

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 43BM	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/01/2022
NAME OF PROVIDER OR SUPPLIER DIVERSICARE OF BROOKHAVEN		STREET ADDRESS, CITY, STATE, ZIP CODE 519 BROOKMAN DRIVE BROOKHAVEN, MS 39601		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
M 000	Initial Comments The State Agency (SA) conducted an annual recertification survey from 11/28/2022 to 12/1/2022. The SA determined the facility was not in compliance with the Minimum Standards for Institutions for the Aged or Infirm, and cited M500, M705, M940 and M1230.	M 000		
M 500	45.17.2 Residents' Rights Residents' Rights. The residents' rights policies and procedures ensure that each resident admitted to the facility: 1. is fully informed, as evidenced by the resident's written acknowledgment, prior to or at the time of admission and during stay, of these rights and is given a statement of the facility's rules and regulations and an explanation of the resident's responsibility to obey all reasonable regulations of the facility and to respect the personal rights and private property of other residents; 2. is fully informed, and is given a written statement prior to or at time of admission and during stay, of services available in the facility, and of related charges including any charges for services covered by the facility's basic per diem rate; 3. is assured of adequate and appropriate medical care, is fully informed by a physician or nurse practitioner/physician assistant of his medical conditions unless medically contraindicated (as documented by a physician or nurse practitioner/physician assistant in his medical record), is afforded the opportunity to participate in the planning of his medical treatment, to not be limited in his/her choice of a pharmacy or pharmacist provider in accordance	M 500		1/5/23

Mississippi State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

12/16/22

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M 500	Continued From page 1 with state law, as referenced in House Bill 1439, which states that the facility shall not limit a resident 's choice of pharmacy or pharmacy provider if that provider meets the same standards of dispensing guidelines required of long term care facilities, to refuse to participate in experimental research, and to refuse medication and treatment after fully informed of and understanding the consequences of such action; 4. is transferred or discharged only for medical reasons, or for his welfare or that of other residents, or for nonpayment for his stay (except as prohibited by sources of third-party payment), and is given a two weeks advance notice in writing to ensure orderly transfer or discharge. A copy of this notice is maintained in his medical record; 5. is encouraged and assisted, throughout his period of stay, to exercise his rights as a resident and as a citizen, and to this end may voice grievances, has a right of action for damages or other relief for deprivations or infringements of his right to adequate and proper treatment and care established by an applicable statute, rule, regulation or contract, and to recommend changes in policies and services to facility staff and/or to outside representatives of his choice, free from restraint, interference, coercion, discrimination, or reprisal; 6. may manage his personal financial affairs, or is given at least a quarterly accounting of financial transactions made on his behalf should the facility accept his written delegation of this responsibility to the facility for any period of time in conformance with State law;	M 500		

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M 500	Continued From page 2 7. is free from mental and physical abuse; 8. is free from restraint except by order of a physician or nurse practitioner/physician assistant, or unless it is determined that the resident is a threat to himself or to others. Physical and chemical restraints shall be used for medical conditions that warrant the use of a restraint. Restraint is not to be used for discipline or staff convenience. The facility must have policies and procedures addressing the use and monitoring of restraint. A physician order for restraint must be countersigned within 24 hours of the emergency application of the restraint; 9. is assured security in storing personal possessions and confidential treatment of his personal and medical records, and may approve or refuse their release to any individual outside the facility, except, in the case of his transfer to another health care institution, or as required by law of third-party payment contract; 10. is treated with consideration, respect, and full recognition of his dignity and individuality, including privacy in treatment and in care for his personal needs; 11. is not required to perform services for the facility that are not included for therapeutic purposes in his plan of care; 12. may associate and communicate privately with persons of his choice, may join with other residents or individuals within or outside of the facility to work for improvements in resident care, and send and receive his personal mail unopened, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record);	M 500		

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M 500	Continued From page 3 13. may meet with, and participate in activities of, social, religious and community groups at his discretion, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 14. may retain and use his personal clothing and possessions as space permits, unless to do so would infringe upon rights of other residents, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 15. if married, is assured privacy for visits by his/her spouse; if both are inpatients in the facility, they are permitted to share a room, unless medically contraindicated (as documented by the attending physician or nurse practitioner/physician assistant in the medical record); and 16. is assured of exercising his civil and religious liberties including the right to independent personal decisions and knowledge of available choice. The facility shall encourage and assist in the fullest exercise of these rights. This Statute is not met as evidenced by: Level II Based on record review, interviews, and facility policy review, the facility failed to honor a resident's right to choose health care by not administering the requested influenza vaccination to a resident upon admission for one (1) out of 6 (six) vaccination records reviewed. Resident #307 Findings include:	M 500	1. The influenza vaccine was originally scheduled for the week of the survey. Resident #307 was assessed by the Assistance Director of Nursing/Infection Control Preventionist for signs and symptoms of the flu and none were noted. The influenza vaccination was administered as planned 11/30/2022 by the Health Information Management Coordinator (HIM-C).	

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M 500	Continued From page 4 Review of the facility's policy, "Influenza Vaccination Policy (Patients and Residents)," dated 11/1/16, revealed, "... For the health and safety of all patients and residents, influenza immunization is required on an annual basis, based on the risk presented to patients and residents through routine and direct exposure. Vaccination has been shown to reduce the transmission of influenza while reducing influenza related illness and death in health care centers ..." On 11/28/22 at 4:37 PM, in an interview with the son of Resident #307, he stated the resident wants a flu shot and no one has given it to her. On 11/29/22 at 2:00 PM, in an interview with Resident #307, she confirmed she has not gotten her flu shot yet. She revealed she gets it every year and the nurse told her she would get it. She stated she had double pneumonia in the past and ended up in Intensive Care, so her physician explained how important it is for her to get the flu vaccine every year as soon as it is available. On 11/30/22 at 04:14 PM, in an interview with Registered Nurse (RN) #3/Infectionist Preventionist, she confirmed residents are offered vaccinations upon admission and sign the consent electronically with the other admission paperwork. The consent is not readily assessable to the nursing staff, as the Director of Nursing (DON) must print the consent and give it to the Medical Records Nurse, who administers the vaccination. RN #3 revealed that the delay in resident's receiving the vaccination is related to the medical records nurse waiting on the DON to print the consent. RN #3 stated unless there is a delay, residents admitted in November usually get vaccines within the first few days of admission, as	M 500	2. All residents in the center are at risk for the deficient practice. 3. 100% audit conducted by the HIM-C and Director of Nursing(DNS) and completed on 12/09/2022 of all resident's influenza consents on admission and verification of administration. No other discrepancies were identified in audit. In-service was conducted with all nursing staff on resident's rights by Assistant Director of Nursing (ADNS) on 12/9/2022. Going forward, the HIM-C will have immediate access to the vaccine consents on admission. The Interdisciplinary Team (IDT) will review each new admission during the morning clinical meetings to determine need for the vaccine and communicate this to nursing so that vaccines can be administered promptly by the nursing staff after admission. 4. DNS and HIM-C will monitor 100% of all admissions beginning 12/09/2022 for completion and administration of influenza vaccinations as per resident's vaccination consent choice twice weekly for four weeks, then once weekly for two months to assure all resident's receive influenza vaccination as desired. Any variance will be corrected immediately and addressed in Quality Assurance and Performance Improvement (QAPI) on 1/04/2023. QAPI meeting will continue to address any variance findings for three months to ensure compliance.	

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M 500	Continued From page 5 the facility has the influenza vaccine available at that time. On 11/30/22 at 4:36 PM, in an interview with the DON, she confirmed that the nursing staff are dependent upon her to provide the printed vaccination consents. She stated the Medical Records Nurse had contacted her Monday requesting a copy of the flu vaccination consent signed by Resident #307, but she was busy with other new admissions, and it wasn't done. The DON stated that the facility's immunization policy does not have a time frame for administration, but most of the time residents get the vaccination on the day they sign the consent or the next. She confirmed that Resident #307 has underlying health conditions and needs to receive the flu vaccine. On 11/30/22 at 4:54 PM, in an interview with the Medical Records Nurse/Licensed Practical Nurse (LPN) #1, she revealed that Resident #307 electronically signed a consent for a flu vaccination upon admission. LPN #1 confirmed that she must wait upon the DON to print the consent for the vaccinations and at times, there may be a delay in her receiving the consents. The nurse stated that the facility's policy does not have a time frame for administration of the vaccination once the consent is signed, but that she normally tries to give the resident the vaccination within 2 (two) weeks. LPN #1 confirmed that if a resident is not given the flu vaccine, their chances of getting the flu increase. On 11/30/22 at 05:27 PM, in an interview the Administrator stated all admission paperwork, which contains the vaccination consent form, is signed electronically. The Administrator confirmed the DON gives the vaccination consent forms to	M 500		

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M 500	Continued From page 6 the Medical Records Nurse, who then administers the vaccination to the resident. Record review of the facility's "Admission Record" for Resident #307, revealed the facility admitted the resident on 11/11/22, with diagnoses that included Type 2 Diabetes Mellitus, Hypertension, and Coronary Artery Disease. Record review of the Admission Minimum Data Set (MDS) with Assessment Reference Date (ARD) of 11/18/22, revealed a Brief Interview for Mental Status (BIMS) score of 15, which indicated resident was cognitively intact. Record review of the facility's "Patient/Resident Declination /Authorization Form (Flu)" signed by Resident #307, revealed the consent was signed on 11/11/22. However, as of the State Agency's entry into the facility on 11/28/22, the flu vaccination had not been administered to Resident #307. Record review of the facility's "Order Summary Report," for Resident #307, revealed 12/1/22 active orders included an order for the resident is to receive an annual influenza vaccine, with an order date of 11/10/22.	M 500		
M 705	45.24.2 Policies and procedures Policies and procedures. Each facility shall have policies and procedures to assure the following: 1. Accurate acquiring; 2. Receiving; 3. Dispensing;	M 705		1/5/23

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M 705	Continued From page 7 4. Storage; and 5. Administration of all drugs and biologicals. This Statute is not met as evidenced by: Level II Based on observations, record reviews, interviews, and facility policy review, the facility failed to store the Flonase belonging to Resident #109 in a locked compartment to prevent possible overdose of a medication for one (1) of five (5) medication observations. Resident #109 Findings Include: Record review of the facility's, "Medication Administration Competency Checklist," reveals the facility uses Perry and Potter, Clinical Nursing Skills & Techniques, 8th Edition, as their medication administration policy and procedure. Review of the checklist revealed ... "2. Administered medications: p. Stayed with the resident until the resident completely took all medication by the prescribed route, ..." Review of the facility's, "Licensed Nurse Core Clinical Competency," revealed RN #1 was checked off on Medication Administration on 10/29/22. An observation on 11/29/22 at 1:17 PM, revealed a bottle of Flonase on the bedside table of Resident #109. In an interview on 11/29/22 at 1:17 PM, Registered Nurse (RN) #2 confirmed there was a bottle of Flonase on the bedside table of Resident #109. RN #2 stated the medication nurse must	M 705	1. The Flonase was removed from the room immediately. Resident #109 was assessed by the Director of Nursing (DNS) on 11/29/2022. There were no negative findings for this resident including no evidence that he had taken additional puffs of the Flonase. The nurse was provided one on one education by the Assistant Director of Nursing (ADNS) on 11/30/2022 regarding proper storage of medication including that they should never be left at the bedside. 2. All residents in the center are at risk of the deficient practice. 3. The DNS and ADNS initiated and completed an audit of 100% of the resident rooms to assure that no other resident had medications at the bedside. No additional medications were found. Direct training/In-service with Registered Nurse (RN) #1 completed by ADNS on 11/30/2022 on Medication Administration Competency with emphasis on returning medications to a locked medication cart for storage. The DNS/ADNS initiated an inservice regarding observation of medication administration, not limited to returning medication to cart for storage on 11/30/2022. Competency evaluations will be completed at the time of hire and yearly thereafter by ADNS or licensed nurse. 4. DNS and ADNS will perform audits of licensed nurses performing medication administration, not limited to medication	

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M 705	Continued From page 8 have left it in the room. In an interview on 11/29/22 at 1:33 PM, Resident #109 confirmed that the bottle of Flonase on his bedside table belonged to him, and that he would use it when he gets ready. The resident stated that he could not remember whether or not he had used the Flonase. During an interview on 11/29/22 at 01:40 PM, with RN #1, she confirmed the Flonase was left on the bedside table of Resident #109. RN #1 confirmed that she should not have left the medication in the resident's room. The nurse revealed that she was unsure as to whether the resident had taken an extra dose because he has periods of confusion and forgets. Review of the "Admission Record" for Resident #109 revealed, the facility admitted the resident on 11/21/22, with diagnoses that included Allergic Rhinitis, Kidney Failure, and Hypertension. Record review of the "Quarterly Minimum Data Set" (MDS) with the Assessment Reference Date (ARD) of 11/28/22, revealed Resident #109 had a Brief Interview for Mental Status (BIMS) score of 09, that indicated Resident #109 had moderate cognitive impairment. Record review of the facility's, "Order Summary Report," dated 12/1/22, for Resident #109, revealed an active order for Fluticasone Propionate Suspension (Flonase) 50 mcg/act (micrograms/actuation) 1 (one) spray in both nostrils one time a day related to Allergic Rhinitis. During an interview on 11/29/22 at 02:20 PM, with the Director of Nursing (DON), she confirmed the nurse should not have left the Flonase on the	M 705	storage after administration, for five times weekly for two weeks, three times weekly for two weeks, then weekly for two months to assure medication administration is performed in accordance of medication administration guidelines beginning 12/12/2022. All variances to procedure will be immediately corrected and addressed in Quality Assurance and Performance Improvement (QAPI) on 1/04/2023. QAPI meeting will continue to address any variance findings for three months to ensure compliance.	

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M 705	Continued From page 9 bedside table, because the resident could forget that he took the medication and take another dose. The DON admitted said she did not know what harm it could cause by spraying extra doses of Flonase. During an interview on 11/29/22 at 03:07 PM, with the Pharmacy Consultant, the consultant confirmed the nurse should not have left medication on the bedside table of the resident. The Pharmacy Consultant confirmed the medication should be observed when given and placed back into a locked cart.	M 705		
M 940	45.32.3 Dishwashing Dishwashing. Commercial or institutional type dishwashing equipment shall be provided in homes with more than twenty-four (24) beds. The dishwashing area shall be separated from the food preparation area. If sanitizing is to be accomplished by hot water, a minimum temperature of one hundred eighty (180) degrees Fahrenheit shall be maintained during the rinsing cycle. An alternate method of sanitizing through use of chemicals may be provided if sanitizing standards of the Mississippi State Department of Health Food Code Regulations are observed. Adequate counter-space for stacking soiled dishes shall be provided in the dishwashing area at the most convenient place of entry from the dining room, followed by a disposer with can storage under the counter. There shall be a pre-rinse sink, then the dishwasher and finally a counter or drain for clean dishes. This Statute is not met as evidenced by: Level II	M 940	1. Auto-Chlor came to the facility on 11/30/2022. The three compartment sink	1/5/23

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M 940	Continued From page 10 Based on observation, staff interviews, and facility policy review, the facility failed to ensure cookware was properly sanitized for one (1) of two (2) kitchen tours. All 55 residents residing in the facility had the potential to be affected. Findings Include: A review of the Facility's policy, "Manual Warewashing" Policy, revised 09/2017, revealed, " ... All cookware, dishware, and serveware that is not processed through the dish machine will be manually washed and sanitized. Procedures 1. The Dining Service staff will be knowledgeable in proper technique including ...chemical sanitizer testing and concentrations. 2. Appropriate test strips will be utilized to measure the concentration of the sanitizer solution. Results will be recorded on the Three-Compartment Sink Log ..." An observation on 11/30/22 at 10:52 AM, revealed the chemical sanitizer in the three-compartment sink was checked with the assistance of the Dietary Manager (DM). The DM placed a sanitizer test strip into the compartment that should have held the sanitizer, removed it, and compared it to the color chart on the test strip container. The test strip indicated that the chemical sanitizer measured zero (0) parts per million (ppm), instead of the acceptable range of 100 to 200 ppm. There were no items in the sink compartment during the observation. The DM ran more water that should have contained the chemical sanitizer into the compartment. She placed another test strip into the same compartment and compared it to the color chart on the container. The test strip again measured 0 ppm. On 11/30/22 at 11:11 AM, in an interview with the	M 940	sanitation was inspected and corrected. Auto-Chlor to maintain on a monthly basis. 2. All residents in the center are at risk for the deficient practice. 3. In-service with all dietary staff by Account Manager on the proper technique of testing of testing chemical sanitizer and concentrations on 11/30/2022. Appropriate test strips will be utilized to measure the concentration of the sanitizer solution. Results will be recorded on the three compartment sink log. 4. Account Manager or staff member will check the logs and concentration of the sanitizer of the three compartment sink log every day for one month, then three times a week for three months beginning 11/30/2022. The compartment sink will be checked at a minimum of three times a day before use daily. All variances to procedure will be immediately corrected and addressed in Quality Assurance and Performance Improvement (QAPI) on 1/04/2023. QAPI meeting will continue to address any variance findings for three months to ensure compliance.	

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M 940	Continued From page 11 DM, she stated that she did not know why the sanitizer in the three-compartment sink was not working and commented that the sanitation had recently been checked by the "Auto-Chlor" (name brand of chemical sanitizer) Technician. She pointed out that the container of chemical sanitizer was almost full. Observation of the "Auto-Chlor Pots and Pans Sanitizer" container revealed there was a five (5)-gallon container that contained approximately three (3) gallons of the chemical sanitizer. The DM explained that the three-compartment sink is used to wash and sanitize the pots and pans used to cook meals for the residents. She commented that the water gets hot enough to clean the dishes but confirmed that the residents could get sick if the pots and pans are not sanitized properly. On 11/30/22 at 11:20 AM, in an interview with the Administrator, she stated that the residents could get sick from not sanitizing the dishes and that she expected any equipment that is not functioning properly to be repaired promptly. On 11/30/22 at 12:30 PM, the Dietician stated in an interview that the sanitation was not flowing from the sanitation container properly because the filter needed to be changed. The Dietician confirmed that the filter has been changed and the sanitation is working properly.	M 940		
M1230	45.40.11 Call System Call System. A call system shall be in place at the nurses' station to receive resident calls through a communication system to include audible and visual signals from bedrooms, toilets, and bathing facilities.	M1230		1/5/23

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 43BM	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/01/2022
NAME OF PROVIDER OR SUPPLIER DIVERSICARE OF BROOKHAVEN		STREET ADDRESS, CITY, STATE, ZIP CODE 519 BROOKMAN DRIVE BROOKHAVEN, MS 39601		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
M1230	Continued From page 12 This Statute is not met as evidenced by: Level II Based on observations, interviews, record reviews, and facility policy review the facility failed to maintain a properly functioning call system for one (1) of four (4) halls observed. B Hall Findings Include: Review of facility's policy titled, "Nurse Call System," dated September 1, 2014, revealed "Purpose: To maintain center 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 11/28/22 at 03:45 PM, revealed the call light above the door of Room #8 on B Hall was on, but there was no audible sound in the hall or at the nurse's desk. In an interview on 11/28/22 at 03:45 PM with Licensed Practical Nurse (LPN) #3, she stated that the call lights make a sound outside in the hallway. However, LPN #3 was observed entering Room #4 on B Hall and pressing the resident's call system button, and the light above the door was on, but there was no audible sound in the hallway or at the nurse's station. LPN #3 stated the Certified Nurse Aides (CNA's) are usually on the floor and can see the call lights. She revealed that at one time there was a call system control box at the nurse's station that would sound when a call light was activated, but the nurse had not	M1230	1. All identified residents residing on B Hall were observed by Administrator, Director of Nursing (DNS), and Assistant Director of Nursing (ADNS), and Health Information Management Coordinator (HIM-C) on 11/28/2022. There were no negative findings. On 11/28/2022, the call system phone receiver at the nurses station was replaced by the Maintenance Director. 2. All residents of the center have the potential for being affected by this practice. 3. On 11/28/2022, the Maintenance Director completed an audit of 100% of the halls to assure that staff were able to hear the call bells on each hallway. The call system worked properly on each hallway. On 11/30/2022, the ADNS completed an In-service/education with nursing staff on call system phone receiver to remain at nurse's station at all times and attached to system cord adaptor and to report all functionality issues or malfunctions to the Maintenance Director or Administrator as soon as possible. The Maintenance Director secured the call system phone receiver to the nurse's station desk. 4. The Maintenance Director, Administrator, or staff member will perform audits to ensure call system phone receiver is present at the nurse's station and properly functioning five times a week for two weeks, three times a week for two weeks, then once weekly for two months beginning 12/12/2022. All variances identified will be immediately corrected and addressed in Quality	

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M1230	Continued From page 13 seen it lately. On 11/28/22 at 3:50 PM, an observation of all the resident rooms on B Hall, revealed that when the light was on above the resident's doors, there was no audible sound either in the hall or at the nurse's desk. On 11/28/22 at 4:00 PM, the Maintenance Director was observed working on the call light system. On 11/29/22 at 10:00 AM, an observation of the call light system revealed the call light system was audible on all halls and at the nurse's desk. A working call light control box was observed on the nurse's desk. During an interview on 12/01/22 at 3:00 PM, the Director of nursing (DON) confirmed the facility had not discovered the problem with the call lights until Monday when the State Agency (SA) brought it to their attention. It was at that time that the facility discovered the call system control box was missing from the nurse's desk. The DON revealed that she wasn't sure how long the control box had been missing, but the staff had narrowed the time frame down to the preceding weekend. The DON said that the CNA's are always stationed on the halls and are trained to watch for the lights above the doors. During an interview on 12/01/22 at 3:10 PM with the Maintenance Director, he confirmed the call light control box had been replaced as soon as the facility was made aware of the issue with the system. He confirmed that the Administrator had given him permission to purchase the replacement call system control box that same evening at a local electronic store.	M1230	Assurance and Performance Improvement (QAPI) on 1/04/2023. QAPI meeting will continue to address any variance findings for three months to ensure compliance.	

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M1230	Continued From page 14 During an interview on 12/01/22 at 3:21 PM, the Administrator confirmed the call light system had been compromised and that it's important for residents to have a properly functioning call light system to ensure that they are able to notify the staff of their needs and concern.	M1230		