STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255105	A. BUILDING _____ B. WING _____	10/14/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF TUPELO	2273 SOUTH EASON BOULEVARD TUPELO, MS 38804

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS The State Agency (SA) conducted a COVID-19 Focused Infection Control survey, along with a complaint survey investigating MS CI 00016733 at the facility from 10/12/20 to 10/14/20. During the survey, the SA determined that the facility was not in compliance with the requirements of participation in Medicare and Medicaid. The SA substantiated the complaint for Misappropriation of Property for Resident #1 and cited F602 at a D level. The facility had a census of 92 at the time of the complaint survey, with a license for 120 bed capacity.	F 000		
F 602 SS=D	Free from Misappropriation/Exploitation CFR(s): 483.12 §483.12 The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. This REQUIREMENT is not met as evidenced by: Based on interview, record review and facility policy review, the facility failed to ensure that narcotics were stored and locked in a manner to prevent a drug diversion for one (1) of four (4) medication storage carts. Findings Include: F602=D	F 602		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255105	A. BUILDING _____ B. WING _____	10/14/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF TUPELO	2273 SOUTH EASON BOULEVARD TUPELO, MS 38804

(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 602	Continued From page 1	F 602		

Review of the facility's policy titled, "Delivery and Receipt of Routine Deliveries" dated 12/01/07, stated, "upon delivery by pharmacy, facility nurse or other authorized designee on behalf of facility should sign the delivery manifest, note the time of arrival, and take responsibility for the receipt, proper storage and distribution of the delivered medications. Controlled substances may be delivered in separate containers with separate packing slips/manifests, and may only be delivered to a licensed facility staff member. After taking delivery, facility should place medications in the appropriate location for use. Facility should immediately log controlled substances into facility's controlled medication inventory system and should store such controlled substances in compliance with applicable law."

Review of facility policy titled, "Abuse, Neglect, Misappropriation, Exploitation Policy", dated January, 2019, stated, "Purpose: to prohibit and prevent abuse, neglect, exploitation, misappropriation of resident property and ensure reporting and investigation of alleged violations (to include injuries of unknown source, mistreatment and involuntary seclusion) in accordance with Federal and State Laws."

Record review of Pharmacy's Proof of Delivery Summary revealed that on 3/5/2020 at 4:52 PM, Resident #1 had Alprazolam 1 milligram (mg), quantity of thirty pills delivered to the facility and received and signed for by Licensed Practical Nurse (LPN) #1.

Record review of the facility's investigation revealed that on the morning of 3/6/2020, the facility was made aware of the medication that was missing and an investigation was begun.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255105	A. BUILDING _____ B. WING _____	10/14/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF TUPELO	2273 SOUTH EASON BOULEVARD TUPELO, MS 38804

(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 602	Continued From page 2	F 602		

On 10/14/2020 at 4:00 PM, an interview with LPN #1 confirmed that she had received the Alprazolam 1 mg tablets, quantity of 30, on 3/5/2020 approximately 5 PM, and had failed to properly document the medication on the narcotic log. LPN #1 stated, "I handed the medication to LPN #2 since she was working with Resident #1 and she placed them on her cart. I went back down the hall to start my med pass. At the end of my shift, the next shift nurse came in and was standing by the cart. I didn't pay much attention to it until she came back and forth twice. The next morning, I had missed calls on my phone asking about the medication. I remembered I did not sign the narcotic sheet with LPN #2. I got busy doing my med pass and I know I did not follow our policy. We should have signed them in and made sure they were locked up."

On 10/15/2020 at 12:05 PM, a phone interview with LPN #2, confirmed she received Resident #1's medication on 03/05/2020 and had failed to secure the medication in the locked narcotic box. She stated, "LPN #1 gave me the medication and I didn't look at it. Usually, if it is a controlled medication, the nurse will say it is a narcotic and we will sign the sheet and lock the med up. She didn't tell me it was a controlled med and I didn't look at it. I laid it inside the narcotic book and continued my medication pass. At the end of my shift, I noticed the medication was not there, so I thought I had put it in with the routine medications because I remember having another card of medicine and I put it with the regular scheduled medicine. The night shift nurse got in early and while I was finishing up, she acted suspicious going in and out of the building. While we were counting, I noticed Resident #1's Alprazolam 1

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255105	A. BUILDING _____ B. WING _____	10/14/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF TUPELO	2273 SOUTH EASON BOULEVARD TUPELO, MS 38804

(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 602	Continued From page 3	F 602		

mg tablets were getting low, so I told LPN #3 to check with pharmacy to make sure we don't run out. After report and the medication count, I left to go home and did not realize there was a problem until the next day. I know I should have looked at the medicine and locked it up. I just didn't pay enough attention and I didn't follow our policy on receiving meds."

Attempted to contact LPN #3 to obtain an interview. Her phone number was no longer in service. Record review of investigation of statements revealed a summary of her interview. Interview on record by LPN #3 stated, "I came in 3/5/20 at 2250 to work 11p - 7 am. LPN #2 was the nurse working the cart. She gave report then we went to the cart to count. She told me to call pharmacy if Resident #1's Xanax didn't come in. She said she would run out if we if we didn't see what was going on. Pharmacy ran later that night but there were no narcotics for C/D side. I had forgot to call pharmacy until approximately 6am. I called and asked about Resident #1's meds. The pharmacist told me the meds were delivered yesterday and LPN #1 signed for them around 5pm. I tried to call LPN #1 without success. I then called LPN #2 and told her what pharmacy said. She said she would try to call LPN #1. I then called C/D Unit Manager. After speaking with her I clocked out and went home".

Interview with the C/D Unit Manager on 10/15/2020 at 9:45 AM revealed LPN #3 informed her that medications were missing on the morning of 3/6/2020. Stated "the medication could not be found, so I told the Director of Nursing (DON) and an investigation was started."

An interview with the Director of Nursing (DON),

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255105	A. BUILDING _____ B. WING _____	10/14/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF TUPELO	2273 SOUTH EASON BOULEVARD TUPELO, MS 38804

(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 602	Continued From page 4	F 602		

on 10/13/2020 at 3:00PM, confirmed the facility failed to follow the policy for receiving controlled medication and that not following the policy allowed for an incident of drug diversion. Stated once controlled medications were received from pharmacy, the two nurses should have verified the count and medication, signed the medication sheet and placed the medication into the locked narcotic box. The DON stated this procedure was not followed which allowed the medications to be taken from the cart. The DON stated an investigation was done, the three nurses involved were interviewed and the Board of Nursing was notified. Stated LPN #1 and LPN #2 consented to drug screens, which were negative. LPN #3 would not consent to a drug screen and was terminated due to failure to comply with an investigation. LPN #1 and LPN #2 received disciplinary actions and one on one coaching. Nurse education on accepting and handling medications was done. In-services on abuse, neglect and misappropriation, and medication accountability were given. The DON stated the missing medication was not located in the facility and the facility replaced Resident #1's medication. The DON stated the resident received medication as ordered.

An interview with the Administrator on 10/13/2020 at 3:30 PM, confirmed the facility failed to ensure medications were kept secure in a locked box and were misappropriated due to facility policy not being followed.

Record review revealed that Resident #1 was admitted to the facility on 1/19/2017, with diagnosis which included Chronic Obstructive Pulmonary Disease, Unspecified Psychosis, Unspecified Anxiety, and Pain. The most recent

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255105	A. BUILDING _____ B. WING _____	10/14/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF TUPELO	**2273 SOUTH EASON BOULEVARD TUPELO, MS 38804**

(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 602	Continued From page 5 Brief Interview for Mental Status (BIMS) with an Assessment Reference Date of July 23, 2020 revealed a BIMS score of 13, indicating full cognitive ability.	F 602		