STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255293	A. BUILDING _____ B. WING _____	01/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF SHELBY	1108 CHURCH STREET SHELBY, MS 38774

(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 re-certification survey at the facility from 1/3/2023 to 1/5/2023. During the survey, the SA determined that the facility was not in compliance with Medicare and Medicaid regulations for participation with a deficiency cited at F 644. The facility is licensed for 60 beds. At the time of the survey, the census was 51.	F 000		
F 644 SS=D	Coordination of PASARR and Assessments CFR(s): 483.20(e)(1)(2) §483.20(e) Coordination. A facility must coordinate assessments with the pre-admission screening and resident review (PASARR) program under Medicaid in subpart C of this part to the maximum extent practicable to avoid duplicative testing and effort. Coordination includes: §483.20(e)(1)Incorporating the recommendations from the PASARR level II determination and the PASARR evaluation report into a resident's assessment, care planning, and transitions of care. §483.20(e)(2) Referring all level II residents and all residents with newly evident or possible serious mental disorder, intellectual disability, or a related condition for level II resident review upon a significant change in status assessment. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility failed to refer a resident to the appropriate agency for a Level II Preadmission Screening and Resident Review (PASARR) following an inpatient Geri-psych admission with a new psychiatric	F 644	*The deficiency was corrected by the submission of The Pre-Admission Screening and Resident Review on 01/12/2023 electronically via Division of Medicaid. A Brief Interview Mental	2/10/23

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

Electronically Signed | 01/18/2023

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F 644	Continued From page 1 diagnosis and new psychiatric medications for one (1) of four (4) sampled residents reviewed for PASARR. Resident #16. Findings include: Record review of a typed document on facility letterhead dated 1/4/22 provided and signed by the Administrator revealed "(Formal Name of Facility) go by the State Guidelines on performing PASSARS. We do not have a Passar Policy." Record review of the Medical Diagnosis List for Resident #16 revealed a diagnosis of Schizophrenia, Unspecified, with a date of 11/19/19. Record review revealed there was no Change in Status Form completed for Resident #16, related to the inpatient admission to Geri-psych on 11/8/19 during which the resident received a new psychiatric diagnosis of Schizophrenia, dated 11/19/19, and a new physician's order for new psychiatric medications, Abilify and Depakene. An interview on 1/4/23 at 10:25 AM, with the Minimum Data Set (MDS) Nurse, revealed she was not able to locate a Change in Status Form, for Resident #16, related to the inpatient admission to Geri-psych on 11/8/19. The MDS Nurse revealed a Change in Status Form should have been done for the Geri-psych admission, for the new diagnosis of Schizophrenia, and the new psychiatric medicines for psychiatric treatment. An interview on 1/4/23 at 12:07 PM, with Social Services, revealed she called the mental health services agency responsible to process Change in Status Forms to inquire about a Change in	F 644	assessment was performed by the Minimum Data Set Nurse on 01/19/2023. A Patient Health Questionnaire-9 was performed by the Social Worker on 01/19/2023 to assess for s/s of depression. *Residents with newly diagnosis of mental disorder, intellectual disability or who have received new psychiatric medications have the potential to be affected if not properly assessed with completion of a PASSR. *In-service given on 01/12/2023 to the interdisciplinary team members (Social Service, Minimum Data Set Nurse, Director of Nursing and Medical Record Nurse) on the purpose of a Pre-Admission Screening and Resident Review, timely completion/submission of the Pre-Admission Screening and Resident Review as well as the importance of identifying re-admits for screening to verify correct Long term placement. This in-service was given by the Licensed Nursing Home Administrator. The Brief Interview Mental Assessment and the Patient Health Questionnaire-9 will be performed quarterly on the resident in question as well as on all the other residents with newly diagnosis of mental disorder, intellectual disability or a related condition for level II with a significant change or new psychiatric medication to ensure a timely assessment and completion of a PASSR.	

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F 644	Continued From page 2 Status Form submission, from November 2019, for Resident #16. She revealed the mental health services agency confirmed there was no submission of a Change in Status Form, for Resident #16, for the Geri-psych inpatient admission on 11/8/19, for the diagnosis of Schizophrenia, nor for the psychiatric medicines. Social Services confirmed that a Change in Status Form should have been submitted, in November 2019, to ensure a Level II screen was completed to evaluate Resident #16 for the possible need of additional mental health services and interventions. An interview on 1/4/23 at 12:11 PM, with the Administrator, confirmed there was not a Change in Status Form submitted in November 2019, for Resident #16, after re-admission to the facility following a Geri-psych admission with a new diagnosis of Schizophrenia and new psychiatric medications. She confirmed that a Change in Status Form should have been submitted in November 2019. This would have allowed Resident #16 to have possibly received a Level II Screen for the possible need of additional mental health services. The Administrator confirmed there is a possibility that Resident #16 may not have received all the mental health services she could have qualified for in the nursing facility. Record review of the Physician's Order Sheet, for Resident #16, revealed, "11/19/19 Readmit to Shelby Health and Rehab Center under the care of (physician's name removed). Resume previous nursing home order, plus add: Aripiprazole (Abilify) 10 MG by mouth (PO) at bedtime and Depakene (Valproic Acid) 250 MG PO two (2) times a day (BID)."	F 644	*The facility will monitor new admits and re-admits weekly starting 1/20/2023 to ensure a Pre-Admission Screening and Resident Review completed. The new admits and re-admits will be brought to Clinical Start up weekly to ensure we identify those residents in need of an updated Pre-Admission Screening and Resident Review. Re-admits will be assessed and monitored for new mental diagnosis, new psychiatric meds or intellectual disability and brought to Clinical start up weekly. This will be a part of our Clinical start up to provide continuous monitoring. Psychiatric diagnosis and psychiatric medications will be discussed in clinical stand up daily. *The Minimum Data Set Nurse, Medical Records and the Licensed Nursing Home Administrator conducted a 100% audit on 01/18/2023 of all residents with diagnosis of mental disorder, intellectual disability or psychiatric medications to determine if a PASSR has been done. The results of the audit identified two residents without a Pre-Admission Screening and Resident Review. The two residents identified had a new psychiatric diagnosis and received a new psychiatric medication. A Pre-Admission Screening and Resident Review was completed and submitted on 01/20/2023. Cognitive status assessed on the two residents with a Brief Interview Mental Assessment performed by the Minimum Data Set Nurse on 01/20/2023 and a Patient Health Questionnaire-9 performed by the social worker on 01/20/2023.	

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F 644	Continued From page 3 Record review of the Admission History and Physical for Geri-psych, for Resident #16, revealed " ... Admitted Nov-08-2019 ... Assessments: Schizophrenia Deferred to the Geri-psych service ... Identifying Data: The patient is a 63-year old African American female who was voluntarily hospitalized to (facility's name removed), Geri-psych facility at (hospital's name removed) transferred from Shelby Health and Rehab where she has been showing inappropriate sexual behavior... The symptoms were unable to treated on outpatient basis which required this Geri-psych referral and admission ..." Record review of the Patient Discharge Summary Report from Geri-psych, dated 11/19/19, revealed " ... Admit Date: 11/8/2019 ... Diagnosis: Anxiety Disorder ... Discharge Medications: New Medications to start taking - Aripiprazole (Abilify) - Take 10 MG by mouth at bedtime ... Depakene - Take 250 MG by mouth twice a day." Record review of the Admission Record for Resident #16 revealed an admission date of 12/21/2018.	F 644	*The Medical record clerk and Social Service will audit 4 admission/new admits weekly for 4 weeks effective week of 01/15/2023 and quarterly. The corrective action completion date will be 02/10/2023 after Quality Assurance meeting. The findings will be brought to the Quality Assurance meeting for discussion monthly for 3 months on 01/28/2023, 02/22/2023 and 03/29/2023 consecutively.	