STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	03AC	A. BUILDING: _____ B. WING _____	C 11/29/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIBERTY COMMUNITY LIVING CTR	323 INDUSTRIAL PARK DRIVE LIBERTY, MS 39645

(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 a Complaint Investigation (CI), MS #19793, MS #19683, and MS #19589 at the facility from 11/28/22 through 11/29/22. During the survey, the SA determined the facility was not in compliance with the Minimum Standards for Institutions for The Aged or Inform. MS #19589 was not substantiated for resident assessment or notification of responsible representative, MS #19683 was not substantiated for resident falls or resident assessment, and MS #19793 was not substantiated for notification of responsible representative, facility staffing, resident falls, or resident falls, but was substantiated for inadequate resident hydration and cited M650.	M 000		
M 650	45.21.10 Hydration Hydration. Each resident shall be provided sufficient fluid intake to maintain proper hydration and health. This Statute is not met as evidenced by: Level II Based on observation, record review and interviews the facility failed to offer sufficient fluid intake to maintain proper hydration and health for 15 of 64 residents including sampled Resident #1, and 14 unsampled residents who resided on the Dementia Care Unit (200 Hall). Findings include: Record review of the facility provided policy titled "Hydration Management Policy," (undated), revealed, "Purpose: The facilities Nutrition and Hydration Program is aimed at improving,	M 650	Resident #1 and 14 sample residents on the Dementia unit were evaluated by the Director of Nursing (DON) on 11/30/2022 with no adverse effects. All residents have the potential to be affected. All staff was in-serviced on 11/30/2022 on providing adequate hydration, hydration protocol and the facilities hydration management policy to include documentation of as needed (PRN)fluids by the DON. All residents on the Dementia Unit were assessed by the DON on 11/30/2022 and were found to have no	1/4/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	03AC	A. BUILDING: _____ B. WING _____	C 11/29/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIBERTY COMMUNITY LIVING CTR	323 INDUSTRIAL PARK DRIVE LIBERTY, MS 39645

(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 650	Continued From page 1 preventing deterioration or maintaining a resident's functional and wellness level and quality of life through an interdisciplinary approach ...Policy: The facility shall ensure through a restorative approach, that residents are offered and provided with food and fluids that are safe, adequate in quantity ...and meet all dietary needs as directed by the Registered Dietician and the Medical Director." On 11/28/22 at 11:30 AM, an observation of Resident #1 revealed the resident eating lunch without assistance. A partially empty seven (7) ounce glass of tea was seen sitting in front of Resident #1. The dietary slip for Resident #1 revealed the resident had a preference listed for eight (8) ounces of tea, water, or milk to be served with meals. There was no bedside water pitcher, bottled water, or any other source of water for hydration seen in the room of Resident #1. On 11/28/22 at 11:45 AM, an observation revealed there were no bedside water pitchers, bottled water, or any other source of water for hydration seen in any of the resident rooms on the 200 Hall of the facility. Bedside water pitchers were present and available for residents on the other three halls in the facility. On 11/28/22 at 12:05 PM, an interview with RN #1 confirmed that the residents on the 200 Hall are provided snacks and fluids by the CNAs (Certified Nurse Aides) three (3) times each day. She revealed the nurses provide water to residents during medication pass and upon request, but unless the physician orders documentation of the resident's fluid intake, the amount of fluids that residents consume is not recorded. RN #1 confirmed that none of the	M 650	adverse effects; an audit of adequate hydration will be completed weekly by the DON for three (3) residents per week beginning 12/7/2022 and ending 1/4/2022. All residents on the Dementia unit beginning 11/30/2022 were provided hydration cups during hydration times per their diet and will be ongoing. All 7-ounce cups were removed from the kitchen and replaced with 8-ounce cups on 12/7/2022. The Quality Assurance Performance Improvement Team (QAPI) met and discussed the potential for adverse effects related to sufficient fluid intake on the Dementia Unit on 11/30/2022. It was implemented by the QAPI Team that all 7-ounce cups were to be disposed of and the 8-ounce cups were ordered and will be replaced no later than 12/7/2022. All residents on the Dementia Unit will have an initial evaluation by the DON to ensure they have no signs or symptoms of inadequate hydration on 11/30/2022. Beginning 12/7/2022 the DON will evaluate three (3) residents per week on the Dementia unit for sufficient hydration and ending 01/04/2022. The DON will report weekly beginning 11/30/2022 ending 1/4/2022 to the QAPI Team for review and recommendation of findings and any persons at risk will be immediately evaluated for revision of CarePlan. All residents on the Dementia unit will be offered and provided a hydration cup during the facilities hydration times according to their diet and the Certified Nursing Assistant (CNA) on duty will document PRN fluids. All staff will be in serviced on the hydration policy and	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	03AC	A. BUILDING: _____ B. WING _____	C 11/29/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIBERTY COMMUNITY LIVING CTR	323 INDUSTRIAL PARK DRIVE LIBERTY, MS 39645

(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 650	Continued From page 2 fifteen residents on the 200 Hall had bedside water pitchers. She stated there was a water pitcher at the nurse's station, on the medication cart for residents, but the medication cart was locked in the medication room when not in use. On 11/28/22 at 12:20 PM in an interview with CNA #1, she stated the CNAs serve "hydration and snacks at 9:30 AM, 2:00 PM, and after supper." The CNA revealed there is no documentation of which resident's accepted the offered snacks or fluids, except for residents on fluid restrictions. She confirmed that the residents on the 200 Hall do not have bedside water pitchers, but that the staff provide fluids to residents upon request. Record review of the "Admission Record" for Resident #1 revealed, she was originally admitted by the facility on 5/06/21, with a current admission date of 5/24/21. Resident #1 had diagnoses including Encephalopathy, Dementia, Convulsions, Psychosis, Diabetes, Hypertension and Heart Failure. Record review of the "Quarterly Minimum Data Set" (MDS), with and the Assessment Reference Date (ARD) date of 10/6/22, revealed Resident #1 had a Brief Interview for Mental Status (BIMS) score of 02, which indicated the resident had severe cognitive impairment. Further review of the MDS revealed Resident #1 was independent with bed mobility, eating, and toilet use, but required limited one-person assistance for dressing and personal hygiene. Record review of the "Physician Orders" for Resident #1 dated 10/12/22, revealed a new diagnosis of "Hypernatremia" with an order for "8 oz of H2O q (every) 4 (hours)/ WA (while awake) X 14 days."	M 650	procedures and providing adequate hydration. The Hydration Policy was reviewed by the QAPI team with no recommended changes at this time.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	03AC	A. BUILDING: _____ B. WING _____	C 11/29/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIBERTY COMMUNITY LIVING CTR	323 INDUSTRIAL PARK DRIVE LIBERTY, MS 39645

(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 650	Continued From page 3 On 11/29/22 at 2:07 PM, during an interview with the Primary Physician for Resident #1, he confirmed the 10/12/22 diagnosis of Hypernatremia and the order for "8 oz (ounces) of H20 (water) q 4? (every 4 (hours)/WA (while awake) X 14 days." The Physician revealed that Resident #1 needed fluids, but because of her cardiac diagnosis, the medical team had agreed that intravenous fluids could have overwhelmed the resident, so oral fluids were ordered. On 11/29/22 at 5:00 PM, an observation and interview with the Director of Nursing (DON) and the Dietary Manager revealed the glasses used to provide fluids during meals held seven (7) ounces. The Dietary Manager revealed she was unaware that the new glasses ordered from the supplier were not eight (8) ounce glasses. The Dietary Manager stated "I assumed they held eight ounces" but based on observation of measurement, she confirmed that the glasses held seven (7) ounces. The DON also observed and confirmed that the drinking glasses held seven (7) ounces of fluid. The Dietary Manager and the DON both stated that this observation revealed that the residents were not receiving the amount of fluids throughout the day that the staff thought. The Dietary Manager confirmed the seven (7) ounce glasses would no longer be used. She stated, "if it says they are supposed to get eight (8) ounces, they are supposed to get eight ounces." She confirmed the meal tray slips stated eight (8) ounces of fluid was being served. On 11/29/22 at 5:15 PM, during an interview with the DON, she confirmed that there were no bedside water pitchers provided by the facility for the fifteen (15) residents on the 200 Hall, but the staff provided snacks and hydration for those	M 650		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	03AC	A. BUILDING: _____ B. WING _____	C 11/29/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIBERTY COMMUNITY LIVING CTR	323 INDUSTRIAL PARK DRIVE LIBERTY, MS 39645

(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 650	Continued From page 4 residents. The DON confirmed there was no documentation recorded on how much any of the residents accepted or consumed unless a resident had specific orders for "I&O" (input and output) monitoring or fluid restrictions. On 11/29/22 at 5:25 PM, during an interview with the Administrator, she revealed she was not aware of the discrepancy in the amount the serving glasses held versus the amount listed on the meal tray slips. She stated she was aware the residents on 200 Hall did not have bedside water pitchers.	M 650		