STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255296	A. BUILDING _____ B. WING _____	04/19/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DESOTO HEALTHCARE CENTER	7805 SOUTHCREST PARKWAY SOUTHAVEN, MS 38671

(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 along with one (1) Complaint Investigation (CI MS #21321) at the facility from April 16 through April 19, 2023. During the survey, the SA determined that the facility was not in compliance with Medicare and Medicaid regulations for participation and cited regulatory deficiencies F 561 and F 761. Complaint Investigation (CI MS #21321) was investigated related to Quality of Care and the facility was found to be in compliance. Census at the time of survey was 86 and the facility has beds for 110 residents.	F 000		
F 561 SS=E	Self-Determination CFR(s): 483.10(f)(1)-(3)(8) §483.10(f) Self-determination. The resident has the right to and the facility must promote and facilitate resident self-determination through support of resident choice, including but not limited to the rights specified in paragraphs (f)(1) through (11) of this section. §483.10(f)(1) The resident has a right to choose activities, schedules (including sleeping and waking times), health care and providers of health care services consistent with his or her interests, assessments, and plan of care and other applicable provisions of this part. §483.10(f)(2) The resident has a right to make choices about aspects of his or her life in the facility that are significant to the resident. §483.10(f)(3) The resident has a right to interact with members of the community and participate in	F 561		5/22/23

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		05/05/2023

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F 561	Continued From page 1 community activities both inside and outside the facility. §483.10(f)(8) The resident has a right to participate in other activities, including social, religious, and community activities that do not interfere with the rights of other residents in the facility. This REQUIREMENT is not met as evidenced by: Based on observation, resident and staff interviews, record review, and facility policy review the facility failed to provide residents an opportunity to choose a dining location as evidenced by all evening and weekend meals being served in resident rooms, for one (1) of four (4) survey days. Resident #8 and Resident #15 Findings include: Review of the facility policy titled, "Resident Rights" with no revision date revealed under, "5. Self-determination. The resident has the right to and the facility must promote and facilitate resident self-determination through support of resident choice, including but not limited to: a. The resident has a right to choose activities, schedules (including sleeping and waking times), health care and providers of health care services consistent with his or her interest, assessments, and plan of care and other applicable provisions of this part. b. The resident has the right to make choices about aspects of his or her life in the facility that are significant to the resident." Resident #8 An observation on 04/16/23 at 5:45 PM, revealed	F 561	1.) The Administrator has met with resident #8 and #15, seperately to discuss residents choice in being able to attend all meals, now being served in the dining room and no further concerns have been voiced. Residents #8 and #15 were given a choice to have their meal in the dining room on the evening of 4/18/2023. Residents #8 and #15 were notified that the dining room would be open for weekend meals on 4/18/2023 starting Saturday 4/22/2023. 2.) All residents have the potential to be affected. 3.) All meals are offered in the dining room seven days per week. All residents were notified of their self-determination and choice of meal location by the Activities Director and the Administrator on 4/18/2023. New residents will be notified upon admission of resident's rights and self-determination by Social Services. 4.) Grievances regarding meal locations and self-determination will be maintained and investigated by Social Services with	

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F 561	Continued From page 2 no residents in the dining room for the supper meal. Meal carts were being sent out to the floor. An interview on 04/17/23 at 08:50 AM, with Resident #8 revealed we eat in our rooms on the weekends because the dining room is closed. He revealed he would much prefer to eat his meals in the dining room, but we just stay in our rooms. He revealed he was never given a choice regarding where he wanted to eat his meals. An interview on 04/17/23 at 5:05 PM, with the Administrator revealed he was not aware that any of the residents were voicing any issues about eating in their rooms. He revealed, he doesn't believe anyone was given a choice about their preference about continuing to eat their meals in their rooms on the weekends and at night and confirmed that he really didn't present it to the residents about the dining room being closed for meals on the weekend. He confirmed it should have been opened back up and we are opening it back up fully today. An interview on 04/18/23 at 09:11 AM, Certified Nurse Aide (CNA) #1 revealed she was told a while back that the residents were not to eat in the dining room on the weekend. She revealed she let the Administrator know a couple of months ago that there are some residents that would like to go to the dining room on the weekends. She revealed they like to go to the dining room to eat and socialize. A review of the Face Sheet revealed Resident #8 was admitted to the facility on 12/30/17 with diagnoses that include Chronic obstructive pulmonary disease, Bipolar Disorder, and Anemia.	F 561	the assistance of the DON and the Administrator as necessary and brought to the weekly High-Risk meeting starting 4/26/2023 for four weeks and then monthly times three months to the facility Quality Assurance meeting for review and recommendations starting on 5/22/2023. The Administrator, Director of Nursing, Quality Assurance nurses, Dietary Manager, Unit Manager, or Activities Director will audit resident meals in the dining room to ensure they are served three times a day and seven days per week for four weeks to include weekends and all three meals beginning on 4/22/2023. Resident satisfaction concerning meal locations will also be reviewed monthly for three months in the resident council meeting with the Activities Director beginning 4/26/2023. 5.) The given date for completion of the facilities plan of correction is 5/22/2023.	

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F 561	Continued From page 3 A review of the Minimum Data Set (MDS), Section C-Cognitive Patterns, with an Assessment Reference Date (ARD) of 2/22/2023, revealed a Brief Interview for Mental Status (BIMS) score of 15, which indicates Resident #8 is cognitively intact. Resident #15 An interview on 04/16/23 at 05:25 PM, with Registered Nurse (RN) #1 revealed she was the weekend supervisor and stated that all meals were served in the residents' rooms on the weekends and stated, "You know, I'm not sure why." An observation of the dining hall on 04/16/23 at 5:30 PM revealed no supper meals being served in the dining hall. An interview on 4/17/23 at 08:44 AM, with Resident #15 revealed she loved to eat in the dining room, the food was served hotter, and she stated, "I would like to go to the dining room for at least one (1) meal on the weekend." Resident #15 revealed she does not know why she cannot eat in the dining room on the weekend, and they	F 561		

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F 561	Continued From page 4	F 561		

always brought her meals to the room.

An interview on 4/17/23 at 02:30 PM, with Certified Nurse Aide (CNA) #2 revealed that the supper meals Monday through Friday and all meals on the weekend were served in the resident's room. She stated that the facility did not have a big staff on the weekend, and they all must work together to get the meal trays passed. She revealed that the facility just recently started serving meals in the dining room again, following the end of the Covid-19 pandemic.

An interview with the Director of Nursing (DON) on 4/17/23 at 2:40 PM, revealed she has been in this position since October 2021. She stated that the residents were not eating in the dining room when she entered the DON position due to Covid-19. She revealed that the residents prefer to eat off the dining room steam table so they can choose the foods they want. When the State Agent (SA) asked if the residents had been given a choice on whether they eat their food in their room or the dining room, she revealed she had not asked them. She stated that eating in the dining room was the Administrator's decision.

An interview with the Administrator (ADM) on 4/17/23 at 2:50 PM, revealed they recently resumed eating in the dining room in October 2022 due to the Covid-19 pandemic. He stated they started with breakfast and then added lunch. He revealed that the facility casually asked the residents if they would like to resume eating in the dining room, and at the time, there was not a tremendous amount of interest. He revealed he could not swear that every resident was asked about their preference regarding where they ate their meals. He revealed with things changing so

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F 561	Continued From page 5 much with COVID-19, we just decided that eating in the rooms was best, and when we started eating breakfast and lunch in the dining room back in October 2022, we continued to have them eat their meals in their rooms for supper and all meals on weekends. When the SA asked the Administrator what the setback for residents would be with them not having a choice of where they ate their meals and socialized, the Administrator stated, "I see what you mean". When the SA inquired if residents should have a choice the Administrator stated, "yea, yea." Record review of the Face Sheet revealed Resident #15 was admitted to the facility on 3/21/23 with medical diagnoses that included Streptococcal Infection, unspecified, Urinary Tract Infection, site not specified, and Pneumonia, unspecified organism. Record review of Section C of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 3/28/23 revealed a Brief Interview for Mental Status (BIMS) score of 15, which indicates Resident #15 is cognitively intact.	F 561		
F 761 SS=D	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals	F 761		5/22/23

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F 761	Continued From page 6 §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on observation, staff interviews, and facility policy review, the facility failed to store controlled medications in separately locked, permanently affixed compartments in locked refrigerators of medication storage rooms for two (2) of two (2) medication storage rooms observed. Findings included: Record review of facility policy titled, "Controlled Drug Management", dated 10/18/22 revealed, "Policy: To ensure adequate control, dispensing, and accountability of all controlled substances in conformity with state and federal regulations... Security: When not in use, the controlled substances storage area on each resident care unit must be always kept double-locked and secure..." Record review of facility letterhead written by the	F 761	1.) On 4/19/2023 all refrigerated controlled medications, which are kept in separately locked compartments, were permanently affixed within the locked refrigerators in the locked medication storage rooms on both facility units. 2.) All residents of the facility have the potential to be affected. 3.) All refrigerated controlled medications will be secured inside a separately locked compartment that is permanently affixed inside of the locked medication refrigerators located in the two units' locked medication storage rooms in accordance with the facilities policy to follow CMS regulations for refrigerated controlled medication storage. Education for all nurses on the facilities Medication storage policy and the new permanently affixed refrigerated controlled medication	

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F 761	Continued From page 7 Director of Nursing (DON) and dated 4/19/23, revealed, "At this time, (Proper name of facility) does not currently have a policy stating that the locked controlled medication storage box inside of the locked refrigerator, inside of the locked medication room must be affixed". An interview with the DON and observation of the facility medication storage rooms on 4/19/23 at 8:50 AM, revealed each of the two locked medication storage rooms contained a locked refrigerator with a locked narcotic box, but the locked narcotic boxes were not permanently affixed and were removable from the refrigerators. The DON confirmed the locked boxes were in locked refrigerators in locked medication rooms, but were not permanently affixed in place and could be removed from the refrigerators. An interview with the Administrator and observation of the facility medication storage rooms on 4/19/23 at 9:20 AM, confirmed the locked narcotic boxes in the locked refrigerators of the medication rooms were not permanently affixed as required by regulations, and could have been removed.	F 761	boxes at each unit to be completed by the Director of Nurses and the Staff Development nurse on 5/9/2023. 4.) The Quality Assurance nurses will audit the refrigerated controlled medications for proper storage weekly for four weeks and then monthly thereafter starting 4/26/2023. These findings will be brought weekly to the facility High-Risk meeting starting 4/26/2023 and then monthly to the Quality Assurance meeting for three months for review and recommendations starting on 5/22/2023. In addition to the facilities in-house audits, beginning 5/2/2023, the facilities Pharmacy Consultants will add auditing the facilities compliance of this plan of correction during their monthly audits of both nursing units' medication rooms and will provide their findings in the monthly Pharmacy Consultant report to the Administrator and the Director of Nursing. 5.) The given date for the completion of the facilities plan of correction in 5/22/2023.	