

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255105	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/19/2024
NAME OF PROVIDER OR SUPPLIER Diversicare of Tupelo		STREET ADDRESS, CITY, STATE, ZIP CODE 2273 South Eason Boulevard Tupelo, MS 38804	

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 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice.</p> <p>47874</p> <p>Based on observation, resident and staff interview, meal ticket review, and facility policy review, the facility failed to honor a resident's choice for sweet tea with meals for one (1) of twenty-two sampled residents. Resident #44</p> <p>Findings Include:</p> <p>Review of the facility policy titled Resident's Rights and Quality of Life with a revision date of 5/1/12 revealed under, Policy Statement: It is the policy of (Proper Name) that all residents have the right to a dignified existence, self-determination, and communication with an access to people and services inside and outside the facility.</p> <p>An interview with Resident #44 on 9/16/24 at 11:06 AM revealed, she wanted sweet tea with meals, and it had been over a month since she had gotten it. She stated she had told them, but they keep sending unsweet tea and she just cannot drink it.</p> <p>An observation and interview with Resident #44 on 9/16/24 at 12:42 PM revealed, she received a glass of tea with her lunch meal. The resident revealed the tea was unsweet. The meal ticket provided with the lunch tray dated 9/17/24 read, Sweetened Iced Tea- 8 oz (ounces).</p> <p>An observation of the lunch meal on 9/17/24 at 12:48 PM revealed, Resident #44 received a glass of tea. The tea was sampled by the resident and the tea was confirmed to be unsweet.</p> <p>An interview with the Dietary Manager (DM) on 9/17/24 at 12:51 PM revealed the kitchen staff followed the meal cards to prepare the meal trays. She confirmed Resident #44's meal ticket listed sweet tea, and the resident did not receive it. She revealed the resident should be able to make choices regarding things she likes to eat and drink, and her preferences should be honored.</p> <p>Record review of the quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 7/1/24 revealed, under section C, a Brief Interview for Mental Status (BIMS) summary score of 15, which indicated Resident #44 was cognitively intact.</p> <p>Record review of the Admission Record revealed the facility admitted Resident #44 on 11/10/22 with a medical diagnosis of Chronic Obstructive Pulmonary Disease.</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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