STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255109	A. BUILDING _____ B. WING _____	C 12/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF SOUTHAVEN	1730 DORCHESTER DR SOUTHAVEN, MS 38671

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS The State Agency (SA) conducted a complaint survey, CI# 20239 at the facility on 12/28/2022. During the survey, the SA determined that the facility was not in compliance with the requirements for participation in Medicare and Medicaid. The SA substantiated the complaint for physical environment and cited F584. The facility is licensed for 140 beds and at the time of the survey the census was 138.	F 000		
F 584 SS=E	Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7) §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft. §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior; §483.10(i)(3) Clean bed and bath linens that are	F 584		1/31/23

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 01/10/2023

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.

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F 584	Continued From page 1 in good condition; §483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv); §483.10(i)(5) Adequate and comfortable lighting levels in all areas; §483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and §483.10(i)(7) For the maintenance of comfortable sound levels. This REQUIREMENT is not met as evidenced by: Based on observation, staff and resident interviews, record review and facility policy review, the facility failed to maintain a clean, comfortable environment as evidenced by thick, pink, and black substances in and around toilets for and thick pink and black substance surrounding the bathtub drain for four (4) of 75 bathrooms observed. Findings include: A review of the facility policy titled "Bathroom Cleaning" under B. Follow 7-Step Method, WET Steps, Number 5. Sanitize commode, tank, bowl & base. A record review of the facility Daily Work Routine indicates 7 Step (Washroom Cleaning). An observation on 12/28/2022 at 10:00 AM of the bathroom and toilet for room W32 revealed a thick, pink colored ring in the bowl of the toilet with dark, black colored specks around the ring.	F 584	F584 483.10(i) Safe Environment SS=E 1. On 12/28/2022, room # W19, W24, W32, and E8 toilets were cleaned by housekeeping housekeeper and District Manager. 2. All residents have the potential to be effected by this deficient practice. 3. All rooms were inspected for cleanliness to ensure safe, clean, comfortable, homelike environment by the District Manager of Housekeeping and Administrator 12/28/22-1/2/23. To ensure that the problem does not recur, the housekeeping employees were in-serviced by District Manager, on deep cleaning schedule, daily 5 and 7 step method to cleaning rooms/bathrooms. Beginning on 12/29/2022, the District Manager will assess with return demonstration all housekeeping	

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F 584	Continued From page 2 An observation on 12/28/2022 at 10:05 AM of the bathroom and toilet for room W19 revealed a thick, black colored, irregular shaped ring in the bowl of the toilet. An interview with the Administrator and Housekeeping Supervisor on 12/28/22 at 10:05 AM, confirmed that the thick, pink and black substances were present in the toilet bowl of rooms W32 and W19 and should not be there. The Housekeeping Supervisor stated that the toilets are to be cleaned daily and agreed that it had been a while since the toilets had been cleaned. An observation of the bathroom for room E8 on 12/28/22 at 10:15 AM, revealed a dark black substance surrounding the base of the toilet. An interview with the Housekeeping Supervisor on 12/28/22 at 1:30 PM, confirmed there was a black substance around the base of the toilet in room E8 and agreed it should not be there. An observation of the bathroom for room W24 on 12/28/22 on 11:00 AM, revealed the bathtub had a dried, black and pink colored substance surrounding the drain area, as well as a dried pink and black colored film ring inside the toilet bowl. An interview with Registered Nurse #1 (RN) on 12/28/22 at 11:05 AM, confirmed the black and pink substance in the bathtub and toilet in room W24 and confirmed it needed to be cleaned. An interview with Floor Technician #1 on 12/28/22 at 11:10 AM, confirmed the dried black and pink	F 584	employees on daily 5 and 7 step method to cleaning for a safe, clean, comfortable and homelike environment. On 1/3/2023, the Housekeeping District Director completed the in-serviced of the Healthcare Service Group staff. 4. Beginning on 12/29/2022 monitoring started of corrective action and sustainability. The Administrator and/or Manager on Duty will monitor 5 rooms on each wing 5 days/week x 2 weeks then 3 rooms on each wing x 4 weeks of cleanliness of toilets and floors, then monthly for safe, clean, comfortable, homelike environment. Any negative findings will be brought to the Quality Assurance Performance Improvement meeting monthly on 1/30/2023 for a minimum of 3 months by the Administrator for review and revision as necessary. QA will review the findings and determine if a need to alter our corrective action.	

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F 584	Continued From page 3 substance in the bathtub, and toilet W24 and revealed the bathroom appeared to not have been cleaned. An interview on 12/28/22 at 1:54 PM with the Housekeeping District Manager revealed potential problems for the residents, from the unsanitary conditions of the toilets, could be breathing problems and infections. An interview on 12/28/22 at 1:56 PM the Administrator revealed a potential problem from the dirty toilets is that it could make the resident sick.	F 584		