STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255160	A. Building B. Wing	11/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Meadows	1905 South Adams Street Fulton, MS 38843

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)
F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. Based on staff interview, record review, and review of facility-provided documentation, the facility failed to notify the medical provider prior to administering a medication that required pulse rate monitoring for one (1) of three (3) residents reviewed for medication monitoring (Resident #1). This failure resulted in a medication being administered multiple times when the resident's pulse rate was below the facility-required threshold of sixty (60), without provider notification or guidance.Findings include:Review of a statement on facility letterhead provided by the Administrator revealed, All medications requiring pulse monitoring should be monitored before the medication is given by radial pulse for one full minute. If the pulse is below 60, contact the physician for guidance prior to giving the medication.Review of Resident #1's November 2025 medication record revealed a physician's order for Sotalol 120 mg tablet every twelve hours for atrial fibrillation. Continued review revealed the resident's pulse rate dropped below sixty on three occasions on 11/8/25 through 11/9/25. On 11/8/25 at 8:00 AM, the pulse rate was fifty, and the medication was held. On 11/8/25 at 20:00 (9:00 PM), the pulse rate was fifty-six, and the medication was signed as administered without physician notification. On 11/9/25 at 8:00 AM, the pulse rate was fifty-five, and the Sotalol was signed off as administered without physician notification.An interview with the Director of Nursing (DON) on 11/18/25 at 11:50 AM revealed she confirmed the Sotalol for Resident #1 should not have been administered when her pulse was below sixty, and because it is a beta blocker it can lower the pulse even more and cause weakness and circulatory concerns. She further stated that after reviewing the resident's records she was unable to find any documentation that the provider was notified of the resident's low pulse rate.An interview with the Administrator on 11/18/25 at 12:00 PM revealed she confirmed that the nursing staff should have notified the provider of the pulse rate dropping below sixty for further instruction.Review of the Record of admission revealed the facility admitted Resident #1 on 11/4/25 with a diagnosis of atrial fibrillation.

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