add to feeding solution. During a medication pass observation on 5/8/19 at 8:30 AM, Licensed Practical Nurse (LPN) #1 was observed administering medications via a PEG tube to Resident #97. LPN #1 administered the following crushed and liquid medications in separate containers, crushed medications were mixed with five (5) cubic centimeters (cc's) of water: Norvasc 10 milligrams (mg) one (1) tablet, Vitamin B12 500 micrograms (mcg) one (1) tablet, Coreg 6.25 mg one (1) tablet,	F 759	medication administration and medication administration via feeding tube on 5/8/19. The Assistant Director Of Nursing assessed Residents # 97 and # 13 on 5/8/19 for any negative findings from medication error; no negative findings to either resident. Assistant Director Of Nursing made MD and responsible parties aware of medication error on 5/8/19. 2. The Director Of Nursing reviewed residents currently in facility on 5/11/19, determined residents receiving medication in facility are at risk for medication error. 3. The Director Of Nursing in-serviced Director of Clinical Education on 5 Rights of Medication administration and medication via PEG tube on 5/8/19. Director Of Clinical Education will in-service nursing staff on five rights of medication administration to be completed 5/29/19. Director Of Clinical Education will complete check-offs with licensed nursing staff on all med pass skills, to be completed by 5/31/19. Beginning 05/13/2019 Director Of Clinical Education/Assistant Director Of Nursing /Director Of Nursing will audit medication pass weekly x eight weeks, alternating shifts and skills, then monthly thereafter. 4. Director Of Nursing / Assistant Director Of Nursing /Administrator will bring any concerns to Quality Assurance Meeting monthly for review and recommendations as indicated.	

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F 759	Continued From page 6 Levetiracetam 12.5 cc's (1250 mg), Losartan/ Potassium 50 mg one (1) tablet, MVI-Multivitamin 15 cc's, and Thiamine one (1) tablet. LPN #1 administered seven (7) different medications to Resident #97 and failed to administer five (5) cc's of water between each medication administered. LPN #1 flushed Resident #97's PEG tube with 30 cc's of water before and after medications were administered. On 05/08/19 at 02:06 PM, an interview with LPN #1 revealed she mixes each medication with five (5) cc's of water, but has never flushed between each medication. Stated she was not aware it was necessary to flush between each medication. On 05/08/19 at 02:37 PM, an interview with the Staff Development Coordinator revealed she is responsible for staff training and has instructed staff to administer each medication with five (5) cc's of water but they have not been trained to flush with five (5) cc's of water between each medication. Stated she was not aware that it was necessary to flush between each medication. On 05/08/19 at 02:39 PM, an interview with the Director of Nursing (DON) stated she was aware the professional standard was to flush with five (5) cc's after each medication and thought the staff was doing that. On 05/08/19 at 8:12 AM, an observation of medication pass by Registered Nurse (RN) #3 revealed the medication, Minoxidil 2.5 mg one (1) tablet, was administered to Resident #13. During the observation of the medication pass, after RN #3 completed placing all of the medications in the pill cup, the surveyor had the RN count the tablets in the cup to compare to the number of tablets	F 759		

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F 759	Continued From page 7 the surveyor had documented. The number of tablets in the pill cup matched the number of tablets recorded by the surveyor on the medication administration record. Review of Resident #13's May 2019 Order Summary Report revealed an order for Minoxidil Tablet 2.5 mg. Give two (2) tablets by mouth one (1) time a day related to Essential (Primary) Hypertension. Two (2) tabs equals 5 mg. On 05/08/19 at 02:53 PM an interview with RN #3 confirmed she administered medications to Resident #13 and was not sure how many Minoxidil tablets she administered. RN #3 confirmed Resident #13 had Minoxidil 2.5 mg times two (2) tablets to total 5 mg. RN #3 confirmed she did verify the number of tablets in the pill cup to the number of tablets documented by the surveyor. RN #3 revealed she would call the Nurse Practitioner (NP) and report the error, that she had only given one (1) Minoxidil tablet to Resident #13. On 05/08/19 at 3:07 PM, an interview with RN #3 revealed she received an order from the NP for RN #3 to give the other 2.5 mg of Minoxidil to Resident #13 at that time. RN #3 revealed when she called the NP she reported she only gave one (1) 2.5 mg tablet to Resident #13. On 05/09/19 at 09:01 AM, an interview with the DON revealed she was aware of the medication error made by the RN #3 on 5/8/19, with Resident #13. The DON confirmed the nursing staff is in-serviced and have medication administration check offs. The DON confirmed the nurses are trained to check the residents five (5) rights to medication administration.	F 759		

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	255139	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**05/09/2019**

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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		

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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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E 000	Initial Comments * EMERGENCY PREPAREDNESS * Survey conducted on 5//9/19 reveals the above facility meets all applicable Federal, State and local emergency preparedness requirements. No deficiencies were identified.	E 000		

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