STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255119	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) COMPLETION DATE
F 000	INITIAL COMMENTS The State Agency (SA) conducted an annual recertification survey and a complaint survey for CI MS #17922 at the facility from 1/31/22 through 2/03/22. During the survey, the SA determined the facility was not in compliance with the requirements for participation in Medicare and Medicaid. The SA did not substantiate CI MS #17922 but the SA cited F806, F880 and F921 during the recertification survey. The facility held a license for 152 beds and had a census of 105 at the time of the survey.	F 000		
F 806 SS=D	Resident Allergies, Preferences, Substitutes CFR(s): 483.60(d)(4)(5) §483.60(d) Food and drink Each resident receives and the facility provides- §483.60(d)(4) Food that accommodates resident allergies, intolerances, and preferences; §483.60(d)(5) Appealing options of similar nutritive value to residents who choose not to eat food that is initially served or who request a different meal choice; This REQUIREMENT is not met as evidenced by: 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:	F 806	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	3/28/22

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

Electronically Signed | 03/04/2022

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F 806	Continued From page 1 Review of the facility policy, "Dining and Food Preferences" revised 9/2017, revealed " ...Procedures ...6. The individual tray assembly 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	F 806	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 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 on 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 the March Quality Assurance Performance Improvement meeting on March 25, 2022.	

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F 806	Continued From page 2	F 806		

15, which indicated that she was cognitively intact.

Record review of the Admission Record revealed 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

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F 806	Continued From page 3	F 806		

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 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.

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F 880	Continued From page 4	F 880		
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections;	F 880		3/28/22

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F 880	Continued From page 5 (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview and facility policy review, the facility failed to use a barrier as needed during medication administration to prevent the spread of infection for one (1) of three (3) residents observed during medication pass. Resident #43. Findings include:	F 880	1. Director of Clinical Education in-serviced Registered Nurse #1 on the use of a barrier on bed side table before placing medications on the table on 2/1/2022. Resident #43 was assessed on 2/3/2022 by Director of Nursing with no negative findings. 2. All tube fed patients, who receive	

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F 880	Continued From page 6 Record review of the facility policy, "Infection Control" with an effective date of November 1, 2017 revealed, "Policy Statement: This center's infection control policies and practices are intended to facilitate maintaining a safe, sanitary and comfortable environment and to help prevent and manage transmission of diseases and infections..." An observation on 2/1/22 at 3:30 PM, with Registered Nurse (RN) #1 revealed she crushed Senokot, and Tramadol for a Percutaneous Endoscopic Gastrostomy (PEG) tube administration, put them in separate medicine cups and set them on top of her medication cart with no barrier. The RN #1 removed the residents packaged syringe from the medication cart, took it and the two (2) medicine cups to Resident #43's room and set them on the resident's bedside table with no barrier. Resident #43's bedside table had numerous areas of dried food, liquid and dried white spots. The RN #1 administered the crushed medications via the resident's PEG tube. An interview on 2/1/22 at 3:47 PM, with RN #1 confirmed that the resident's bedside table was filthy, and she should have used a barrier to prevent the spread of germs. An interview on 2/3/22 at 8:38 AM, with the Director of Nurses (DON) revealed she does not have a policy regarding putting a barrier down when administering medications that might need to be set down on a surface before administering. The DON revealed that using a barrier is a standard of practice, and we should put a barrier down on the table to prevent the spread of infection and cross contamination. The DON	F 880	medication through their tubes have the potential to affected by the deficient practice. 3. Director of Clinical Education provided education to licensed nurses on proper use of barriers, when administering tube fed patients medications beginning on 3/3/2022. All staff began watching Sparkling Surfaces Video as education for Infection Control on 3/3/2022. Upon hire and annually with skills checkoff beginning on 3/8/2022, licensed nurses will review with return demonstration barrier placement prior to tube fed residents medication administration. Root cause analysis completed and incorporated into plan of correction on 3/4/2022. 4. Director of Clinical Education/Director of Nursing Services will observe 3 nurses/week x 4 weeks, 1 nurse/week x 4 weeks for compliance with laying a barrier down prior to administering medication to tube fed resident beginning on 3/3/2022. Findings will be brought to monthly Quality Assurance Performance Improvement Meeting for 3 months by Director of Nursing Services for review and interventions as necessary beginning with March Quality Assurance Performance Improvement Meeting on March 25, 2022.	

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F 880	Continued From page 7 revealed that the staff have paper plates that the nurse should have used as a barrier. An interview on 2/3/22 at 9:30 AM, with Infection Preventionist (IP) confirmed that a barrier needs to be used when administering any medications that would need to be set down on a residents bed side tray table or on top of a medication cart. The IP confirmed that medication should not be set down on the resident's bedside table without a barrier. The IP confirmed that a barrier should be used to prevent the spread of infection and contamination. An interview on 2/3/22 at 10:00 AM, with the Pharmacy Consultant confirmed that a barrier should be used when administering medications that need to be set down on anything. The Pharmacy Consultant confirmed that any type of medication should never be set down on anything without a barrier. The Pharmacy Consultant confirmed that a barrier is used for infection control to prevent the transfer of organisms that would cause infection. An interview on 2/3/22 at 10:13 AM, with Registered Nurse Consultant confirmed that a barrier should be used when administering any medication that might need to be set down. The Nurse Consultant confirmed that any surface in the resident's room should be considered dirty and the barrier is used to prevent the spread of infection. The Nurse Consultant revealed that she routinely observes medication pass on two nurses and reviews with them the need for a barrier; so, she would have done this on her visit on 11/30/21.	F 880		
F 921 SS=D	Safe/Functional/Sanitary/Comfortable Environ	F 921		3/28/22

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F 921	Continued From page 8 CFR(s): 483.90(i) §483.90(i) Other Environmental Conditions The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. This REQUIREMENT is not met as evidenced by: 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 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	F 921	1. Room air conditioner/heating units - Packaged Terminal Air Conditioner units in Room #B4, #B11, #B8, #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 Meeting x 3 months.	

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F 921	Continued From page 9	F 921		

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.

An interview on 2/2/22 at 9:20 AM, with Licensed

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F 921	Continued From page 10	F 921		

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.

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F 921	Continued From page 11 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.	F 921		