| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 255174 | A. BUILDING _____ B. WING _____ | 04/13/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| 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) COMPLETION DATE |
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| F 000 | INITIAL COMMENTS<br><br>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 CI MS #21192 for resident abuse. During the survey, the SA determined that the facility was not in compliance with the requirements of participation in Medicare and Medicaid and cited F565 and F812.<br><br>The facility held a license for 160 beds with a census of 96. | F 000 | | |
| F 565 SS=D | Resident/Family Group and Response<br>CFR(s): 483.10(f)(5)(i)-(iv)(6)(7)<br><br>§483.10(f)(5) The resident has a right to organize and participate in resident groups in the facility.<br>(i) The facility must provide a resident or family group, if one exists, with private space; and take reasonable steps, with the approval of the group, to make residents and family members aware of upcoming meetings in a timely manner.<br>(ii) Staff, visitors, or other guests may attend resident group or family group meetings only at the respective group's invitation.<br>(iii) The facility must provide a designated staff person who is approved by the resident or family group and the facility and who is responsible for providing assistance and responding to written requests that result from group meetings.<br>(iv) The facility must consider the views of a resident or family group and act promptly upon the grievances and recommendations of such groups concerning issues of resident care and life in the facility.<br>(A) The facility must be able to demonstrate their response and rationale for such response. | F 565 | | 5/22/23 |

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

Electronically Signed | 05/01/2023

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| F 565 | Continued From page 1<br>(B) This should not be construed to mean that the facility must implement as recommended every request of the resident or family group.<br><br>§483.10(f)(6) The resident has a right to participate in family groups.<br><br>§483.10(f)(7) The resident has a right to have family member(s) or other resident representative(s) meet in the facility with the families or resident representative(s) of other residents in the facility.<br>This REQUIREMENT is not met as evidenced by:<br>Based on observations, interviews, record review, 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.<br><br>Findings include:<br><br>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 | F 565 | 1) A follow-up Resident Council was performed by Social Services Director on 4/20/2023 to discuss food preferences 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.<br><br>2) All residents receiving a kitchen meal tray have the potential to be affected by this issue.<br><br>3) Kitchen staff were in-serviced on 4/21/2023 by District Dietary Manager regarding proper food placement on the trays.<br><br>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 | |

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| F 565 | Continued From page 2<br>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 ..."<br><br>Record review of the "Resident Council Minutes", dated 1/18/23 at 3:00 PM, revealed " ...Concerns: Dietary ...Cold food, soggy food because of putting foods together veggies and fruits in bowl ..."<br><br>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 ..."<br><br>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 ..."<br><br>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 | F 565 | Dietary Manager or Administrator.<br><br>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.<br><br>Starting 4/21/2023, a formal Food Committee will be held 2x monthly (x 4 months) by Social Services Director and District Dietary Manager, to meet with residents to discuss food issues and feedback regarding changes; the documented minutes of these meetings will be brought to QA monthly x4 months by Dietary Manager or Social Services Director.<br><br>In addition, a temperature log of each meal will continue to be maintained by Dietary Manager, with documented findings being brought to QA monthly x3 months by Dietary Manager or Administrator. | |

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| F 565 | Continued From page 3 | F 565 | | |

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.

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

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| F 565 | Continued From page 4<br>the food lacking taste and being cold. | F 565 | | |
| F 812 SS=E | Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2)<br><br>§483.60(i) Food safety requirements.<br>The facility must -<br><br>§483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities.<br>(i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations.<br>(ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices.<br>(iii) This provision does not preclude residents from consuming foods not procured by the facility.<br><br>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety.<br>This REQUIREMENT is not met as evidenced by:<br>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) kitchen observations.<br><br>Findings include:<br><br>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 | F 812 | 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.<br><br>2) All residents receiving a kitchen meal tray have the potential to be affected by this issue.<br><br>3) Kitchen staff were in-serviced on 4/11/2023 by District Dietary Manager regarding proper storage, dating and | 5/22/23 |

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| F 812 | Continued From page 5<br>packaged and canned food items will be kept clean, dry, and properly sealed ..."<br><br>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 ..."<br><br>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 11/25/22.<br><br>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 | F 812 | labeling of food and food-related items.<br><br>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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| F 812 | Continued From page 6<br>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.<br><br>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. | F 812 | | |