MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30CD	A. BUILDING: _____ B. WING _____	04/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF MOSS POINT	3401 MAIN STREET MOSS POINT, MS 39563

(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 and a Complaint Investigation (CI), MS #21192, at the facility from 4/10/23 through 4/13/23. There were no deficiencies cited during the investigation for MS #21192 for resident abuse. During the survey, the SA determined the facility was not in compliance with the Minimum Standards for Institutions for the Aged or Infirm, state licensure requirement and cited M500 and M855. The facility held a license for 160 beds with a census of 96.	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	M 500		5/22/23

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M 500	Continued From page 1 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 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;	M 500		

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M 500	Continued From page 2 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; 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	M 500		

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M 500	Continued From page 3 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); 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 observations, interviews, record review,	M 500	1) A follow-up Resident Council was performed by Social Services Director on 4/20/2023 to discuss food preferences	

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M 500	Continued From page 4 and facility policy review, the facility failed to ensure Resident Council grievances were resolved related to food concerns for nine (9) of nine residents who attended the Resident Council meeting. Findings include: Review of the facility's, "Customer Concern (Grievance) Policy" dated July 2018, revealed, "Purpose: Support each customer's (patient's/resident's) right to voice concerns (grievances) and to ensure after receiving a concern, the center actively seeks a resolution and keeps the customer appropriately apprised of its progress toward resolution ... Our Grievance Official is the center Administrator ...Process... Customer concerns will have a prompt response. The concern will be recorded on the Customer Concern Form either by the team member who has received the concern or by the customer (patient/resident) ... The Administrator will ensure a thorough investigation is conducted and will respond to the customer (patient/resident) ... In resolving the concern, both the Administrator and the customer will develop a plan of action which will be specific about what is to occur ... The Administrator shall follow up on the correction of the problem and finalize the Customer Concern Form validating the resolution of the concern including who did what, when, and where. The Administrator shall contact the customer to assure him/her that it has been resolved ... The completed Customer Concern Form will be retained in the Administrator's office for a period of three years ..." Record review of the "Resident Council Minutes", dated 1/18/23 at 3:00 PM, revealed " ...Concerns: Dietary ...Cold food, soggy food because of	M 500	and improvements; in addition, an initial Food Committee meeting was held on 4/21/2023 by Social Services Director and District Dietary Manager to target food concerns. 2) All residents receiving a kitchen meal tray have the potential to be affected by this issue. 3) Kitchen staff were in-serviced on 4/21/2023 by District Dietary Manager regarding proper food placement on the trays. 4) Starting 4/24/2023, test trays will be evaluated by management staff (Administrator, Director of Nursing or Social Services Director) at a minimum at 3x weekly x 10 weeks, with documented findings being brought to Quality Assurance meeting monthly x3 months by Dietary Manager or Administrator. Starting 5/01/2023, trays will be checked for proper food placement and provided seasoning packets by Dietary Manager, 15 trays per meal times 4 meals a week, times 10 weeks; with documented findings being brought to Quality Assurance meeting on 5/17/2023 and monthly x3 months by Dietary Manager or Administrator.	

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M 500	Continued From page 5	M 500		

putting foods together veggies and fruits in bowl ..."

Record review of the "Resident Council Minutes," dated 2/15/23 at 3:00 PM, revealed, " ...Concerns: Dietary ...still being served dislikes, cold food, still getting soggy foods, wrong foods on tray ..."

Record review of the "Resident Council Minutes", dated 3/15/23 at 3:00 PM, revealed, " ...Old Business ...food still being cold in cafeteria and room soggy buns from wet food ...Concerns: Dietary: cold, soggy, and wrong foods ..."

During a resident council meeting on 4/11/23 at 10:00 AM, the residents stated they had "complained for six (6) months that the food was cold and did not taste good." The residents explained they had complained to the Social Worker (SW), who then notified the Administrator. The Dietary Manager (DM) attended several of their meetings in which they expressed their concerns related to the cold temperature and the lack of taste with the food. The DM said he would make sure the food was hot and that the food was seasoned, however, the residents remarked that nothing had changed, and the food continued to be cold and unsavory.

Review of the most recent Minimum Data Sets (MDSs) for the residents who attended the Resident Council meeting, on 4/11/23, revealed a Brief Interview of Mental Status (BIMS) score of 15 for four (4) of the residents and a BIMS score of 14 for two (2) residents, which indicated no cognitive impairment, and a BIMS score of 12 for three (3) of the residents, which indicated moderate cognitive impairment.

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M 500	Continued From page 6 During an interview on 04/11/23 at 10:40 AM, with the SW, she confirmed the residents had complained that the food was cold and unsavory. The SW advised that she presented the grievances to the Administrator and the Dietary Manager, and the DM was invited and attended some resident council meetings. During an interview on 04/12/233 at 12:24 PM, the DM confirmed he had attended Resident Council meetings when he was invited, however, he was unable to explain why the grievances had not been resolved. During an interview on 04/13/23 at 10:53 AM, with the Administrator, he confirmed he was aware of the complaints from the resident council about the food being cold and unsavory. During an interview on 04/13/23 at 11:15 AM, with the Dietary District Manager, he confirmed he knew the residents had been complaining about the food lacking taste and being cold.	M 500		
M 815	45.29.1 Safe Food Handling Procedures Safe Food Handling Procedures. Food shall be prepared, held, and served according to current Mississippi State Department of Health Food Code Regulations. This Statute is not met as evidenced by: Level II Based on observation, interviews and facility policy review, the facility failed to properly seal dry goods, label, and date refrigerated foods, and remove expired foods for one (1) of three (3)	M 815	1) The outdated items were disposed of on 4/11/2023 by District Dietary Manager; the unlabeled and undated items were also disposed of that same day by District Dietary Manager.	5/22/23

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M 815	Continued From page 7 kitchen observations. Findings include: A record review of the facility's policy," Food Storage: Dry Goods," with a revision date of 9/2017, revealed, " ... All dry goods will be appropriately will be appropriately stored in accordance with the FDA Food Code ... All packaged and canned food items will be kept clean, dry, and properly sealed ..." A record review of the facility's policy," Food Storage: Cold Food," with a revision date of 4/2018, revealed, " ... All Time/Temperature Control for Safety (TCS) foods, frozen and refrigerated, will be appropriately stored in accordance with guidelines of the FDA (Food and Drug Administration) Food Code ... All foods will be stored wrapped or in covered containers, labeled, and dated, and arranged in a manner to prevent cross contamination ..." On 4/10/23 at 10:55 AM, in an initial tour of the kitchen with Dietary Manager (DM), observation of the dry goods storage room, revealed there was a five (5) pound bag of egg noodles open and undated in a plastic clear bin without a lid. There were five (5) eight (8) ounces Styrofoam cups in the refrigerator, unlabeled and undated. The DM confirmed the cups contained fortified white pudding. Observation of the items in the refrigerator also revealed three (3) packs of six (6) count, undated hoagie buns and an unlabeled and undated piece of meat wrapped in saran wrap. It was noted that the piece of meat had a yellow sticker on it that said, "use first." The DM stated it was a chicken breast. In the cooler, there were also eight (8) 32-ounce cartons of Debel® Liquid Egg whites, with an expiration date of	M 815	2) All residents receiving a kitchen meal tray have the potential to be affected by this issue. 3) Kitchen staff were in-serviced on 4/11/2023 by District Dietary Manager regarding proper storage, dating and labeling of food and food-related items. 4) Starting 4/14/2023, all items in the fridge, freezer and dry storage will be inspected 3x weekly by Dietary to ensure all food items are properly labeled, dated, sealed and un-expired (expired items will be disposed of). The (Dietary Manager) will document these inspections 3x weekly x10 weeks, and the Dietary Manager will bring these records and findings to Quality Assurance meeting on 5/17/2023 and monthly x3 months.	

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M 815	Continued From page 8 11/25/22. On 4/11/23 at 3:00 PM, in an interview with the DM, he stated, as the manager of the department, it is his responsibility to oversee the operations of the department. He revealed that although he expects the staff to check foods for expiration dates and remove them, it is his responsibility to oversee the staff and make sure that they complete their assigned tasks. The DM stated he expects his staff to pull food expired foods and dispose of them, as consumption could cause residents to become ill. On 4/13/23 at 2:15 PM, in an interview with the Administrator, he confirmed the egg whites should have been removed from the refrigerator. He stated the egg whites should have been removed from the refrigerator on their expiration date and all the opened foods that had been observed, should have been sealed and labeled.	M 815		