STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255109	A. BUILDING _____ B. WING _____	C 07/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF SOUTHAVEN	1730 DORCHESTER DR SOUTHAVEN, MS 38671

(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 and Compliant Investigations (CI) MS #19370, CI MS # 19362, CI MS #19225, CI MS # 18823 from 07/17/22 to 7/21/22. On 7/27/22, the SA returned to the facility for investigation of CI MS # 19414 for possible abuse. This was not substantiated and no citations were written. 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 CI MS #18823 for call light system, Activities of Daily Living (ADLs) and environment. F584, F677 and F919 was cited. CI MS # 19370 was unsubstantiated for elopement but cited F609 for not notifying the SA timely. CI MS # 19362 for Quality of Care/treatment/staffing and CI MS # 19225 related to infection control was not substantiated. The SA also cited F623 notice of transfer/discharge, F656 develop/implement a care plan, F686 treatment/services to prevent pressure ulcers, and F761 label/storage of medications during the survey. At the time of survey, the facility had a census of 118 and was licensed for 140 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.	F 584		9/9/22

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

Electronically Signed | 08/18/2022

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255109	A. BUILDING _____ B. WING _____	C 07/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF SOUTHAVEN	1730 DORCHESTER DR SOUTHAVEN, MS 38671

(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 584	Continued From page 1 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 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, record review and facility policy review, the facility failed to provide a clean and safe environment as evidenced by missing tiles, missing baseboard,	F 584	F584 483.10(i) Safe Environment SS=D 1. Room 9 on the East Wing one square	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255109	A. BUILDING _____ B. WING _____	C 07/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF SOUTHAVEN	1730 DORCHESTER DR SOUTHAVEN, MS 38671

(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 584	Continued From page 2 missing air conditioner vent cover, damaged furniture and standing water on the floor in a resident's room with electrical cords running through the water for two (2) of 32 rooms observed on the East Wing. Findings Include: Room 9 East Wing Review of the facility policy titled, "Diversicare Healthcare Services Maintenance Policy and Procedure" with a revision date of 9/1/2014 revealed under, "Purpose...This procedure should assist the Maintenance Department in prioritizing the center's everyday needs to ensure a safe and secure environment for residents, visitors, and employees". An observation on 07/18/22 at 10:45 AM, of Room 9 on the East Wing revealed one square foot of tile missing from under the Intravenous (IV) pole and approximately four (4) feet of brown vinyl baseboard are disconnected from the wall and laying behind the bed. This observation revealed a dark brown, reddish substance covers the entire bottom of metal areas to the bedside table. There were six (6) vent cover slats missing from the front of the air conditioner which is visible to the hallway. The window curtain was disconnected from the curtain rod on the right side of the window exposing the outside and a small three-drawer chest was missing the front on the first and third drawers. An observation on 7/19/22 at 10:25 AM, of Room 9 on the East Wing revealed the condition of the room remained the same as the initial observation on 7/18/22 with no apparent repairs.	F 584	foot of tile missing from under the intravenous IV pole was replaced on 7/21/2022 by the Maintenance Director. Approximately, 4 feet of brown vinyl baseboard was glued in place back to the wall behind the bed. The dark brown, reddish substance in the bottom metal areas of the bedside table was cleaned by housekeeper on 7/21/2022. The 6 vent covers/slats missing from the front of the air conditioner visible to the hallway were placed by the Maintenance Director on 7/21/2022 The window curtain was reattached to the curtain rod by the Maintenance Director on 7/21/2022. The small three-drawer chest was repaired by the Maintenance Director on 7/21/2022. The approximately 3 feet of brown vinyl baseboard off behind the toilet was glued in place to the wall on 7/21/2022 by the Maintenance Director. The window curtain was reattached to the curtain rod 7/21/22 by The Maintenance Director. Room 1 East Wing the towels with brown and green substance on them lying up against the left wall in front of the air conditioner and the 2 foot of water was removed from the floor in front of the wet towels 7/21/2022, by the Maintenance Director. The cord was removed from the area and positioned against the wall by the Maintenance Director on 7/21/2022. The cable was removed from the floor, dried and placed against the wall by the Maintenance Director on 7/21/2022. The boiler room leak was noted to be the cause of the water standing in Room 1, which was repaired by The Maintenance Director on 8/18/2022.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255109	A. BUILDING _____ B. WING _____	C 07/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF SOUTHAVEN	1730 DORCHESTER DR SOUTHAVEN, MS 38671

(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 584	Continued From page 3 An observation on 7/20/22 at 4:25 PM, of Room 9 on the East Wing revealed the condition of the room remained the same as the observation on 7/18/22 with no apparent repairs. An observation of the bathroom in the resident's room revealed approximately three (3) feet of brown vinyl baseboard off behind the toilet. On 07/20/22 at 5:45 PM, an interview with the Maintenance Director revealed that he makes rounds once a month to look for problems in the building. The Maintenance Director confirmed that he has not had an assistant in a year and has recently just gotten some help and that he does not make rounds daily. He reported that he has his assistant make rounds every week and he is supposed to fix any issues that he sees. An interview on 7/21/22 at 8:50 AM, with Housekeeper#3, revealed when a problem is found in a room, she writes it down and gives it to the Housekeeping Supervisor, and the Housekeeping Supervisor gets the message to the Maintenance Supervisor. She revealed that she does not have access to the electronic system for requesting repairs that the facility uses because she is a contracted worker. An interview on 7/21/22 at 8:55 AM, with Licensed Practical Nurse (LPN) #8 revealed when there is an issue in a room, they enter it into the electronic reporting system for repairs and it notifies maintenance of the issue. She revealed she wasn't sure if anything had been put in the electronic reporting system about the condition of the room. During an interview and observation on 7/21/22 at	F 584	2. All residents have the potential to be effected by this deficient practice. All rooms were inspected by the Maintenance Director and Regional Maintenance Director with repairs made to ensure a safe, clean, comfortable, and homelike environment 8/15/22-8/18/22. 3. To ensure that the problem does not recur, the Maintenance Director will check work orders daily and complete timely; Monday thru Friday and emergently as needed. The Maintenance Director will report work orders and completion to the Administrator for verification and completeness weekly beginning 8/19/2022. The Maintenance Director was in-serviced on room inspection and reviewing work orders and timely completion by The Administrator on 7/21/2022. Facility Staff were in-serviced 7/21/22, on reporting damages timely to Maintenance for a safe, clean, comfortable and homelike environment. 4. To monitor the performance of our corrective action and to ensure sustainability, the Administrator and the Maintenance Director will make rounds 1x/week x 4 weeks beginning 8/15/2022, then monthly to ensure a safe, clean, comfortable, homelike environment. Any negative findings will be brought to the Quality Assurance Performance Improvement meeting monthly for a minimum of 3 months beginning 8/22/2022 by the Maintenance Director for review and revision as necessary. QA will review the findings and determine if a need to alter our corrective action.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255109	A. BUILDING _____ B. WING _____	C 07/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF SOUTHAVEN	1730 DORCHESTER DR SOUTHAVEN, MS 38671

(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 584	Continued From page 4	F 584		

9:05 AM, with the Facility Administrator, she confirmed the curtain was off the right side of the window and the room was in disrepair and the bathroom baseboards needed to be replaced. She stated, "the room will be fixed today."

An interview on 7/21/22 at 1:25 PM, with the facility Administrator revealed the facility did not have a specific policy on a homelike environment. She revealed the "Resident Bill of Rights" was used for homelike environment concerns. She revealed that the facility's homelike environment policy is included in our residents' rights because each resident is entitled to a homelike environment.

Room 1 East Wing

An observation of room 1 East on 07/18/22 at 11:05 AM, and again at 3:43 PM, revealed several wet towels with a brown and green substance on towels lying up against the left wall in front of the air conditioner. An approximate 2-foot-wide area of water was standing on the floor in front of the wet towels. A white electrical air conditioner cord and a black cable cord were laying in the water.

An observation on 07/19/22 at 10:00 AM, and again at 3:55 PM, revealed several wet towels with brown and green substance on the towels lying up against the left wall in front of the air conditioner. An approximate 2-foot-wide area of water was standing on the floor in front of the wet towels.

An interview and observation on 7/19/22 at 3:55 PM, with Licensed Practical Nurse (LPN) #7, confirmed that this is an accident waiting to

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255109	A. BUILDING _____ B. WING _____	C 07/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF SOUTHAVEN	1730 DORCHESTER DR SOUTHAVEN, MS 38671

(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 584	Continued From page 5	F 584		

happen, the resident could slip and fall, and it is also a fire hazard. She confirmed that the Certified Nurse Assistants (CNAs) are supposed to make rounds on residents at least every two (2) hours and this should have been found.

An interview on 7/19/22 at 4:00 PM, with Licensed Practical Nurse (LPN) #8 confirmed that housekeeping was cleaning the rooms on the east hall today and room 1 East should have been cleaned.

An interview and observation on 7/19/22 at 4:15 PM, with the Housekeeping Supervisor revealed that the east hall was cleaned today by Housekeeper #4. The Housekeeping Supervisor revealed that each room is cleaned daily, including floors mopped and she knew that the housekeeper had cleaned room 1 East. Upon observation with the Housekeeping Supervisor of room 1 East, several dry white towels were lying on the floor and no water was noted. A white air conditioner cord and black cable cord were noted lying on the dry white towels. The House Supervisor revealed that honestly, this has been a problem for quite some time and that she has reported this to the Maintenance Supervisor. She revealed the way they are supposed to report issues is through the electronic documentation system, however, she was a contracted employee and did not have access to the system. She revealed that she either texts or calls the maintenance supervisor when there are issues, and she has spoken with the Maintenance Supervisor several times to report this issue to him verbally.

An interview and observation on 7/19/22 at 4:40 PM, with the Maintenance Supervisor revealed

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255109	A. BUILDING _____ B. WING _____	C 07/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF SOUTHAVEN	1730 DORCHESTER DR SOUTHAVEN, MS 38671

(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 584	Continued From page 6	F 584		

that he thought it was the air conditioner leaking then he determined it was something leaking from the boiler room which is adjacent to room 1 East. He did confirm that if an electrical cord was laid down on the wet floor that it could be a problem and that if water was on the floor that it is a trip hazard for the resident in that room.

An interview on 7/19/22 at 5:05 PM, with the facility Administrator revealed that the air conditioner unit was broken a while back and the Maintenance Supervisor fixed it. She revealed it has been working fine until it was reported to her yesterday that it was leaking. The Administrator revealed the facility has an electronic work order system that all employees including contracted workers have access to. The Administrator revealed whenever there's an environmental issue in the facility all staff knows to report it through the electronic work order system.

An observation on 7/20/22 at 2:20 PM, by State Agency (SA) revealed water on the floor approximately 2 feet wide in front of the air conditioner unit. There were also two (2) square foot tiles missing where the wet towels had been laying previously.

A record review of the Work order report from 11/1/2021-7/20/2022 revealed no work orders were submitted for water leakage in room 1 East.

In an interview and observation on 07/21/22 at 9:20 AM, the facility Administrator confirmed the water on the floor of room 1 East was from an issue in the boiler room where a water leak had begun and traveled to the resident's room and was observed on the floor in front of the air conditioning unit. She revealed that she has

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255109	A. BUILDING _____ B. WING _____	C 07/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF SOUTHAVEN	1730 DORCHESTER DR SOUTHAVEN, MS 38671

(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 584	Continued From page 7 instructed her staff to monitor the area every 15-30 minutes and to avoid placing towels on the floor. Observation of a wet caution sign was placed at this time.	F 584		
F 609 SS=D	Reporting of Alleged Violations CFR(s): 483.12(c)(1)(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on interview, record review and facility	F 609	F609	9/9/22

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255109	A. BUILDING _____ B. WING _____	C 07/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF SOUTHAVEN	1730 DORCHESTER DR SOUTHAVEN, MS 38671

(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 609	Continued From page 8 policy review the facility failed to notify the State Agency (SA) of a potential incident of resident elopement within the required 24 hours timeframe for one (1) of three (3) reported incidents reviewed. Resident # 95. Findings include: Record review of the Facility Policy titled, "Abuse, Neglect, Misappropriation, Exploitation" revealed Policy" dated January 2019 revealed" ... Immediately reporting all alleged violations to the Administrator, designee immediately, state agency, adult protective services and to all other required agencies (e.g., law enforcement when applicable) within specified timeframes ..." On 07/20/22 at 08:42 AM, an interview with the Administrator revealed she was notified of the incident involving Resident #95 on Sunday morning but was told that he just attempted to elope and she did not think it should be reported. Then after she got to work on Monday, she began her investigation, she felt like she should report the incident and that is why she was late reporting. She was aware that it should have been reported within 24 hours. During her interviews with staff she got some conflicting information so she decided she should report to the State Agency (SA). The Administrator confirmed the incident occurred on 6/25/22 at 11:30 PM and the incident was called in to the SA on 6/27/22 at 6:51 PM which was greater then the required 24 hours. On 7/21/22 at 12:10 PM, an interview with the State Agency (SA) Complaint Director, revealed the State Hot Line for facilities to report incidents recorded Diversicare of Southaven reported a	F 609	483.12(c) (1) (4) Reporting of Alleged Violations SS-D 1. The incident of elopement was reported 6/27/2022 @ 6:53pm to the State Agency by the Administrator. 2. Residents at risk for elopement have the potential to be affected by the deficient practice. The center will protect other residents in similar situations by reporting the incident timely in accordance with the regulatory requirements. 3. All residents assessed as at risk for elopement were reviewed by Director of Nursing Services and Assistant Director of Nursing Services on 6/27/2022. Measures to ensure this problem does not recur included education to staff performed by Director of Clinical Education and Administrator on 6/27/2022, regarding elopement guideline and all incidents of elopement are reportable to Administrator immediately. 4. To ensure sustainability of our corrective action, an elopement drill will be conducted by the Maintenance Director 1x/week x 4 weeks beginning 8/ 19/2022 then 1x/month at various times on each shift thereafter to ensure knowledge of staff response and reporting guidelines. Any negative findings will be brought to the Quality Assurance Performance Improvement meeting monthly for a minimum of 3 months beginning 8/22/2022, by the Maintenance Director for review and revision as necessary. QAPI will evaluate the findings of the QA to determine effectiveness of our corrective action and to determine need	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255109	A. BUILDING _____ B. WING _____	C 07/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF SOUTHAVEN	1730 DORCHESTER DR SOUTHAVEN, MS 38671

(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 609	Continued From page 9 possible elopement that occurred on 6/25/22 at 11:30 PM and with a stamped time of 6/27/22 at 6:53 PM. Record review of the facility Quality Assurance Investigation Template with the date of 6/27/22 revealed the incident occurred on 6/25/22 at 11:30 PM and was classified as a elopement. Record review of the Admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 6/17/22 revealed a Brief Interview of Mental Status score of three (3) which indicates severe cognitive impairment.	F 609	for other changes.	
F 677 SS=D	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and record review the facility failed to provide a dependent resident with nail care for one (1) of five (5) residents reviewed. Resident #125 Findings include: During an interview with the Registered Nurse (RN)/Clinical Director on 7/21/22 at 9:30 AM, she stated the facility adopted Edition 10, Clinical Nursing Skills and Techniques Manual as our policy and procedure care guide for shaving and nail care, specifically pages 541 through 550. An observation on 07/18/22 at 03:40 PM,	F 677	F677 483.24(a) (2) ADL Care Provided for Dependent Residents SS=D 1. Resident # 125 fingernails were cleaned by Certified Nursing Assistant on 7/20/22. 2. Residents of the facility requiring assistance with activities of daily living have the potential to be affected by deficient practice. 3. The Minimum Data Set (MDS) nurses, Director of Nursing Services, and Assistant Director of Nursing Services performed 100% audit of resident□s	9/9/22

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255109	A. BUILDING _____ B. WING _____	C 07/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF SOUTHAVEN	1730 DORCHESTER DR SOUTHAVEN, MS 38671

(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 677	Continued From page 10 revealed Resident #125 had a brownish material under her fingernails. An observation on 07/19/22 at 10:15 AM, revealed Resident #125's fingernails continued to be dirty with a brownish material under her nails. An observation on 07/20/22 at 09:00 AM, revealed Resident #125's fingernails continued to be dirty with a brownish material under her nails An observation and interview, on 7/20/22 at 9:50 AM, with Certified Nursing Assistant (CNA) #1 revealed she had already given Resident #125 her bath this morning and that the resident's fingernails were dirty with brownish material under the nails. She stated that she should have already gotten to it (cleaning the resident's nails). An interview on 7/20/22 at 9:58 AM, with RN #1 confirmed Resident #125's nails needed to be taken care of because dirty nails could lead to skin breakdown or infection. Record review of Section G of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 6/27/22 revealed Resident # 125 requires extensive assist of one (1) for personal hygiene. Section C revealed the resident did not have a Brief Interview for Mental Status score because she was rarely/never understood. Record Review of the Transfer/Discharge Report dated 7/21/22 for Resident #125 revealed she was admitted to the facility on 7/30/15 with diagnoses including Unspecified Dementia without Behavioral Disturbance, Cerebral Infarction, Pseudobulbar Effect, Major Depressive	F 677	requiring assistance with activities of daily living to ensure nail care/grooming was performed on 7/27/2022.The Director of Clinical Education in-serviced nursing staff on maintaining good grooming, nail care and nails free from dirt and foreign material under fingernails on 7/21/2022. Resident□s nails will be cleaned by certified nursing assistant and/or nurses on bath day, during activities of daily living and as needed. Other residents in similar situations will be protected by the nurses assuring that nail care will be completed as needed. 4. To monitor the performance of our corrective action and to assure sustainability, the Director of Nursing Services/Assistant Director of Nursing Services will audit 5 residents/week x 5 weeks beginning 8/15/2022, then 5 residents/month x 3 months to ensure residents□ nails are clean and appropriately groomed. Any negative findings will be brought to the Quality Assurance Performance Improvement meeting monthly for a minimum of 3 months beginning 8/22/2022, by the Director of Nursing Services/Assistant Director of Nursing Services for review and revision as necessary.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255109	A. BUILDING _____ B. WING _____	C 07/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF SOUTHAVEN	1730 DORCHESTER DR SOUTHAVEN, MS 38671

(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 677	Continued From page 11 Disorder, and Mixed Receptive-Expressive Language Disorder.	F 677		
F 919 SS=E	Resident Call System CFR(s): 483.90(g)(2) §483.90(g) Resident Call System The facility must be adequately equipped to allow residents to call for staff assistance through a communication system which relays the call directly to a staff member or to a centralized staff work area. §483.90(g)(2) Toilet and bathing facilities. This REQUIREMENT is not met as evidenced by: Based on observation, staff interviews and facility policy review the facility failed to maintain a properly functioning call system for one (1) of two (2) wings observed. East Wing Findings Include: Review of facility policy titled, "Nurse Call System" dated September 1, 2014, revealed, "Purpose: To maintain center nurse call systems in an ideal mechanical condition to ensure optimum performance when residents request assistance from staff ...Monthly the Nurse Call system should be checked for the following: 4. Any component that does not function should be repaired as soon as practically feasible. 5. Systems with audio functions should be tested monthly. Any non-operating components should be repaired as soon as practically feasible." An observation on 7/19/22 at 10:42 AM, revealed the call light above resident Room #1 and on the control box at the nurse's desk of the East Wing	F 919	F919 483.90(g)(2)v Resident Call System SS=E 1. Call light system on the East Wing was assessed for malfunctioning by Maintenance Director on 7/19/22. The Director of Nurses, Assistant Director of Nurses and Unit Manager assessed all residents on East wing on 7/19/22 to assure there was no unmet need. No negative findings were noted. Residents whose call light system was malfunctioning were provided alternate means to notify staff of need; hand held bells on 7/19/2022. For those Residents who were unable to use the call bells, nursing staff monitored those residents every 15 minutes for needs. The rounds lasted until the Maintenance Director repaired call light system on 7/20/22. 2. All Residents of the facility have the potential to be affected by the deficient practice. 100% of all residents were	9/9/22

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255109	A. BUILDING _____ B. WING _____	C 07/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF SOUTHAVEN	1730 DORCHESTER DR SOUTHAVEN, MS 38671

(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 919	Continued From page 12 were both on, but no audible sound was noted. An observation on 7/19/22 at 10:44 AM, revealed the call light above resident Room #23 and the light on the control box at the nurse's desk of the East Wing were both on, but no audible sound was noted. An interview on 7/19/22 at 11:45 AM, with Certified Nursing Assistant (CNA) #1 revealed the audible alarm goes off at the nurse's station but she cannot hear it at the end of the hall. She stated she looks above the doors when she exits a room to see if another resident is needing assistance and since she relies on the lights more than the audible alarm, she is uncertain how long the alarm has not been sounding. She revealed the call system is needed to help the residents get the assistance they need. An interview on 7/19/22 at 11:55 AM, with CNA #2 revealed when the call system button is pressed in the resident's room, the light above their door turns on and the alarm sound goes off at the nurse's station to alert staff a call light has been activated. The interview revealed she relies on the lights being lit above the resident's room and is unaware of the sound not working. An interview and observation on 7/19/22 at 12:05 PM, with the Administrator revealed the staff should answer the call light within 3-5 minutes. She stated the call system consists of lights and sound to alert the staff that a resident needs assistance. The State Agency (SA) asked the Administrator to activate a call light and demonstrate what occurs when light is activated. The Administrator went into Room 9 on the East Wing and activated the call system. The light	F 919	assessed on 7/19/22 to assure call lights were functioning. 3. The call light systems on all stations was inspected by the Maintenance Director on 7/20/2022 and found to be functioning properly. The Administrator in-serviced the Maintenance Director on call light system inspection weekly and immediate repair with alternate form of staff notification of needs to be provided when needed on 7/21/22. A new annunciator was ordered for East Wing and it was installed on 8/18/22 by the Regional Director of Maintenance. 4. To monitor our corrective action and assure sustainability, the Administrator and the Maintenance Director will complete routine rounds 1x/week for 4 weeks beginning 8/15/2022, to include checking Resident's Call System. Any negative findings will be brought to the Quality Assurance Performance Improvement meeting monthly for a minimum of 3 months beginning 8/22/2022, by the Maintenance Director for review and revision as necessary. The audits will be taken to QAPI for a minimum of 3 months.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255109	A. BUILDING _____ B. WING _____	C 07/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF SOUTHAVEN	1730 DORCHESTER DR SOUTHAVEN, MS 38671

(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 919	Continued From page 13	F 919		

above door and on control panel both turned on, but no audible alarm was heard. The Administrator stated they previously had a problem with the call light system, but she thought that was resolved since she had not been informed of other issues. The Administrator confirmed the audible alert is needed to notify the staff of a resident needing assistance and this system not functioning properly could lead to a delay in receiving needed care for the residents.

An interview on 7/19/22 at 5:30 PM, with Licensed Practical Nurse (LPN) #5 revealed the audible alarm on the call system has not been working properly for several weeks or months. She revealed the light above the resident's door and on the control panel light up, but no audible alarm is made. She stated she relies on the lights and the audible alarm especially when she is in a room with a resident. If she continues to hear an alarm it alerts her that all of the staff must be providing care and she should step away as soon as possible to find out what resident needs assistance. She stated that without the audible alarm to alert staff of assistance needed, she feels that it is possible that "some residents might have waited longer than they should have to for care." She stated bells were given to the residents today for them to use when assistance is needed.

An interview on 7/20/22 at 8:35 AM, with LPN #7 revealed the audible alarm on the call system has not been working right for 2 - 3 months and "it is like a short in the wire since it will work at times." She stated they have now given the residents bells to use and have in-serviced the CNA staff to do 15-minute checks and the nurse staff to document every hour on the residents that cannot

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255109	A. BUILDING _____ B. WING _____	C 07/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF SOUTHAVEN	1730 DORCHESTER DR SOUTHAVEN, MS 38671

(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 919	Continued From page 14	F 919		

use the bell.

An interview on 7/20/22 at 8:40 AM, with CNA #3 revealed the call system sound alarm has not been working on the call light system for a while, but she is unsure how long. She stated the audible alarm is helpful, but she mainly goes by the lights above each resident's door to know which residents need assistance. She stated that yesterday the staff handed out bells for the residents to use.

An interview on 7/20/22 at 11:45 AM, with LPN #6 revealed the residents were given bells yesterday to use while the sound on the call system was not working. She stated the lights on the call system are working, but the audible alarm has not been working properly for several weeks. She stated in the past, bells would be given to a resident if his/her call light was not working properly.

An interview and observation on 7/20/22 at 2:10 PM. with the Maintenance Director revealed on 2/2/22, the motherboard of the East Wing call system was making a constant "abnormal sound" and he called the technician from the call system's repair unit and the technician walked him through the steps to remove the clicking noise. The Maintenance Director showed texts and pictures on his phone with that date of his communication with the technician. He followed these instructions and the clicking noise stopped. He stated on that date, he was checking for the abnormal sound and not servicing the system for the audible alarm not functioning when call system was activated and he was not notified any other time of the system not making an audible sound when call system activated. He revealed he does not keep paper records of his

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255109	A. BUILDING _____ B. WING _____	C 07/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF SOUTHAVEN	1730 DORCHESTER DR SOUTHAVEN, MS 38671

(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 919	Continued From page 15	F 919		

maintenance, but it is recorded in the maintenance log of the computer system. He stated he checked the system when a concern was reported and rounded monthly but did not find concern with the call system.

An interview on 7/20/22 at 4:35 PM, with the Maintenance Director to clarify his work on the call system on the East Wing revealed on the computerized maintenance report, there was an open date of 1/21/22 and closed date of 2/7/22 (with closed by staff listed as Maintenance Director), for the request for "call light system is not working - making a ticking noise at desk" on "East wing - nurses station." He confirmed that was the date of 2/2/22 repair mentioned previously. SA asked about another submission for maintenance with open date of 2/16/22 and closed date of 2/23/22 (with closed by staff listed as Maintenance Director) for "call lights are not sounding" with location of "east" wing. He confirmed he did not work on the system at that time and has no idea why it has his name listed as closed by him. He stated the only time he worked on the system was when the clicking noise was heard or when individual lights were not working properly but did not know until we arrived that there was a concern with the audible alarm not working.

An interview on 7/20/22 at 4:40 PM, with the Administrator, revealed each resident should have the assurance that the call system functions properly and that they will receive the assistance needed. She confirmed the facility failed to ensure all portions of the call system were functioning properly and the residents need a properly functioning system to ensure they receive timely assistance.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255109	A. BUILDING _____ B. WING _____	C 07/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF SOUTHAVEN	**1730 DORCHESTER DR SOUTHAVEN, MS 38671**

(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