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	12/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Diversicare of Moss Point	3401 Main Street Moss Point, MS 39563

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 0623 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights. 37415 Based on staff interview, record review, and facility policy review, the facility failed to provide written notification of resident transfers to the resident or the resident representative (RR) for three (3) of (3) residents reviewed for hospitalization s. (Residents #47, #65, and #69). Findings included: A review of the facility's policy titled Transfer & Discharge, revised November 1, 2016, revealed, (Proper Name of Facility) shall permit each resident to remain at the center and not transfer or discharge the resident from the center except in accordance with federal and state laws and as directed in this policy .Notice Requirements .4 .Before (Proper Name of Facility) transfers or discharges the Resident, it shall notify the Resident and the Resident's Representative of the basis for the transfer or discharge in a language and manner they understand . During an interview on 12/04/2024 at 10:30 AM, the Receptionist explained she was instructed by the Regional Business Office Consultant not to mail written notification of transfers to the RRs. She stated the company policy required calling the representatives instead. She confirmed she had stopped mailing written notification of transfer approximately six (6) months ago. During an interview on 12/05/2024 at 9:00 AM, with the Administrator, he explained he was unaware the receptionist had stopped mailing transfer letters. He acknowledged the regulation requiring written notification to representatives in a language they understand and stated the facility would resume mailing transfer notifications to representatives immediately. Resident #47 A record review of the Admission Record revealed the facility initially admitted Resident #47 on 03/26/2020 and she had current diagnoses including Sepsis. A record review of Discharge Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 10/26/2024 revealed Resident #47 was discharged from the facility to an acute hospital. Resident #65 (continued on next page)

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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F 0623 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A record review of the Admission Record revealed the facility initially admitted Resident #65 on 05/04/2023 with diagnoses including Acute Respiratory Failure. A record review of Resident #65's Discharge MDS with an ARD of 10/09/2024 revealed Resident #65 was discharged to an acute hospital. Resident #69 A record review of the Admission Record revealed the facility admitted Resident #69 on 05/13/2024 with diagnoses including Paraplegia. A record review of the Discharge MDS with an ARD of 08/15/2024 revealed Resident #69 was discharged to an acute hospital.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 0625 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave. 37415 Based on staff interview, record review, and facility policy review, the facility failed to provide written notification of the facility's bed hold policies and information at the time of the transfer to the resident or the Resident Representative (RR) for three (3) of (3) residents reviewed for hospitalization s. (Residents #47, #65, and #69). Findings included: A review of the facility's Bed Hold Policy, revised November 1, 2016, revealed, (Proper Name of Facility) shall permit each resident to remain at the center and not transfer or discharge the resident from the center except in accordance with federal and state laws and as directed in this policy .Notice Requirements .4 . Before (Proper Name of Facility) transfers or discharges the Resident, it shall notify the Resident and the Resident's Representative of the basis for the transfer or discharge in a language and manner they understand . During an interview on 12/04/2024 at 10:30 AM, the Social Services Director explained she was told by the Regional Business Office Consultant not to mail or provide the RR's with written notification regarding the facility's bed hold policies and information. She stated she was told the company policy did not require written notification and that representatives could be contacted by phone. The Social Services Director reported she had stopped mailing bed hold notifications six (6) months ago. During an interview on 12/05/2024 at 9:00 AM, the Administrator revealed he was unaware the Social Services Director had stopped mailing bed hold notification information to RRs. He stated the facility would resume mailing bed hold notification to RR's immediately. Resident #47 A record review of the Admission Record revealed the facility initially admitted Resident #47 on 03/26/2020 and she had current diagnoses including Sepsis. A record review of Discharge Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 10/26/2024 revealed Resident #47 was discharged from the facility to an acute hospital. Resident #65 A record review of the Admission Record revealed the facility initially admitted Resident #65 on 05/04/2023 with diagnoses including Acute Respiratory Failure. A record review of Resident #65's Discharge MDS with an ARD of 10/09/2024 revealed Resident #65 was discharged to an acute hospital. Resident #69 (continued on next page)

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F 0625 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A record review of the Admission Record revealed the facility admitted Resident #69 on 05/13/2024 with diagnoses including Paraplegia. A record review of the Discharge MDS with an ARD of 08/15/2024 revealed Resident #69 was discharged to an acute hospital.

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F 0640 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Encode each resident's assessment data and transmit these data to the State within 7 days of assessment. 37415 Based on staff interview, record review, and facility policy review, the facility failed to transmit a discharge Minimum Data Set (MDS) assessment in a timely manner for one (1) of twenty-one (21) MDS assessments reviewed. (Resident #86) Findings included: A review of the facility's policy MDS and Care Plan, effective August 2019, revealed, .Care plans and MDS will be developed and maintained per RAI (Resident Assessment Instrument) Guidelines. A record review of the Admission Record revealed the facility admitted Resident #86 on 7/2/24 with current diagnoses including Spastic Hemiplegia Affecting Left Non-Dominant Side. A record review of the Discharge Minimum Data Set (MDS) in the electronic medical record with an Assessment Reference Date (ARD) of 08/06/2024 revealed Resident #86 discharged home, however, it was not electronically submitted. During an interview on 12/05/2024 at 10:05 AM, Licensed Practical Nurse (LPN) #3 stated that the corporate nurse was responsible for submitting the discharge MDS. LPN #3 confirmed the corporate nurse completed the discharge MDS but failed to submit it to Centers for Medicare and Medicaid Services (CMS). During an interview on 12/05/2024 at 10:30 AM, Registered Nurse (RN) #2 confirmed she failed to submit the discharge MDS for Resident #86. RN #2 stated she did not know how she missed it. During an interview on 12/05/2024 at 10:45 AM, the Director of Nursing (DON) stated she did not know the MDS was not submitted and expected MDS assessments to be submitted timely.

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43283 Based on observation, interviews, record review, and facility policy review, the facility failed to develop care plan interventions related to triggers for a resident diagnosed with Post-Traumatic Stress Disorder (PTSD) (Resident #27) and failed to implement care plan interventions related to enhanced barrier precautions (EBP)(Resident #203) for two (2) of (21) sampled residents. Findings included: A review of a statement provided by the facility titled MDS (Minimum Data Set) and Care Plans, effective August 2019, revealed, Policy: Care plans and MDS will be developed and maintained per RAI (Residential Assessment Instrument) Guidelines. A review of the facility's Social Services Manual, undated, revealed, .Trauma-informed care is an approach to providing care to trauma survivors .Incorporating their story into the care plan and daily care is key to successfully caring for patients and residents who have experienced trauma . Resident #27 A record review of Resident #27's Comprehensive Care Plan with a date initiated of 7/5/2017 revealed the care plan included forgetfulness, memory loss, and short-term memory impairment related to PTSD, but no triggers were identified in the interventions. During an observation and interview on 12/02/2024 at 12:11 PM, Resident #27 was lying in bed and reported he had PTSD due to his service in the Vietnam War. He explained that his triggers included gunfire and hearing people grunting or moaning as if being hurt. During an interview on 12/03/2024 at 11:55 AM, Licensed Practical Nurse (LPN) #1 stated Resident #27 had always been pleasant and cooperative with medications. She reported being unaware of the resident's PTSD triggers and noted that the care plan only mentioned a history of PTSD but did not include specific triggers. A record review of the Admission Record revealed the facility admitted Resident #27 on 07/01/2016 with current diagnoses including Post-Traumatic Stress Disorder (PTSD), chronic, with an onset date of 08/09/2016. A record review of the Order Summary Report with active orders as of 12/5/2024 revealed Resident #27 had a Physician's Order, dated 5/31/2023 for Ritalin (5) milligrams (mg) twice daily for PTSD. A record review of a Behavioral Health Progress Note, dated 6/29/2023, revealed Resident #27 had Subjective Interim History completed that indicated he had .PTSD that stemmed from serving in Vietnam war in the [NAME] Corp . Resident #203 (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A record review of Resident #203's Comprehensive Care Plan with a review start date of 11/26/2024, included enhanced barrier precautions related to tracheostomy status, with interventions requiring staff to wear gowns and gloves when rendering care. During an observation on 12/02/2024 at 10:55 AM, an Occupational Therapist (OT) was in Resident #203's room and was providing hand therapy and applying moisturizer to the resident's lips. The resident, who was non-verbal, had a tracheostomy in place and a feeding pump infusing. A sign on the resident's door indicated Enhanced Barrier Precautions, with a picture of the required Personal Protective Equipement (PPE) to wear during care. PPE, including gowns and gloves, was available on the hall and at other residents' doors. The OT was observed wearing gloves and a surgical mask but no gown. During an interview on 12/03/2024 at 12:15 PM, the OT confirmed providing therapy for Resident #203 on 12/02/2024, including hand exercises and oral care. She admitted she did not wear a gown while providing care. On 12/03/2024 at 3:00 PM, during an interview with LPN #3/Care Plan nurse, she confirmed that Resident #27's care plan did not identify any PTSD triggers. She was unaware of the need to list or identify triggers on the care plan. She stated that care plans are the guide for providing care and staff are expected to follow the care plan to provide the highest functional care for residents. She also confirmed Resident #203 had a care plan intervention for EBP to include wearing a gown while providing care. During an interview on 12/03/2024 at 3:20 PM, the Director of Nursing (DON) stated social services was responsible for evaluating PTSD and identifying triggers. She was unaware that Resident #27's care plan did not include PTSD triggers. She acknowledged that triggers must be identified to provide quality care and prevent re-traumatization of the resident. The DON also confirmed the OT did not implement the care plan intervention to wear a gown as EBP when providing care to Resident #203. A record review of the Admission Record revealed the facility admitted Resident #203 on 08/26/2024 with diagnoses including Gastrostomy Status and Encounter for Attention to Tracheostomy. A record review of the Order Summary Report revealed Resident #203 had a Physician's Order, dated 11/20/24 for OT and a Physician's Order dated 12/3/24 for enteral feedings.

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F 0699 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care or services that was trauma informed and/or culturally competent. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43283 Based on interviews, record review, and facility Social Services Manual review, the facility failed to ensure triggers and resident-specific interventions were identified and initiated for a resident with Post-Traumatic Stress Disorder (PTSD) for one (1) of 21 sampled residents, Resident #27. Findings included: A review of the facility's Social Services Manual, undated, revealed, .Trauma-informed care is an approach to providing care to trauma survivors. Trauma-informed care recognizes the experiences endured by survivors, responds to their needs, and helps them on their path . Safety .Survivors of trauma need to feel safe and have a low-stress environment . Care for the Traumatized Patient .Recognizing the many experiences of a trauma survivor is essential to their care .Incorporating their story into the care plan and daily care is key to successfully caring for patients and residents who have experienced trauma . A record review of the Admission Record revealed the facility admitted Resident #27 on 07/01/2016 with current diagnoses including Post-Traumatic Stress Disorder (PTSD), chronic, with an onset date of 08/09/2016. A record review of the Order Summary Report revealed Resident #27 had a Physician's Order, dated 5/31/2023 Ritalin 5 milligrams (mg) twice daily for PTSD. A record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 11/20/2024 revealed Resident #27 had a Brief Interview for Mental Status (BIMS) score of eleven (11), which indicated moderate cognitive impairment. Section I-Active Diagnoses listed PTSD as an active diagnosis. A record review of Resident #27's Certified Nurse Aide (CNA) Kardex revealed there were no triggers listed for PTSD. A record review of Resident #27's medical record revealed no documentation indicating the resident was evaluated to identify triggers and resident-specific interventions related to PTSD. A record review of a Behavioral Health Progress Note, dated 6/29/2023, revealed Resident #27 had Subjective Interim History completed that indicated he had .PTSD that stemmed from serving in Vietnam war in the [NAME] Corp . On 12/02/2024 at 12:11 PM, during an observation and interview, Resident #27 was lying in bed and reported he had PTSD due to his service in the Vietnam War. He explained that his triggers included gunfire and hearing people grunting or moaning as if being hurt. On 12/03/2024 at 11:20 AM, during an interview with CNA #1, she stated Resident #27 did not have problems receiving care and was always cooperative. She reported being unaware of any PTSD triggers for the resident and confirmed that no triggers were listed on the Kardex or care plan in his electronic medical record. (continued on next page)

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F 0699 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	At 11:55 AM on 12/03/2024, during an interview with Licensed Practical Nurse (LPN) #1, she stated Resident #27 had always been pleasant and cooperative with medications. She reported being unaware of the resident's PTSD triggers and noted that the care plan only mentioned a history of PTSD but did not include specific triggers. On 12/03/2024 at 2:45 PM, during an interview with the Social Services Director (SSD), she explained that when a resident is diagnosed with PTSD, assessments regarding PTSD are the responsibility of nursing. She stated she refers residents with PTSD for one-on-one consultations and to the psychiatrist if needed. She acknowledged the importance of identifying PTSD triggers to prevent re-traumatization. On 12/03/2024 at 3:20 PM, during an interview with the Director of Nursing (DON), she stated social services was responsible for evaluating PTSD and identifying triggers. She was unaware that Resident #27's care plan did not include PTSD triggers. She acknowledged that triggers must be identified to provide quality care and prevent re-traumatization of the resident. On 12/05/2024 at 2:00 PM, during an interview with the Administrator, he stated residents diagnosed with PTSD are expected to receive trauma-informed care to prevent re-traumatization.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 48181 Based on observation, staff interview, and facility policy review, the facility failed to store food in accordance with professional standards for food safety related to foods not labeled, food with no identified date, exposed foods, a scoop left in the flour bin, and an unclean ice machine for one (1) of two (2) kitchen observations. Findings included: A record review of the facility's policy, Refrigerated Storage, effective June 1, 2013, revealed, It is the policy of this facility to store, prepare, and serve foods in accordance with federal, state, and local sanitary codes . 7. All foods will be properly wrapped and/or stored in sealed containers and dated and labeled. A record review of the facility's policy, Dry Storage, effective August 1, 2012, revealed, .8. Scoops will not be stored in bulk containers. On 12/02/2024 at 10:22 AM, during an observation and interview of the kitchen with the Dietary Director (DD), the ice machine revealed dirt-like stains along the interior, in contact with the ice. When the DD wiped the soiled areas with a white towel, the smudge transferred onto the towel. An observation of Refrigerator #2 revealed six (6) trays containing portioned glasses of various liquids with no label or date. Freezer #1 was observed to contain one (1) opened bag of breaded chicken strips, leaving the food exposed, with no date. An observation of the pantry revealed one (1) opened bag containing six (6) hamburger buns, left exposed, and a scoop left in the flour bin, touching the flour. Additionally, one (1) opened bag of dehydrated onions was left exposed. On the spice rack, three (3) spice jars were noted with the lids open, leaving the spices exposed. A bottle of lemon juice was noted with manufacturer's instructions to refrigerate after opening, but it was left unrefrigerated. The DD confirmed the dirt-like stains inside the ice machine, undated food, exposed foods, and the scoop left in the flour bin. She stated she was responsible for monitoring food safety but admitted she had tried to clean the ice machine unsuccessfully. The DD reported she did not know the nature of the stains and had not tested the machine for bio-growth, as the Maintenance Director was responsible for such checks. On 12/02/2024 at 10:52 AM, during an interview, [NAME] #1 stated that cooks are responsible for monitoring food safety and labeling. The cook confirmed that staff are in-serviced monthly on food safety. On 12/05/2024 at 9:08 AM, during an interview, the Administrator he had been told of the issues observed in the kitchen. He stated he would ensure, through self-monitoring, that the DD maintains food quality and sanitation in the kitchen. He also stated he would implement a strong plan of correction to address unsafe food storage.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. 43283 Based on observation, staff interviews, record reviews, and facility policy reviews, the facility failed to follow infection control practices by not implementing Enhanced Barrier Precautions (EBP) for a resident at high risk for Multidrug-resistant Organisms (MDRO) for one (1) of 21 sampled residents. (Resident #203) Findings included: A review of the facility's policy Transmission Based Precaution, dated 2022, revealed, .Enhanced Barrier Precautions recommendation is to consider expanding the use of PPE (Personal Protective Equipment) and refer to the use of gown and gloves during high-contact resident care activities that provide opportunities for transfer of MDROs to staff hands and clothing. MDROs may be indirectly transferred from resident-to-resident during these high-contact care activities. Nursing home residents with wounds and indwelling medical devices are at especially high risk . A record review of the Admission Record revealed the facility admitted Resident #203 on 08/26/2024 with diagnoses including Gastrostomy Status and Encounter for Attention to Tracheostomy. A record review of the Order Summary Reportwith active orders as of 12/4/24 revealed Resident #203 had a Physician's Order, dated 11/20/24 for Occupational Therapy (OT) and a Physician's Order dated 12/3/24 for enteral feedings. On 12/02/2024 at 10:55 AM, observed an Occupational Therapist in Resident #203's room. The Occupational Therapist was providing hand therapy and applying moisturizer to the resident's lips. The resident, who was non-verbal, had a tracheostomy in place and a feeding pump infusing. A sign on the resident's door indicated Enhanced Barrier Precautions, with a picture of the required PPE to wear during care. PPE, including gowns and gloves, was available on the hall and at other residents' doors. The OT was observed wearing gloves and a surgical mask but no gown. On 12/02/2024 at 2:30 PM, during an interview with Registered Nurse (RN) #1, she explained all residents with wounds, gastrostomy tubes, tracheostomies, or catheters were on EBP, which are designed to protect residents from infections brought in by staff. She confirmed all staff, including therapy staff, had been in-serviced on enhanced barrier precautions and stated the OT should have worn a gown while providing care for Resident #203. On 12/03/2024 at 12:15 PM, during an interview with the OT, she confirmed providing therapy for Resident #203 on 12/02/2024, including hand exercises and oral care. She admitted she did not wear a gown while providing care. She stated she was aware of the enhanced barrier signage and had been educated on the purpose of enhanced barrier precautions, which is to prevent residents from contracting infections from staff. She explained she only wears PPE when the PPE is located on the resident's door itself, but confirmed PPE was readily available on the hall. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 12/03/2024 at 3:20 PM, during an interview with the Director of Nursing (DON), she confirmed that staff are expected to follow proper infection precautions while providing care. She stated the OT should have worn a gown while providing therapy at the bedside for a resident with a gastrostomy tube and tracheostomy. She reported that PPE was readily available on the hall, noting that the absence of PPE hanging on the door was not a valid reason to omit proper precautions.