STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255175	A. Building B. Wing	06/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Diversicare of Brookhaven	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)
F 0641 Level of Harm - Potential for minimal harm Residents Affected - Some	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37415 Based on record reviews, staff interviews, and facility policy review, the facility failed to correctly code a discharge from the facility on the Discharge Minimum Data Set Assessment (MDS) for one (1) of 14 sampled residents reviewed for assessment accuracy. Resident #49 Findings Include: Record review of the facility's policy titled, MDS and Care Plans, with the latest effective date, August 2019, revealed, Care plans and MDS will be developed and maintained per RAI (Resident Assessment Instrument) Guidelines. Record review of the facility's, Progress Notes, revealed Resident #49 was discharged to home, with a local Home Health Agency on 4/2/2024. Record Review of the Discharge MDS, with an Assessment Reference Date (ARD) of 04/02/24, revealed in Section A that Resident #49 was discharged to an acute hospital. Review of the facility's, Admission Record for Resident #49 revealed an admitted [DATE], which included diagnoses of Fracture of Left Patella, Unspecified Dementia, and Major Depression. During an interview with the Director of Nursing (DON) on 06/19/24 at 2:30 PM, she confirmed the facility failed to code the discharge MDS correctly. The DON also explained it was her expectation that the MDS Coordinator would code the MDS correctly. During an interview with the Registered Nurse (RN#1) on 6/19/24 at 3:00 PM, she confirmed she failed to accurately code Resident #49's Discharge MDS, dated [DATE]. The MDS Nurse said she hit the wrong button. The nurse said she normally looks at the orders or the progress notes to determine the resident's discharge status. She stated she was busy doing a lot of MDS's and might have mixed the resident up with another resident. During an interview with the Administrator on 6/19/24 at 3:30 PM, she stated that she expects the MDS to be coded accurately and sent in a timely manner.

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

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 06/20/2024
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)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. 37415 Based on observation, staff and resident interviews, record review, facility policy review, and manufacturer's guidelines review, the facility failed to ensure a resident rinsed her mouth after the administration of a steroid Metered-Dose Inhaler to prevent possible mouth and throat irritation for one (1) of one (1) resident observed for administration of a Metered-Dose Inhaler. (Resident #32) Findings include: Review of the facility's policy for Medication Administration, titled, Administration of Metered dose Inhalers, reviewed/updated 04/22, revealed, Medications are administered as prescribed, in accordance with good nursing principles and practices and only by persons legally authorized to do so. Personnel authorized to administer medications do so only after they have familiarized themselves with the medications. Procedure: . 10. Rinse mouth when required per manufacturer's recommendations or according to standards of practice . A review of manufacturer's guidelines on Important Safety Information for Symbicort revealed, . Symbicort may cause serious side effects, including .Fungal infection in your mouth or throat (thrush). Rinse your mouth with water without swallowing after using Symbicort to help reduce your chance of getting thrush . On 06/19/24 at 7:30 AM, during an observation of medication administration with Licensed Practical Nurse (LPN) #1, she administered two (2) puffs of a Symbicort inhaler and exited the room without instructing the resident to rinse her mouth. Record review of the Order Summary Report with active orders as of 6/19/2024, revealed an order dated 11/21/23 Symbicort Inhalation Aerosol .2 puff inhale orally two times a day related to ACUTE BRONCHITIS, UNSPECIFIED .rinse and spit with water following inhalation. On 06/19/24 at 8:30 AM, during an interview with LPN #1, she confirmed that on 06/19/24, while administering the Symbicort Inhaler to Resident #32, she did not offer the resident water to rinse her mouth. LPN #1 reviewed the guidelines for the use of the medication and confirmed the resident should have rinsed her mouth after the administration of the Symbicort inhaler to prevent thrush and other complications. On 06/19/24 at 9:00 AM, during an interview with Resident #32 revealed she has never been asked to rinse her mouth after receiving her inhaler. On 06/19/24 at 1:45 PM, during an interview with the Director of Nursing (DON), she explained she expected the nurses to follow the guidelines for medication administration and confirmed the reason for instructing residents to rinse after the administration of a steroid inhaler is to prevent possible complications. On 6/19/24 at 2:00 PM, during an interview with the Nurse Practitioner (NP) explained she expected the nurse to follow the physician's orders. LPN #1 should have asked the resident to rinse her mouth and spit the water out to prevent possible oral complications. (continued on next page)

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 06/20/2024
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)
F 0658 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 #32 on 06/01/23. The resident had diagnoses that included Type 2 Diabetes with diabetic chronic kidney disease and Wheezing. A record review of the Annual Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 05/30/2024, revealed Resident #32 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated the resident was cognitively intact.

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 06/20/2024
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)
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41680 Based on observation, staff and resident interviews and record review the facility failed to ensure that a resident's CPAP (Continuous Positive Airway Pressure) mask was properly stored when not in use, for one (1) of fourteen (14) sampled residents. (Resident # 48) Findings Include: During an observation and interview with Resident #48 on 06/17/24 at 11:10 AM, he stated that he had been told by staff that they were not responsible for assisting with his CPAP mask. The resident's CPAP mask was observed uncovered and lying on the dresser near the foot of the resident's bed. On 06/17/24 at 4:28 PM, during an observation and interview, License Practical Nurse (LPN) #3 stated that the CPAP mask should be in a bag. She explained that this is to prevent the resident from contracting respiratory infections. She emphasized that nurses must ensure that the mask is sealed in a zip-lock bag when not in use, to prevent contamination of the mask. In an interview with the Director of Nursing (DON) on 6/20/24 at 3:12 PM, she explained that it is common nursing knowledge that CPAP masks should be stored in a manner to prevent contamination when not in use. Moreover, it is the responsibility of the nursing staff to ensure that there are no breaches in infection control regarding care of the resident's mask. She further claimed that failing to store the CPAP mask properly could result in the resident contracting a respiratory illness. A record review of the Order Summary Report, for Resident #48, with active orders as of 6/18/24, revealed an order dated 5/31/24, Apply C-Pap at bedtime related to OBSTRUCTIVE SLEEP APNEA . A record review of the Admission Record, for Resident #48 revealed the resident was admitted on [DATE] by the facility. His diagnoses included Quadriplegia, Chronic Obstructive Pulmonary Disease with acute lower respiratory infection and Obstructive sleep apnea. A review of Resident #48's Admission Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 6/3/24, revealed a Brief Interview for Mental Status (BIMS) score of 15, which indicated the resident was cognitively intact. 48669

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 06/20/2024
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)
F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure medication error rates are not 5 percent or greater. 37415 Based on observations, resident and staff interviews and record reviews, the facility failed to ensure a medication error rate of less than 5%, as evidenced by two (2) medication errors observed out of 27 opportunities for errors, resulting in a medication error rate of 7.4%. Residents #25 and #32 Findings Include: Review of the facility's policy for Medication Administration, titled, , Administration of Nasal Spray Preparations, dated 04/22 revealed, Medications are administered as prescribed . Personnel authorized to administer medication do so only after they have familiarized themselves with the medications . Review of the facility's policy for Medication Administration, titled, Administration of Metered dose Inhalers, reviewed/updated 04/22, revealed, Medications are administered as prescribed . Personnel authorized to administer medications do so only after they have familiarized themselves with the medications. Procedure: . 10. Rinse mouth when required per manufacturer's recommendations or according to standards of practice . A review of manufacturer's guidelines on Important Safety Information for Symbicort revealed, .Symbicort may cause serious side effects, including: . Fungal infection in your mouth and throat (thrush). Rinse your mouth with water without swallowing after using Symbicort to help reduce your chance of getting thrush . Resident #25 On 06/19/24 at 8:45 AM, an observation of Licensed Practical Nurse (LPN) #2 administering Flonase nasal spray to Resident # 25, revealed the nurse administered one (1) spray of Flonase in each nostril. A record review of the Order Summary Report, with active orders as of 06/19/24 revealed an order dated 4/1/24 Flonase Allergy Relief Nasal Suspension, 2 sprays in each nostril one (1) time a day for sneezing. On 06/19/24 at 8:50 AM in an interview with LPN #2 confirmed she administered Resident #25 one spray of Flonase in each nostril. LPN #2 confirmed she did not follow the physician orders. The nurse explained she should have read the order before administering the medication, as the medications is not effective if the correct dose is not administered. Record review of the Admission Record revealed the facility admitted Resident #25 on 07/16/18. Current diagnoses included Allergic Rhinitis. A record review of the Quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 06/13/24, revealed Resident #25 had a Brief Interview for Mental Status (BIMS) score of 14, which indicated the resident was cognitively intact. (continued on next page)

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 06/20/2024
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)
F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Resident #32 An observation on 06/19/24 at 7:30 AM, during medication administration to Resident #32 revealed License Practical Nurse (LPN) #1, administered two (2) puffs of Symbicort inhaler. LPN #1 left Resident #32's room without instructing the resident to rinse her mouth with water. Record review of the Order Summary Report with active orders as of 6/19/2024, revealed an order dated 11/21/23 Symbicort Inhalation Aerosol .2 puff inhale orally two times a day related to ACUTE BRONCHITIS, UNSPECIFIED .rinse and spit with water following inhalation. During an interview on 06/19/24 at 8:30 AM, LPN #1 confirmed that while administering the Symbicort Inhaler to Resident #32, she failed to offer Resident #32 water to rinse and spit to prevent the resident from getting thrush in her mouth. LPN #1 reviewed the physician orders and guidelines for the use of the medication and confirmed the resident should have rinsed her mouth with water after the administration of the Symbicort inhaler, to reduce the chance of getting thrush. During an interview on 06/19/24 at 9:00 AM with Resident #32, she revealed she had never been asked to rinse her mouth after receiving her inhaler. During an interview on 06/19/24 at 1:45 PM, the Director of Nursing (DON), she explained that she expected the nurses to follow the guidelines for medication administration and confirmed the reason for instructing residents to rinse their mouth after the administration of a steroid inhaler is to prevent possible complications. The DON also said she expects the nurse to follow the physician's orders when administering nose drops. The nurse should have administered two (2) sprays of Flonase per nostril. During an interview on 6/19/24 at 2:00 PM, with Nurse Practitioner (NP) #1 she explained she expected the nurse to follow the physician's orders. LPN #1 should have asked the resident to rinse her mouth and spit the water out to prevent oral complications. During an interview on 06/20/24 at 3:17 PM, with NP #2, she explained she expected the staff to follow the physician's orders and to administer the Flonase according to what is ordered, which in this case, the nurse should have administered two (2) sprays per nostril, per physician's order. A record review of the Admission Record revealed the facility admitted Resident #32 on 06/01/23. The resident had diagnoses that included Type 2 Diabetes with diabetic chronic kidney disease and Wheezing. Record review of the Annual MDS with an ARD of 05/30/2024, revealed Resident #32 had a BIMS score of 15, which indicated the resident was cognitively intact.