

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255175	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/21/2024
NAME OF PROVIDER OR SUPPLIER Diversicare of Brookhaven		STREET ADDRESS, CITY, STATE, ZIP CODE 519 Brookman Drive Brookhaven, MS 39601	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>41680</p> <p>Based on interviews, record review, and facility policy review, the facility failed to ensure the Physician and Resident Representative (RR) were notified when a resident refused to take medications for one (1) of seven (7) sampled residents. (Resident #3)</p> <p>Findings include:</p> <p>Review of the facility's policy, Notifications of Patient/Resident Change, dated 11/1/16, revealed, The center will consult the resident's physician, nurse practitioner or physician assistant, and if known notify the patient/resident's legal representative or an interested family member when there is: . (C) A need to alter treatment significantly .</p> <p>Record review of the Order Summary Report with active orders as of 12/1/23 revealed an order dated 12/30/22 for Albuterol Sulfate HFA (Hydrofluoroalkane) Aerosol Solution 108 mcg (micrograms) 2 puffs inhale orally two times a day related to Chronic Obstructive Pulmonary Disease (COPD).</p> <p>Record review of Resident #3's Electronic Medication Administration Record (EMAR) revealed Resident #3 refused Albuterol Sulfate HFA Aerosol Solution 108 mcg (micrograms) 2 puffs inhale orally twice daily on 12/1/23, 12/2/23 and 12/3/23.</p> <p>On 03/20/24 at 4:53 PM, in an interview the Director of Nurses (DON) stated when a resident refuses medication, the nurses should document the refusal and notify the provider. She stated they are supposed to notify the physician each time a resident refuses to take their medications.</p> <p>On 03/21/24 at 9:27 AM, in a telephone interview with the daughter of Resident #3, she revealed she was told by a Registered Nurse (RN) #2 that the resident often refused his medication. The daughter stated that the facility never contacted the RR, which was her mother that Resident #3 was refusing to take his medications.</p> <p>On 03/21/24 at 10:15 AM, in a telephone interview RN #1 stated she mostly works weekends. She stated if a resident refuses medication, she usually contacts the physician and RR. However, she revealed she could not recall if she contacted them regarding Resident #3 refusing his medications. She stated the policy is to notify the Physician and RR after 2 days of resident refusing medications. She revealed she did recall that Resident #3 usually refused nebulizer treatments on the weekends.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 03/21/24 at 12:08 PM, in a telephone interview with RN #2, she stated when Resident #3 refused his medications, she would chart it and contact Hospice. She stated she cannot recall if she contacted his physician. She stated she was told to contact Hospice and the RR. However, she added that she cannot remember what she charted, but she usually writes a short note referencing the refusal.</p> <p>On 03/21/24 at 12:15 PM, in an interview with Hospice/RN #3, she stated the Hospice Nurse visits the facility twice weekly to see her residents on hospice. She stated RN #4 was the Hospice Nurse. RN #3 added that the facility can contact Hospice 24 hours a day, 7 days a week when a resident refuses their medication.</p> <p>On 03/21/24 at 12:38 PM, in an interview with RN #4, the Hospice Nurse for Resident #3, she stated the staff would update her on the resident on her visits to the facility. She revealed she cannot remember if she was contacted, but she always makes a note in the chart whenever they inform her of resident falls or refusal to take medications. She commented if there is no note in the chart, then she was not informed.</p> <p>On 03/21/24 at 2:23 PM, in an interview with the Physician, he stated the facility nurses are supposed to contact him if a resident refuses to take their medication. He stated that way, he can come up with a plan to treat residents.</p> <p>Record review of Resident #3's Progress Notes dated 12/1/23, 12/2/23 and 12/3/23 revealed Resident #3 refused Albuterol Aerosol treatments. There was no documentation the RR or the physician had been notified of the refusals.</p> <p>A record review of the Admission Record for Resident #3 revealed the facility admitted the resident on 12/29/22, with diagnoses that included Alzheimer's Disease and Chronic Obstructive Pulmonary Disease.</p> <p>A record review of the Minimum Data Set (MDS) for Resident #3, with an Assessment Reference Date (ARD) of 12/7/23, revealed a Brief Interview for Mental Status (BIMS) score of 4, indicating Resident #3 had severe cognitive impairment.</p>		