STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	48AM	A. BUILDING: _____ B. WING _____	02/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF AMORY	1215 EARL FRYE DRIVE AMORY, MS 38821

(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) conducted an annual recertification and complaint survey in the facility from 1/31/22 through 2/03/22. The SA determined the facility was not in compliance with the Mississippi Regulations for Minimum Standards for Institutions for Aged and Infirm with deficiencies cited at M840. The complaint survey for CI MS #17922 was not substantiated. The facility was licensed for 152 beds and had a census of 105 at the time of the survey.	M 000		
M 840	45.30.4 Menu Menu. The menu shall be planned and written at least one week in advance. The current week's menu shall be approved by the dietitian, dated, posted in the kitchen and followed as planned. Substitutions and changes on all diets shall be documented in writing. Copies of menus and substitutions shall be kept on file for at least thirty (30) days. This Statute is not met as evidenced by: Level II Based on observation, resident and staff interview, facility policy review and record review the facility failed to ensure the resident's preferences were followed as evidenced by the meal tickets that did not match the food that was served on the resident's meal tray for two (2) out of three (3) meals observed for Resident #14, #84, and #37. Findings include: Record review of the facility policy, "Dining and Food Preferences" revised 9/2017, revealed " ...Procedures ...6. The individual tray assembly	M 840	1. Food preferences including likes/dislikes obtained and updated in Meal Tracker for Residents #37, #14, and #84 by the Dietary Manager on 3/2/2022. 2. All residents receiving food trays from facility kitchen have the potential to be affected by the alleged deficient practice. 3. Dietary Manager in-serviced staff on following meal ticket, honoring preferences, likes and dislikes on 2/7/2022. Director of Clinical Education in-serviced Certified Nursing Assistants on following meal tickets and to notify Dietary Manager/Cook if items do not match	3/28/22

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M 840	Continued From page 1 ticket will identify all food items appropriate for the resident/patient based on diet order, allergies & intolerances, and preferences ..." Resident # 37 On 02/02/2022 at 08:30 AM, an observation revealed Certified Nurse Assistant (CNA) #2 assisting with feeding Resident #37 breakfast. The meal ticket on the tray list residents name, dated 02/2/2022, in bold letters it is written "No Oatmeal". The breakfast foods were listed as Pureed Hot Cereal, Pureed Biscuit, Diet Jelly, Margarine, 8 oz of milk, coffee or hot tea, and apple juice, and the tray had a serving of oatmeal. On 02/02/2022 at 08:32 AM, an interview with CNA #2 revealed she had not noticed the "No Oatmeal" on Resident # 37's meal ticket. When the State Agency (SA) asked if the resident was allergic to oatmeal or did she not like to eat oatmeal, CNA #2 voiced she was unaware of why "no oatmeal" was on the ticket. CNA #2 voiced she would not feed Resident #37 the oatmeal until she clarified the reason. On 02/02/2022 at 08:34 AM, an interview with Resident # 37 revealed she did not like oatmeal and they were not supposed to put it on her tray but they did anyway. Record review of facility Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 01/21/2022, for Resident #37 revealed Brief Interview of Mental Status (BIMS) score of 15, which indicated that she was cognitively intact. Record review of the Admission Record revealed	M 840	beginning on 3/3/2022. Dietary Manager/Dietary Aide 2 will monitor to ensure tray ticket and meal tray match each meal beginning with the evening meal on 3/2/2022 for 3 months. Dietary Manager will interview residents and update Meal Tracker with resident preferences, likes/dislikes beginning on 3/8/2022. Dietary Manager will interview 5 residents/week concerning accuracy of meal tray and meal ticket x 4 weeks, then 3 resident interviews/week x 4 weeks beginning 3/8/2022. 4. Any negative findings will be brought to the Quality Assurance Performance Improvement meeting monthly for 3 months by the Dietary Manager for review and revision as necessary beginning with March Quality Assurance Performance Improvement Meeting on March 25, 2022.	

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M 840	Continued From page 2	M 840		

Resident #37 was admitted to the facility on 02/12/2021 with diagnoses that included Dysphagia, Oropharyngeal Phase, and Type 2 Diabetes Mellitus, without complications.

Resident #14

On 01/31/2022 at 3:53 PM, an interview with resident Resident #14 reported that the food could be better.

On 02/02/2022 at 8:35 AM, an observation of Resident #14's tray and meal ticket revealed that the resident ticket had preferences for hot cereal and brown gravy listed but there was no hot cereal or brown gravy on the tray.

On the 02/02/2022 at 8:37 AM, an interview with Resident #14 revealed that she did not receive any hot cereal for breakfast and that she had asked for oatmeal for breakfast. She also said the menu has brown gravy and that was not on her tray either this morning. She reported that the menu on the ticket and what you actually get is hardly ever the same. She confirmed she had talked to someone that came to her door about the meals but could not recall a name.

Record review of the 14 Day MDS with an ARD of 8/13/21 for Resident #14 revealed a BIMS score of 11 which indicated that the resident had moderately impaired cognition.

Resident #84

On 01/31/2022 at 02:42 PM, an interview with Resident #84 revealed the food here could be better. Its not always what they say it will be. She keeps microwavable foods and snacks in case she doesn't wish to eat what they offer. She

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M 840	Continued From page 3 reports she looks at the tray and occasionally will eat it, but it is not always what the menu says it will be. On 02/02/2022 at 11:15 AM, an interview with Resident #84 revealed that she has talked to dietary many times about what she likes and doesn't like. She confirmed that often times the meal ticket and what is on the tray is not the same. Record review of the annual MDS with an ARD of 8/13/21 for Resident #84 revealed a BIMS score of 15, which indicated the resident had intact cognitive skills. On 02/03/2022 at 09:18 AM, an interview with Administrator (ADM) reported she had past complaints about a year ago and had discussed with the Dietary Manager that the meal trays must match the meal tickets for the residents preferences and if the menu is changed for any reason then the ticket must be updated either by hand or reprinted. On 02/03/2022 at 09:30 AM, an interview with Dietary Department #1/Dietary Manager revealed she does not recall being in-serviced on menus and meal tickets until this week. She reported that she really did not understand how to enter the meal preferences into the dietary computer until yesterday and confirmed that Resident #14, #37 and #84's preferences were not honored.	M 840		
M1010	45.35.1 Housekeeping Facilities and Services Housekeeping Facilities and Services. 1. The physical plant shall be kept in good repair,	M1010		3/28/22

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M1010	Continued From page 4 neat, and attractive. The safety and comfort of the resident shall be the first consideration. 2. Janitor closets shall be provided with a mop-cleaning sink and be large enough in area to store house cleaning supplies and equipment. A separate janitor closet area and equipment should be provided for the food service area. This Statute is not met as evidenced by: Level II Based on observation, staff interview and facility policy review the facility failed to ensure proper installation of the air conditioning and heating unit as evidenced by open areas to the outside around the unit and debris collection on the top surface of the units for five (5) of 14 resident rooms observed on B hall. Findings include: Record review of the facility policy "Room Air Conditioner/Heating Units-PTAC, with an effective date September 1, 2014 revealed, "Purpose: To maintain efficient safe operation of room (PTAC) HVAC Units. Guidelines: Definition: A Packaged Terminal Air Conditioner (PTAC) is a self contained heating and air conditioning system which are designed to vent straight through an exterior wall ...Seasonal Maintenance: Twice a year, once in the spring, before turning on the air conditioning and once in the fall, before turning on the heat, perform seasonal maintenance...The most important routine maintenance that can be performed on HVAC equipment is to keep the filters clean..." On 1/31/22 at 11:45 AM, an observation in Room #5 on the B-hall, revealed the air	M1010	1. Room air conditioner/heating units - Packaged Terminal Air Conditioner units in Room #B4, #B8, #B11, #B2, and #B5 were removed, cleaned, replaced in opening, caulked, weather stripped and silver taped to secure on 2/2/2022. 2. All residents have the potential to be affected by this alleged deficient practice. 3. The Maintenance Director replaced loose covers, removed debris, secured, weather stripped and taped secure all Room Air Conditioner/Heating Units - Packaged Terminal Air Conditioner units on 2/7/2022. 4. Maintenance Director will perform weekly checks x 4 weeks, biweekly check x 4 weeks then monthly checks of each room to ensure there are no openings beginning on 2/7/2022. Maintenance Director/Administrator will report negative findings to the Quality Assurance Performance Improvement Meeting monthly for review and revision as necessary beginning with March 25,2022 Quality Assurance Performance Improvement Meeting x 3 months.	

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M1010	Continued From page 5	M1010		

conditioning/heating unit below the window had openings on the top and an opening on the left side of unit, all opened to the outside and the unit was pulled out approximately two (2) inches and was not flush with cabinet. The opening to the left side of the unit was approximately three-fourths (3/4)-inch x six (6) inches. Four (4) openings on top of the unit were approximately one-fourth (1/4)-inch x one (1) inch each.

On 1/31/22 at 11:48 AM, an observation in Room #4 on B-hall revealed the air conditioner/heater unit was not flush with the unit cabinet. The unit was pulled out approximately 2 inches from the unit cabinet. The area inside the cabinet on top of the unit grill was completely covered with debris and grass shavings. Openings to the outside were noted on top of the unit and to the left side of the unit. The opening to the left side of the unit was approximately 3/4-inch x three (3) inches. Two openings on top of the unit were approximately 1/4-inch x one-half (1/2) inch each.

On 1/31/22 at 11:50 AM, an observation in Room #8 on B-hall revealed the air conditioner/heater unit had three areas on top of the unit opened to the outside. The openings were approximately 1 inch x 1/4 inch each.

On 1/31/22 at 11:55 AM, an observation in Room #11 on B-hall revealed the air conditioner/heater unit had four areas on the top of the unit opened to the outside. Each opening was approximately 1 inch x 1/4 inch.

On 1/31/22 at 11:57 AM, an observation in Room #2 on B-hall revealed three areas on top of the air conditioner/heater unit opened to the outside. Each opening was approximately 1/4-inch x 1 inch.

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M1010	Continued From page 6 An interview on 2/2/22 at 9:20 AM, with Licensed Practical Nurse (LPN) #2 revealed several air conditioner/heater units had been replaced, and some of the others may need replacing. She stated some of the units have openings where daylight can be seen coming through. She stated they have not had a problem with insects or rodents in the facility, but it would be possible for something to enter the building through these openings. A tour with observations of B-hall on 2/2/22 at 2:40 PM, with the Maintenance Director and Administrator revealed concerns with air conditioner/heater units. In room #5, the Maintenance Director pushed the unit into the cabinet. The gap to the side of the window was closed by this adjustment. Open areas on top of the unit remained. In room #4, the Maintenance Director and Administrator noted the grass shavings and debris on the unit. The Maintenance Director pushed the unit into the cabinet, which sealed the side opening, but openings on top remained. Maintenance Director and Administrator toured the other rooms and verified the open areas of the air conditioner/heater units in rooms #2, #8, and #11. During an interview with the Maintenance Director on 2/2/22 at 2:45 PM, he confirmed that through those open areas, rodents and insects could come in. He stated any "creepy crawly thing" could come in and hot and cold air from outside could enter rooms. He stated the grass on the unit could interfere with the proper functioning of the unit. He confirmed that proper maintenance and frequent observations were necessary for units to work safely, properly, and for adequate seal to be maintained.	M1010		

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M1010	Continued From page 7 During an interview with the Administrator on 2/3/22 at 11:00 AM, she confirmed the air/heat units were not sealed and positioned properly and this could have led to pests entering building, and the outside air entering could interfere with the heating and cooling of the rooms. She confirmed a resident could be injured with the unit not secure in the cabinet. The Administrator confirmed that the presence of grass and debris on the unit inside the cabinet could be a fire hazard.	M1010		