

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255102	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/21/2025
NAME OF PROVIDER OR SUPPLIER Diversicare of Ripley		STREET ADDRESS, CITY, STATE, ZIP CODE 101 Cunningham Dr Ripley, MS 38663	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0802</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide sufficient support personnel to safely and effectively carry out the functions of the food and nutrition service.</p> <p>47874</p> <p>Based on observations and interviews the facility failed to ensure sufficient staffing in the dietary department to meet the nutritional needs of residents for eight (8) of 12 sampled residents (Resident #2, Resident #3, Resident 4, Resident #5, Resident #6, Resident #7, Resident #9, Resident #10.) Specifically, the facility did not employ adequate dietary staff to prepare and serve meals in a timely manner, resulting in residents receiving cold meals and prolonged delays during meal service.</p> <p>Findings include:</p> <p>Review of the facility policy titled Food: Quality and Palatability with a revision date of 2/2023 revealed under, Policy Statement: Food will be prepared by methods that conserve nutritive value, flavor and appearance. Food will be palatable, attractive and served at a safe and appetizing temperature.</p> <p>Initial observation on 01/21/25 at 8:15 PM revealed one (1) employee in the kitchen preparing food for 122 resident census.</p> <p>On 1/21/25 at 9:15 AM, an interview with the Regional Dietary Manager (RDM) #1 revealed that the kitchen staffing continued to be the biggest concern for the dietary department. He stated that he has been at this facility for two months and has never seen a building so hard to find dietary staff that will work. He explained that the kitchen staff continued to work with short staff and that for the last two weeks he has been in the kitchen preparing meals. He revealed that the other day they had an employee get sick in the dietary department and had to call an ambulance for her and that the Administrator went to a local restaurant and bought breakfast for the residents because they did not have anyone to prepare the meal that morning. The RDM revealed just this morning he had a staff member to walk out and quit despite being aware of the staff shortage and offering him a bonus to stay.</p> <p>On 1/21/25 at 9:20 AM, an interview with Resident #4 revealed the food continued to be a big concern for the residents. She stated, It's horrible. The resident explained that she ate grilled cheese and soup every day because what was served from the menu, she could not eat, and it was always cold.</p> <p>On 1/21/25 at 9:28 AM, an interview with Resident #3 revealed her only concern with the facility was the food. She stated, It's not fit to eat and it's not good. She stated the food was not properly cooked and that the vegetables were mushy, and the meat was tough.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0802</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 1/21/25 at 9:33 AM, an interview with Resident #5 revealed the food was no better. She stated, The food is slop, and our food choices are limited. She explained that last night at dinner she received chicken strips that were overcooked and were too tough to chew and that she just ate the fruit off her tray. She revealed the dietary department was always late getting the meal trays out and the food was always cold. She stated, they don't have any help in there.</p> <p>On 1/21/25 at 9:52 AM, during an interview with Resident #2 the resident voiced his food had been cold every meal. He stated, I'm not talking about lukewarm; I'm talking about cold like it's been in the refrigerator. He revealed he wished the facility could do something to fix the problem.</p> <p>On 1/21/25, an observation revealed, between 8:30 AM-9:00 AM and again at 11:35 AM-12:15 PM, the breakfast and lunch trays were placed on uncovered tray racks and then were later retrieved from the dining room by the aides then distributed to the residents in their rooms.</p> <p>On 1/21/25 at 11:35 AM, an interview with the Administrator (ADM) revealed the kitchen was in transition and the current RDM was leaving, and a new person was starting. He revealed he was not involved in the decision about the change and verbalized it was a corporate decision and that he was not happy about it because they have had so many issues with staff not being available to work in the dietary department as it is currently. The ADM revealed he would like to keep the same consistent staff in the kitchen to carry out food services.</p> <p>On 1/21/25 at 12:50 PM, an observation and interview with Resident #9 revealed he was sitting in his chair in his room. The resident voiced his lunch tray was just brought in to him and stated, The food here is lousy. He revealed last night for dinner he received a Swiss steak fried so hard it was not eatable, which was often the case with a lot of the meats served. He explained the dietary department did not know how to cook the foods properly without overcooking them. Resident #9 revealed cold food had been an issue for a while and stated, The food is never warm. An observation of the lunch meal provided revealed pulled pork loin, mashed potatoes, and Brussel sprouts and it was observed that the resident could not cut the meat with his utensils.</p> <p>On 1/21/25 at 1:02 PM, an observation and interview with Resident #6 revealed, she was sitting on the side of the bed eating her lunch meal. The resident stated, The food is horrible, and it's horrid to chew. She stated, When you all were here last, the kitchen put on a show and the food was good, but when you all left, it went back to the same old thing. Resident #6 revealed they had been served Chef Boyardee out of a can a couple of times and stated, I wouldn't serve that to my kids, but they serve it to us. An observation revealed the resident was eating a piece of cut-up bologna and not eating her lunch meal because the pork meat was too tough to chew.</p> <p>On 1/22/25 at 1:11 PM, an observation and interview with Resident #7 revealed she motioned for the Survey Agent (SA) to enter her room. The resident was observed eating her lunch meal and stated, It's cold. She picked up her fork and began pushing around the meat and stated, That's so tough, I can't chew it. An observation of the lunch meal revealed she received pork loin, au gratin potatoes, Brussel sprouts, corn bread and a cookie. She stated, They need some help in the kitchen.</p> <p>On 1/21/25 at 1:21 PM, an observation and interview with Resident #10 revealed he came to the facility last Friday and he had not had a warm meal since he came to the facility and stated, It's cold every day. The lunch meal was sitting untouched on the bedside table. The meal consisted of pork loin, au gratin potatoes, Brussel sprouts, and cornbread.</p> <p>(continued on next page)</p>		

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<p>F 0802</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 1/21/25 at 2:35 PM, during an interview with Registered Nurse (RN) #1 revealed, the biggest complaint she gets is about the food. She explained we try to do what we can to make sure the residents have snacks and stuff, so they do not get hungry. RN #1 revealed the food had been an issue for a while and the dietary staff have struggled to find help.</p> <p>On 1/21/25 at 3:05 PM, an interview and observation with the RDM #1 confirmed the current dietary manager was stepping down to become the cook and acknowledged there was a lot of transition in the dietary department along with staffing concerns.</p> <p>On 01/21/25 at 3:11 PM in an interview RDM #2 confirmed that this was her second day on the job as the new replacement for RDM #1. She revealed one of the things she had noticed about the kitchen was they did not have a steamer. She revealed her experience had shown that anytime a kitchen did not have a steamer, the vegetables such as broccoli tend to get softer and softer until mushy. revealed she observed the meal tray line at lunch and the temperatures were adequate upon leaving the kitchen. She revealed after the tray carts leave the kitchen, they have no control over how quickly the trays were distributed and explained that could be how the food was becoming cold. She confirmed uncovered tray racks were used to distribute the food on the halls and revealed without insulated boxes, it would be impossible to keep the food warm. She confirmed that she was aware of the ongoing concerns with RDM #1 not being able to find staff that will work in the dietary department.</p> <p>Record review of the Admission Record revealed the facility admitted Resident #2 on 5/30/24 with a medical diagnosis that included Malignant neoplasm of stomach.</p> <p>Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 12/5/24 revealed under, section C, a Brief Interview for Mental Status (BIMS) summary score of 15, which indicated Resident #2 was cognitively intact.</p> <p>Record review of the Admission Record revealed the facility admitted Resident #3 on 4/01/24 with a medical diagnosis that included Irritable Bowel Syndrome.</p> <p>Record review of the MDS with an ARD of 1/10/25 revealed under, section C, a BIMS summary score of 15, which indicated Resident #3 was cognitively intact.</p> <p>Record review of the Admission Record revealed the facility admitted Resident #4 on 11/01/22 with medical diagnoses that included Chronic Obstructive Pulmonary Disease and Dysphasia.</p> <p>Record review of the MDS with an ARD of 11/11/24 revealed under, section C, a BIMS summary score of 14, which indicated Resident #4 was cognitively intact.</p> <p>Record review of the Admission Record revealed the facility admitted Resident #5 on 6/06/24 with medical diagnoses that included Chronic Obstructive Pulmonary Disease and Dysphasia.</p> <p>Record review of the MDS with an ARD of 12/13/24 revealed under, section C, a BIMS summary score of 15, which indicated Resident #5 was cognitively intact.</p> <p>Record review of the Admission Record revealed the facility admitted Resident #6 on 3/05/24 with a medical diagnosis that included Cerebral Ischemia.</p> <p>(continued on next page)</p>		

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<p>F 0802</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Record review of the MDS with an ARD of 11/29/24 revealed under section C, a BIMS summary score of 13, which indicated Resident #6 was cognitively intact.</p> <p>Record review of the Admission Record revealed the facility admitted Resident #7 on 2/05/19 with medical diagnoses that included Parkinson's Disease and Dysphasia.</p> <p>Record review of the MDS with an ARD of 12/16/24 revealed under section C, a BIMS summary score of 15, which indicated Resident #7 was cognitively intact.</p> <p>Record review of the Admission Record revealed the facility admitted Resident #9 on 9/13/18 with a medical diagnosis that included Type 2 Diabetes Mellitus.</p> <p>Record review of the MDS with an ARD of 11/12/24 revealed under section C, a BIMS summary score of 15, which indicated Resident #9 was cognitively intact.</p> <p>Record review of the Admission Record revealed the facility admitted Resident #10 on 1/16/25 with a medical diagnosis that included Acute Chronic Diastolic Heart Failure.</p> <p>Record review of the Admission BIMS dated 1/17/25 revealed Resident #10 was cognitively intact.</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>47874</p> <p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>Based on observation, resident and staff interviews, and facility policy review, the facility failed to ensure the food was palatable and had an appetizing appearance for eight (8) of twelve sampled residents. Resident #2, Resident #3, Resident 4, Resident #5, Resident #6, Resident #7, Resident #9, and Resident #10</p> <p>Findings Include:</p> <p>Review of the facility policy titled Food: Quality and Palatability with a revision date of 2/2023 revealed under, Policy Statement: Food will be prepared by methods that conserve nutritive value, flavor and appearance. Food will be palatable, attractive and served at a safe and appetizing temperature.</p> <p>An interview with the Regional Dietary Manager (RDM) #1 on 1/21/25 at 9:15 AM revealed the kitchen staffing continued to be the biggest concern for the dietary department. He explained this area was the hardest to staff and they continued to work short in the dietary department. The RDM revealed just this morning he had a staff member to walk out despite him being aware of the staff shortage and offering him a bonus to stay.</p> <p>An interview with Resident #4 on 1/21/25 at 9:20 AM revealed that the food continued to be a big concern with the residents. She stated, It's horrible. The resident explained that she ate grilled cheese and soup every day because what was served from the menu, she could not eat.</p> <p>An interview with Resident #3 on 1/21/25 at 9:28 AM revealed her only concern with the facility was the food. She revealed the food was not good and stated, It's not fit to eat. Resident #3 explained the food was not properly cooked and revealed that sometimes the food was not done, and sometimes it was overcooked so hard she could not eat it. She further explained the vegetables were almost always mushy, and the meat was tough. The resident voiced she never asked for an alternate meal because the food always came out the same way, which was not good.</p> <p>An interview with Resident #5 on 1/21/25 at 9:33 AM revealed the food was no better. The resident stated, The food is slop, and our food choices are limited. She explained that last night at dinner she received chicken strips that were overcooked and were too tough to chew. She revealed that she ate the fruit off her tray and then ate left over cold pizza that she had in her refrigerator. Furthermore, she revealed the dietary department was always late getting the meal trays out and the food was always cold.</p> <p>An interview with Resident #2 on 1/21/25 at 9:52 AM revealed his food had been cold every meal. He stated, I'm not talking about lukewarm; I'm talking about cold like it's been in the refrigerator. Resident #2 explained that most of the time, he could not eat the food, but he had family and friends that would often bring in food for him. He revealed he wished the facility could do something to fix the problem.</p> <p>(continued on next page)</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 1/21/25, an observation revealed, between 8:30 AM-9:00 AM and again at 11:35 AM-12:15 PM, the breakfast and lunch trays were placed on uncovered tray racks and retrieved from the dining room by the aides then distributed to the residents on the halls.</p> <p>An interview with the Administrator (ADM) on 1/21/25 at 11:35 AM revealed the kitchen was in transition and the current RDM was leaving and a new person starting. He revealed he was not involved in the decision for the change and verbalized it was a corporate decision. The ADM revealed he would like to keep the same consistent staff in the kitchen to carry out food services. The ADM confirmed he was aware of concerns in the dietary department and had worked to fix the issues. He stated, There's always room for improvement. He explained that he had spoken to dietary regarding ensuring the meal tray carts were pushed out to the floor and notifying the nurse if an aide was not in the dining room when the carts were ready.</p> <p>An observation and interview with Resident #9 on 1/21/25 at 12:50 PM revealed he was sitting in his chair in his room. The resident voiced his lunch tray was just brought in and stated, The food here is lousy. He revealed last night for dinner he received a Swiss steak fried so hard it was not eatable, which was often the case with a lot of the meats served. He explained the dietary department did not know how to cook the foods properly without overcooking them. Resident #9 revealed cold food had been an issue for a while and stated, The food is never warm. An observation of the lunch meal provided revealed pulled pork loin, mashed potatoes, and brussel sprouts and it was observed that the resident could not cut the meat with his utensils.</p> <p>An observation and interview with Resident #6 on 1/21/25 at 1:02 PM revealed, she was sitting on the side of the bed eating her lunch meal. The resident stated, The food is horrible, and it's horrid to chew. She stated, When you all were here last, the kitchen put on a show and the food was good, but when you all left, it went back to the same old thing. Resident #6 revealed they had been served Chef Boyardee out of a can a couple of times and stated, I wouldn't serve that to my kids, but they serve it to us. An observation revealed the resident was eating a piece of cut up bologna and not eating her lunch meal because the pork meat was too tough to chew.</p> <p>An observation and interview with Resident #7 on 1/22/25 at 1:11 PM revealed, she was motioning with her hand for the Survey Agent (SA) to enter her room. The resident was observed eating her lunch meal and stated, It's cold. She picked up her fork and began pushing around the meat and stated, That's so tough, I can't chew it. An observation of the lunch meal revealed she received pork loin, au gratin potatoes, brussel sprouts, corn bread and a cookie.</p> <p>An observation and interview with Resident #10 on 1/21/25 at 1:21 PM revealed, he was sitting on the edge of his bed. He revealed he came to the facility last Friday and he had not had a warm meal since he came to the facility and stated, It's cold every day. The lunch meal was sitting on the bedside table and the meal was untouched. The meal consisted of pork loin, au gratin potatoes, brussel sprouts, and cornbread.</p> <p>An interview with Registered Nurse (RN) #1 on 1/21/25 at 2:35 PM revealed she did the Minimum Data Set (MDS) assessments. She confirmed that when she goes into the resident rooms to complete interviews, the biggest complaint she gets is about the food. She explained we try to do what we can to make sure the residents have snacks and stuff, so they do not get hungry. RN #1 revealed the food had been an issue for a while.</p> <p>(continued on next page)</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>An interview and observation with the RDM on 1/21/25 at 3:05 PM confirmed the meals provided to the residents should be attractive, taste good and warm when they receive it and he confirmed that the meat served today was tough and the meal was cold because it sits uncovered until the staff can serve it to the residents. He confirmed the palatability of the food had been an ongoing issue for the facility. He revealed the current dietary manager was stepping down to become the cook and acknowledged there was a lot of transition in the dietary department along with staffing concerns.</p> <p>In an interview with on 01/21/25 at 3:11 PM RDM #2 confirmed that this was her second day on the job as the new replacement RDM. She revealed one of the things she had noticed about the kitchen was they did not have a steamer. She revealed her experience had shown that anytime a kitchen did not have a steamer, the vegetables such as broccoli tend to get softer and softer until mushy. revealed she observed the meal tray line at lunch and the temperatures were adequate upon leaving the kitchen. She revealed after the tray carts leave the kitchen, they have no control over how quickly the trays were distributed and explained that could be how the food was becoming cold. She confirmed uncovered tray racks were used to distribute the food on the halls and revealed without insulated boxes, it would be impossible to keep the food warm.</p> <p>Record review of the Admission Record revealed the facility admitted Resident #2 on 5/30/24 with a medical diagnosis that included Malignant neoplasm of stomach.</p> <p>Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 12/5/24 revealed under, section C, a Brief Interview for Mental Status (BIMS) summary score of 15, which indicated Resident #2 was cognitively intact.</p> <p>Record review of the Admission Record revealed the facility admitted Resident #3 on 4/01/24 with a medical diagnosis that included Irritable Bowel Syndrome.</p> <p>Record review of the MDS with an ARD of 1/10/25 revealed under, section C, a BIMS summary score of 15, which indicated Resident #3 was cognitively intact.</p> <p>Record review of the Admission Record revealed the facility admitted Resident #4 on 11/01/22 with medical diagnoses that included Chronic Obstructive Pulmonary Disease and Dysphasia.</p> <p>Record review of the MDS with an ARD of 11/11/24 revealed under, section C, a BIMS summary score of 14, which indicated Resident #4 was cognitively intact.</p> <p>Record review of the Admission Record revealed the facility admitted Resident #5 on 6/06/24 with medical diagnoses that included Chronic Obstructive Pulmonary Disease and Dysphasia.</p> <p>Record review of the MDS with an ARD of 12/13/24 revealed under, section C, a BIMS summary score of 15, which indicated Resident #5 was cognitively intact.</p> <p>Record review of the Admission Record revealed the facility admitted Resident #6 on 3/05/24 with a medical diagnosis that included Cerebral Ischemia.</p> <p>Record review of the MDS with an ARD of 11/29/24 revealed under section C, a BIMS summary score of 13, which indicated Resident #6 was cognitively intact.</p> <p>(continued on next page)</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Record review of the Admission Record revealed the facility admitted Resident #7 on 2/05/19 with medical diagnoses that included Parkinson's Disease and Dysphasia.</p> <p>Record review of the MDS with an ARD of 12/16/24 revealed under section C, a BIMS summary score of 15, which indicated Resident #7 was cognitively intact.</p> <p>Record review of the Admission Record revealed the facility admitted Resident #9 on 9/13/18 with a medical diagnosis that included Type 2 Diabetes Mellitus.</p> <p>Record review of the MDS with an ARD of 11/12/24 revealed under section C, a BIMS summary score of 15, which indicated Resident #9 was cognitively intact.</p> <p>Record review of the Admission Record revealed the facility admitted Resident #10 on 1/16/25 with a medical diagnosis that included Acute Chronic Diastolic Heart Failure.</p> <p>Record review of the Admission BIMS dated 1/17/25 revealed Resident #10 was cognitively intact.</p>		