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 _____	C 10/04/2022

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 complaint investigations (CI) MS #19544, CI MS #18877, and CI MS #19538 at the facility from 9/27/22 through 10/4/22. 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 complaints for Personal Privacy, Free from Misappropriation, Free of Accident/Hazards, and Treatment of Pressure Wounds and cited F583, F602, F686, F689. The census at the time of survey was 101 and the facility was licensed for 120 beds.	F 000		
F 583 SS=D	Personal Privacy/Confidentiality of Records CFR(s): 483.10(h)(1)-(3)(i)(ii) §483.10(h) Privacy and Confidentiality. The resident has a right to personal privacy and confidentiality of his or her personal and medical records. §483.10(h)(l) Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident. §483.10(h)(2) The facility must respect the residents right to personal privacy, including the right to privacy in his or her oral (that is, spoken), written, and electronic communications, including the right to send and promptly receive unopened mail and other letters, packages and other materials delivered to the facility for the resident, including those delivered through a means other	F 583		11/18/22

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

Electronically Signed | 10/28/2022

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F 583	Continued From page 1 than a postal service. §483.10(h)(3) The resident has a right to secure and confidential personal and medical records. (i) The resident has the right to refuse the release of personal and medical records except as provided at §483.70(i)(2) or other applicable federal or state laws. (ii) The facility must allow representatives of the Office of the State Long-Term Care Ombudsman to examine a resident's medical, social, and administrative records in accordance with State law. This REQUIREMENT is not met as evidenced by: Based on resident and staff interviews, record reviews, and facility policy review, the facility failed to provide privacy for a resident's medical treatment for one (1) of three (3) residents reviewed for Residents' Right to privacy. Resident #1 Findings include: Record review of facility policy titled, "Mississippi - Your Resident Rights and Protections Under State and Federal Law," undated, revealed, "A nursing home must care for you in a manner and environment that promotes the maintenance and enhancement of your quality of life. Dignity and Respect - You have the right to be treated with consideration and respect in full recognition of your dignity and individuality." The policy also revealed, "Privacy - You have a right to personal privacy, including privacy in accommodations, medical treatment, written and telephone communications, visits, and meetings of family and resident groups."	F 583	1. The facility corrected the deficiency as related to resident by interviewing her and assuring that she understood that her rights and dignity were of the highest importance to the center and center staff. The Administrator assured Resident #1 that going forward any assessment or care to be provided would be administered behind closed door or in the privacy of her room. The Administrator provied the resident with a copy of her Resident Rights on 10/05/2022. The Nurse Practitioner and the Medical Director that were involved in the deficient practice were educated by the policy: "Residents Rights and Privacy" on 10/05/2022 by the Adminitrator. 2. All residents have the potential to be affected by this practice. On 10/05/2022 the Administrator interviewed residents at Resident Council to determine if other residents had been affected by this practice. There were no additional	

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F 583	Continued From page 2 An interview on 9/28/22 at 2:00 PM, with Resident #1 revealed her medical assessment by the Physician and the Nurse Practitioner (NP) on 8/12/22 was conducted in the lobby of the facility with other residents and visitors present. She stated this should be handled like you are in a doctor's office, behind closed doors or at least with no one else around. She also stated that the doctor nor the nurse practitioner asked her if it was okay to do the assessment in front of others. Resident revealed that this made her feel like her privacy did not matter and they should have realized that everyone is not comfortable with this. The interview revealed that on 8/12/22, the Nurse Practitioner (NP) came to her in the lobby to ask her a question and during the conversation, the Medical Doctor walked up and started listening to her heart. She also revealed that after he finished her assessment, he walked to the next resident across from her to assess that resident as well, still in front of people. The resident was observed to be alert and oriented and able to communicate without difficulty and describe the incident. An interview with the NP on 9/29/22 at 12:00 PM, revealed that she comes into the facility to see the residents at least two times a week and she did assess and talk to Resident #1 in the facility lobby on 8/12/22. She noted that during the assessment she listened to the resident's heart and lungs and looked at her skin, and she also asked questions concerning issues such as bowel habits. She admitted that she did not think about it because many of the residents approach her in the hall with questions and concerns. The NP confirmed that to honor the resident's dignity and privacy, she should have taken the resident to her room.	F 583	complaints regarding privacy. No additional negative findings were noted. 3. Systemic corrections to avoid this deficient practice from reoccurring include education provided by the Administrator on 10/05/2022, in-servicing providers regarding Resident Rights Privacy, and Resident consent. The Administrator will provide the providers a copy of the policy and assure their understanding that all care and assessments will be provided in a private area. 4. Our plans to monitor the continued compliance of our corrective action include having the Social Services or Activities Director to conduct resident interviews for 5 residents per week for four weeks starting on 10/10/2022 to ensure residents rights and privacy are being respected. The Administrator or Director of Nurses will observe 5 residents per week for four weeks starting 10/10/2022 to assure providers are providing care and assessments in accordance with the dignity and rights of the residents. Negative variances found during the interviews and observations will be corrected immediately. Findings of interviews and observations were brought to QA 10/28/2022 and will be brought to the Quality Assurance and Performance Improvement monthly thereafter for a minimum of 3 months to evaluate the continued compliance with this corrective action.	

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F 583	Continued From page 3 An interview with the Administrator on 9/30/22 at 2:15 PM, revealed she was informed by the NP that this incident occurred. She stated the NP realized what she had done and came to the Administrator to inform her of the situation where Resident #1's assessment took place in the lobby with other people in the area. The Administrator stated the resident should have been taken to her room to offer privacy for the assessment, and this should be done for all residents unless a resident requests to have the assessment done where they are. She confirmed that the resident's rights are the priority and the facility failed to provide the privacy the resident desired during an assessment by the Physician and the NP. Record review of the Encounter - Nursing Home Visit, date of service 8/12/22 revealed that a visit by the NP and the Physician had been conducted and a review of systems had been completed. This also revealed the resident was alert and oriented x 4, cooperative, normal mood and affect. Record review of Resident #1's Admission Record revealed the resident was admitted to the facility on 02/20/21. The diagnoses included Type 2 Diabetes Mellitus, Osteoarthritis, Spinal Stenosis, Gastroesophageal Reflux Disease, Hypertension, Major Depressive Disorder, and Anxiety Disorder. Record Review of the Quarterly Minimum Data Set (MDS) dated 07/13/22, revealed a Brief Interview for Mental Status (BIMS) of 15 which indicated the resident was cognitively intact.	F 583		
F 602 SS=D	Free from Misappropriation/Exploitation	F 602		11/18/22

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F 602	Continued From page 4 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 resident and staff interviews, record review, and facility policy review, the facility failed to protect the resident from misappropriation of resident's funds for one (1) or three (3) residents reviewed for misappropriation. Resident #6. Findings include: Record review of facility policy titled, "Abuse, Neglect, Misappropriation, Exploitation Policy", dated January 2019, revealed, "Purpose: To prohibit and prevent abuse, neglect, exploitation, misappropriation of resident property and to ensure reporting and investigation of alleged violations (to include injuries of unknown source, mistreatment, and involuntary seclusion) in accordance with Federal and State Laws." Policy also revealed, "Misappropriation of Resident Property: The deliberate misplacement, exploitation, or wrongful, temporary or permanent use of a resident's belongings or money without the residents consent." An interview and observation of Resident #6 on 9/27/22 at 2:55 PM, revealed he received his stimulus check into his account at the facility, but then it was taken out and he would like to get his	F 602	On 9/27/2022, the Administrator initiated an investigation of Resident #6 trust account balance. Stimulus check was deposited into trust account April 2021 and subsequently used toward repayment of back balances without the resident's consent. On 9/30/2022, the facility credited the full amount of the stimulus back to Resident #6 account. All residents with a trust account have the potential to be affected. Beginning 10/5/2022, an audit of resident accounts was conducted by the Regional Business Office Manager with no negative findings. On 10/05/2022, Administrator in-serviced Business Offce staff regarding management of resident trust fund accounts. On 10/05/2022, Administrator in-serviced staff regarding Abuse, Neglect, and Misappropriation.	

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F 602	Continued From page 5 money back into his account. Resident #6 was in his room sitting in his wheelchair and was going through his financial documents verifying his stimulus check being deposited and withdrawals on his account. An interview with the Business Office Manager (BOM) on 9/28/22 at 4:20 PM, revealed she has only been in her position for a few months and was not working in this position when the stimulus check was deposited or removed and she is unsure what happened with his money. She also stated she is unsure how to pull the financial log for the resident. She contacted the Regional Business Office Manager to clarify this issue. A phone interview with the Regional Business Office Manager on 9/28/22 at 4:25 PM, revealed Resident #6 had a deposit into his account of the stimulus check in April 2021. He stated this resident came into facility in January 2020 receiving skilled services and these continued until Mar 7, 2020. Since Resident #6 was receiving skilled services, his care was paid at 100% by Medicare and the Medicaid coinsurance once he was accepted on Medicaid in March. He stated at that time, the resident's check was not being received by the facility and this continued until October 2020, when the resident's check was received and put into his account for his monthly care. He stated he is uncertain where his Social Security check was going prior to October 2020, but it was not coming to facility, therefore, the cost being charged to resident was $2,357.62 monthly, and reached a balance of $16,299. He stated from what he can tell by the Resident Fund Management Service data, the stimulus check was deposited into the resident's account and then was being used to go towards	F 602	The Administrator or Regional Business Office Manager began weekly audits on 10/10/2022 of Trust Account balances for four weeks, then monthly for two months. Findings of the audit were brought to QA 10/28/2022 and will be brought to the Quality Assurance and Performance Improvement committee for review and revision if necessary for three months.	

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F 602	Continued From page 6 the resident's balance and it looks like it was taken out in small increments as care costs. He stated the money from the stimulus check belonged to the resident and should not have been used to pay on his balance unless the resident agreed and consented to this and his money would be returned to his account. An interview with the Administrator on 9/30/22 at 2:15 PM, revealed the stimulus check belonged to the resident and should not have been used by the facility without the consent of the resident and the resident can not be forced to use his stimulus money to pay on the balance of his account. The Administrator confirmed the facility misappropriated Resident #6's stimulus money by not obtaining consent and agreement from the resident prior to the money being applied to the balance of the resident's account. Record review of Resident #6's Resident Fund Management Service - Resident Statement Landscape, provided by the Business Office Manager revealed the resident's $1400.00 stimulus check was deposited into Resident #6's account on 04/7/21. Record review of Resident #6's face sheet revealed he was admitted to the facility on 01/27/20 with diagnoses which included Chronic Diastolic Congestive Heart Failure, Hypertension, and Acute Kidney Failure. Record review of the quarterly Minimum Data Set (MDS) dated 07/18/22 revealed a Brief Interview for Mental Status of 15 indicating the resident was cognitively intact.	F 602		
F 686 SS=D	Treatment/Svcs to Prevent/Heal Pressure Ulcer	F 686		11/18/22

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F 686	Continued From page 7 CFR(s): 483.25(b)(1)(i)(ii) §483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that- (i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and (ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing. This REQUIREMENT is not met as evidenced by: Based on resident, resident representative, and staff interviews, record review and facility policy review, the facility failed to provide treatment to an existing pressure ulcer consistent with professional standards as evidenced by failure to document treatment, skin assessments, and wound measurements for 1 (one) of 8 (eight) residents evaluated for skin conditions. Resident #3 Findings include: Record review of the facility policy titled, "Skin Care Guidelines", dated July 2019, revealed, "To provide a system for evaluation of skin to identify individual interventions to address risk and a process for care of changes/disruption in skin integrity. All those admitted will be observed for baseline skin condition and evaluated for risk of skin breakdown within 24 hours of admission.	F 686	Resident #3 discharged from the facility on 08/23/2022. On 10/10/2022, skin audits conducted on all residents by the Director of Nursing, Registered Nurse Unit Manager, Treatment Nurse and Administrator. No new wounds were noted. Verified all residents had current wound care orders and care plans. All residents have the potential to be affected by this practice. On 10/10/2022, the Director of Nursing, Registered Nurse (RN) Unit Manager, Administrator and treatment nurse assessed all residents to assure that treatments were being provided as ordered. Any negative variance was addressed immediately.	

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F 686	Continued From page 8 The findings will be documented in the electronic medical record. Weekly review of the patient's/resident's skin will be completed by the nurse and documented in the electronic medical record". Policy also revealed, "When an open area is identified.....Document evaluation of wound in electronic medical record including: location and staging (only Pressure Ulcers/Injuries are staged); size (Length x width x depth) presence and location of undermining and tunneling; exudate/if present: type, color, odor, and approximate amounts; pain/if present: type and frequency; wound bed: color and type of tissue, including evidence of healing (granulation) or necrosis (slough and eschar); reassess, re-evaluate and revise interventions when progress is not noted within 14 days. If there is any deterioration of wound statuses initiate comprehensive re-evaluation, MD and/or patient/resident representative notification. Key elements: initial skin evaluation is completed and documented within 24 hours of admission, any skin risk identified has corresponding interventions in the plan of care, interventions are observed in place, weekly skin evaluations are completed and documented, physician notification is timely, patient/resident representative notification is timely." Resident #3 An interview by phone with the complainant, Resident Representative (RR) on 9/28/22 at 11:35 AM, stated that the resident had a wound and she felt like the facility was not doing wound care as needed. The RR confirmed that Resident #3 was discharged on 08/23/22. An interview with the Administrator on 9/30/22 at	F 686	Administrator in-serviced the treatment nurse and Registered Nurse Unit Managers on Skin/Wound Prevention Policy on 10/10/22. Nurses will provide treatments as ordered and document accordingly. Nurses to complete weekly skin evaluations on each resident. Beginning 10/17/22, Licensed nursing staff educated by the Administrator regarding the Skin/Wound Prevention Policy. Beginning 10/17/2022, the Director of Nursing ,Administrator, or RN Unit Manager will conduct an audit of 10 residents per week to ensure the facility implements interventions, documents evaluations and completes weekly skin evaluations of all residents. The audits will be conducted three times a week for four weeks, then weekly for four weeks, then monthly for two months. Findings of the audit were brought to QA on 10/28/2022, and will be brought to the Quality Assurance and Performance Improvement Committee for review and revision as necessary for three months.	

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F 686	Continued From page 9	F 686		

2:15 PM, revealed the electronic Treatment Administration Record (TAR) contained scheduled wound care that was not documented as completed, so therefore, could not be verified that care was completed as ordered by the Physician. She confirmed that wound treatments as ordered and the weekly skin and wound assessments were not consistently performed and that can lead to a delay in identifying concerns, rapid decline of the wound and or decline of the resident's overall condition.

An interview with Registered Nurse (RN) #1, on 10/4/22 at 9:35 AM revealed the facility does not have a wound nurse at this time but she and another nurse are unit managers and the two of them are responsible for the weekly wound assessments, pictures, measurements, and documentation of findings and they are responsible for documenting these in the computer. She revealed the weekly skin assessments are to be done by the floor nurses and documented in the computer. She stated the unit managers help train other nurses by rounding with them during the care. She also revealed the unit managers do daily wound care, but if they are unavailable or on weekends, the floor nurses are responsible for making sure the care is done and the completed care is documented in the computer. She confirmed the resident has an order for wound care to the sacral area daily, but the electronic TAR did not indicate this had occurred. RN #1 also revealed the skin assessments and the wound assessments were to be done weekly, but when reviewing these records she confirmed that these assessments had not been documented as completed.

An interview with the Director of Nursing (DON)

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F 686	Continued From page 10	F 686		

on 10/4/22 at 10:55 AM, revealed she felt the care was done, but the documentation did not verify that. She confirmed that the documentation for Resident #3 revealed the resident did not receive the wound care and the wound and skin assessments and this could have lead to a new area of skin concern or could have possibly lead to worsening of skin areas.

Record review of a Physician's Order dated 6/30/22 revealed an order to clean pressure wound to sacrum with normal saline (NS), pat dry, apply dermaseptin, cover with foam one time a day.

Record review of the TAR for August 1 - 22, 2022 revealed that the resident's TAR was not marked as completed for wound care on the sacrum as ordered on 8/2/22, 8/4/22, 8/6/22, 8/8/22, 8/12/22, 8/13/22, 8/20/22. The TAR revealed on 8/15/2022, the resident refused the wound care. Record review revealed that the Wound and Skin assessment indicated the resident had a Stage II 4.38 cm x 8.99 cm on 05/27/22 assessment. The wound and skin assessment on 06/24/22 revealed Stage II 0.55 cm x 1.21 cm and the wound assessment revealed the wound was resolved on 08/17/22.

Record review of Skin and Wound - Total Body and Skin Assessment revealed the assessments were completed on 6/15/22, 6/23/22, 6/29/22, and 7/13/22. Resident #3 was admitted to the facility on 5/26/22 and was discharged on 8/23/22.

Record review of Skin and Wound Evaluations for Stage 2 Pressure Ulcer (PU) present on admission to the sacrum revealed the wound was evaluated on these dates: 5/27/22, 6/2/22, 6/7/22,

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F 686	Continued From page 11 6/14/22, 6/24/22, 6/30/22, 7/5/22, 7/14/22, 7/22/22, 7/29/22, 8/5/22 (no measurements listed), 8/17/22 Progress listed as resolved. Record review of Resident #3's face sheet revealed the resident was admitted to the facility on 5/26/22 with diagnoses which included: Heart Failure, Presence of Cardiac Pacemaker, Hypertensive Chronic Kidney Disease, Chronic Obstructive Pulmonary disease, and Hypertension. Record review of the Minimum Data Set (MDS) dated 7/7/22, revealed a Brief Interview for Mental Status (BIMS) of 14, indicating the resident was cognitively intact.	F 686		
F 689 SS=D	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation, resident and staff interviews, record review and facility audit review, the facility failed to ensure that the residents environment remained free of accident hazards and that each resident received adequate supervision to prevent accidents for two (2) of six (6) residents reviewed. Residents #3 and #4. Findings include:	F 689	Resident #3 discharged from the facility on 08/23/2022. On 10/6/2022, Administrator inserviced the Social Worker regarding the policy for transfer assistance. On 09/27/2022, Resident #4 was evaluated by the RN Unit Manager with no	11/18/22

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F 689	Continued From page 12 Record review of the "Medication Administration Competency Audit - Oral Meds", undated, revealed, "... 9. Identified resident by name or picture. 10. Observe resident swallow medications. 11. Document after administration of meds." Record review of facility policy titled, "Falls", dated February 2017, revealed, "Purpose: To establish a process that identifies risk and establishes interventions to mitigate the occurrence of falls." Policy also revealed, "If the fall occurred from chair/wheelchair, evaluate reason for fall in order to choose appropriate intervention". Record review of a letter on the facility's letterhead dated 10/4/22 and signed by the Administrator revealed, "To Whom It May Concern, (Proper name of facility) does not have a Prevention of Accidents and Hazards policy". Resident #3 An interview by phone on 9/28/22 at 11:35 AM, with Resident #3's daughter revealed the resident had several falls in the facility and one of the falls was due to the Social Worker (SW) helping Resident #3 out of the wheelchair and she fell. She stated she did not have an injury with the fall. An interview with the Director of Nursing (DON) on 9/30/22 at 10:00 AM, revealed the resident did have some falls in the facility, but none of the falls were with a major injury. She stated one fall involved the SW assisting the resident out of her wheelchair so she could walk. She stated the SW had good intentions, but she should have	F 689	negative findings. On 09/27/2022, Licensed Practical Nurse #2 was in-serviced by the Administrator on the policy for Medication Administration and staying with the resident until all medications are taken. All residents have the potential to be affected by this practice. On 09/27/2022, facility wide tour conducted by the Administrator and Director of Nursing to assure no other medication were left at the bedside, with no negative findings. On 10/10/2022, the Director of Nursing and Administrator conducted a review of falls for the past 2 months to determine if other falls occurred with the assist of staff. None were noted. Beginning 10/17/2022, the Director of Nursing/Administrator in-serviced staff regarding Accidents and Hazards and Fall Prevention. Beginning 10/17/2022, The Administrator in-serviced licensed nurses regarding the policy for Medication Administration. Beginning 10/17/2022, the Administrator, Director of Nursing Services/Unit Manager will conduct medication pass observation audit three times weekly for four weeks, then weekly for four weeks, and monthly for two months. Negative findings will be addressed and corrected immediately.	

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F 689	Continued From page 13 asked a Certified Nursing Assistant (CNA) or nurse for assistance. She confirmed the facility failed to prevent a fall due to the SW, who was not trained with transfers, assisting Resident #3 with a transfer. An interview with SW on 9/30/22 at 2:00 PM, revealed Resident #3 was in her wheelchair in the hallway and asked for her to help her get up. She stated she thought the resident would be able to walk on her own and just needed help to stand and she was trying to help her. She stated the resident walked from the wheel chair into the common area and she fell. She was in the hallway by the SW office, and she fell approximately 10 feet from her wheelchair in the common area. She stated in the past she did work as a Nursing Assistant, but that was years ago and she was not certified. She stated she was educated by the DON on this situation and how she should have asked a nurse or a CNA to assist a resident with transfers. An interview with the Administrator on 9/30/22 at 2:15 PM, revealed Resident #3 was discharged prior to her working at the facility and she had no knowledge of the situation with the fall involving the SW with the resident, but she would ensure all staff would be trained on their roles. She confirmed the facility failed to prevent a fall by an untrained staff member assisting with the transfer of a resident. Record review of incident report dated 8/18/22 revealed the nursing description as, "Resident was sitting in wheelchair in common area across from A/B nurses station. Social worker was walking by and resident asked her to help her get up and walk. Social worker helped her up and	F 689	Beginning 10/17/2022, the Administrator or Director of Nursing will conduct observation rounds to ensure resident transfers are safe and in accord with transfer policy three times a week for four weeks, then weekly for four weeks, then monthly for three months. Findings were brought to QA on 10/28/2022 and will be brought to the Quality Assurance Performance Improvement Committee for review and revision as necessary monthly for three months.	

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resident fell." Resident description, "Resident asked for help to get up and walk." Record review revealed that the resident did not have an injury and was assessed by a nurse and placed back into the wheelchair and the SW was counseled one on one and in-serviced.

Record review of the Admission Record revealed Resident #3 was admitted to the facility on 5/26/22, with diagnoses which included Heart Failure, History of Falling, Presence of Cardiac Pacemaker, and Chronic Obstructive Pulmonary Disease.

Record review of Minimum Data Set (MDS) dated 7/7/22 revealed a Brief Interview for Mental Status (BIMS) score of 14 indicating that Resident #3 was cognitively intact.

Resident #4

An observation and interview on 9/27/22 at 6:40 PM, revealed Resident #4 in her room sitting in the wheelchair. An observation of a medication cup containing two (2) pills was observed on the overbed table. An observation of the medication: one pale brownish scored capsule-shaped tablet with markings on one side of "A" and the other side with markings of "0 9" identified as Mirtazapine 30 mg. The other medication was a dark green and light green capsule with imprint of "IX 657" identified as Hydroxyzine 25 mg. She stated she took her other evening medications and the nurse left these for her to take when she is ready for bed. She stated she is 96 years old and has taken the "Restoril" for 60 years and it helps her to sleep and to not be nervous. Registered Nurse (RN) #1, Unit Manager, came

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into room and confirmed the medications at her bedside and stated these are the Resident #4's Vistaril and Remeron that are ordered for her and should not be left at the bedside. She confirmed the nurse should watch the resident take the medications and not leave the medication at the bedside. She stated Licensed Practical Nurse (LPN) #2 is the nurse on the medication cart administering medications to this hall and they should not be left in a resident's room for them to take later. RN #1 removed the medications from Resident #4's room.

An interview with LPN #2 on 9/27/22 at 6:50 PM, stated she handed Resident #4 the cup of medications and she went back to the medication cart in the doorway to get the resident's inhaler and she could see the resident. Then, she stated she did not see the resident actually take the medications since she was getting the resident's inhaler out of the cart and stated the resident prefers to take those two medicines when she gets ready for bed. She stated, "it's my fault and I take responsibility for it. I should have never walked away and I should have made sure she took all of her meds." She stated she has been in-serviced on the proper way to administer medications which includes watching the resident take the medication and not leaving them at bedside.

An interview with the Director of Nursing (DON) on 9/27/22 at 7:00 PM, revealed medications should not be left at the bedside and the nurses must ensure the resident takes the medications as ordered.

An interview with the Administrator on 9/30/22 at 2:15 PM, confirmed the facility failed to ensure

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F 689	Continued From page 16	F 689		

medications were administered properly and not left at bedside. She revealed safety first should always be followed and if a resident prefers medications to be administered at a different time, the physician needs to be notified and the order changed to accommodate the resident's preference. She confirmed the nurse left the medication at the bedside for the resident to take when she was ready to take them at bedtime.

Interview with the Administrator on 10/4/22 at 11:55 AM, revealed the facility had no policy for accidents and hazards.

Record review of Resident #4's Order Summary Report revealed an order dated 9/20/22 for Hydroxyzine Pamoate Capsule - give 25 milligrams (mg) by mouth at bedtime for anxiety and an order dated 3/30/21 for Remeron Tablet (Mirtazapine) - give 30 mg by mouth at bedtime for depression/weight loss.

Record review of the resident's Medication Administration Record for 9/27/22 revealed Hydroxyzine Pamoate Capsule and Remeron Tablet were both signed out as administered at 6:00 PM by LPN #2.

Record review of Resident #4's Admission Record revealed Resident #4 was admitted to the facility on 2/22/16 with diagnoses which included Anxiety Disorder, Hypertension, Gastroesophageal Reflux Disease, Major Depressive Disorder.

Record review of Resident #4's quarterly Minimum Data Set (MDS) dated 8/29/22 revealed a Brief Interview for Mental Status (BIMS) score of 15 which indicated Resident #4 was cognitively

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F 689	Continued From page 17 intact.	F 689		