

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 06/28/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255160	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/30/2023
NAME OF PROVIDER OR SUPPLIER Daniel Health Care Inc Db a the Meadows		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0640 Level of Harm - Potential for minimal harm Residents Affected - Some	<p>Encode each resident's assessment data and transmit these data to the State within 7 days of assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46013</p> <p>Based on staff interviews, record reviews, and facility policy reviews the facility failed to transmit Annual and Quarterly Minimum Data Set (MDS) Assessments accurately and timely for two (2) of two (2) residents reviewed for MDS assessments. Resident #76 and Resident #101</p> <p>Findings include:</p> <p>Review of the facility policy titled, CH 5: Submission and Correction of the MDS Assessments dated October 2023 revealed, When the transmission file is received by iQIES (Internet Quality Improvement and Evaluation System), the system performs a series of validation edits to evaluate whether or not the data submitted meet the required standards .All error and warning messages are detailed and explained in the Error Messages guide .5.2 Timeliness Criteria .Encoding Data: .For a comprehensive assessment (.Annual .. encoding must occur within 7 days after the Care Plan Completion Date (V0200C2 + 7 days). For a Quarterly, Significant Correction to prior Quarterly, Discharge, or PPS assessment, encoding must occur within 7 days after the MDS Completion Date (Z0500B + 7 days) .</p> <p>A record review of the MDS 3.0 NH Final Validation Report for Resident #76 with a target date of 10/10/2023 revealed that the annual assessment had been rejected due to invalid skip patterns. The dates rejected were 10-24-2023, 10/30/2023, and 11/01/2023.</p> <p>A record review of the MDS 3.0 NH Final Validation Report for Resident #101 with a target date of 10/20/2023 revealed that the quarterly assessment had been rejected due to invalid skip patterns for dates of 10/30/2023 and 11/01/2023.</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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<p>F 0640</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>An interview on 11/30/23 at 09:06 AM, the MDS nurse revealed that the annual MDS assessment for Resident #76 had an Assessment reference date (ARD) of 10/10/23 and was submitted on 10/24/23. She revealed the annual assessment was rejected because of Section D inaccuracy and the annual assessment was unlocked and fixed and re-submitted on 10/30/23 the assessment was rejected again because of Section D inaccuracy. She revealed on 11/1/23 the annual was once again unlocked and fixed and at that time it was rejected because of Section O. She revealed at this time it is still rejected and she has not fixed and re-submitted. The MDS nurse revealed Resident #101's quarterly assessment was rejected because the residents Social Security number was put in inaccurately. She revealed it was a typo but now we are making sure we slow down when adding information to prevent that from happening again. She revealed a modification was submitted on 11/1/23 but was rejected due to inaccuracy again. She confirmed it is still not corrected and both Resident #76 and Resident #101 are on her to-do list for Monday. She revealed when an MDS is rejected she or the other MDS nurses look at the validation report. She confirmed the validation report identified the errors that were made on each submission. She confirmed they were not submitted accurately. She revealed the purpose of the MDS assessment is for reimbursement to the facility and to determine the development of clinical care plans based on interdisciplinary team assessments.</p> <p>A record review of the facility Record of Admission for Resident #76 revealed she was admitted to the facility on [DATE].</p> <p>A record review of the facility Record of Admission for Resident #101 revealed she was admitted to the facility on [DATE].</p>		

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<p>F 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44804</p> <p>Based on staff interview, record review and facility policy review the facility failed to accurately complete a Pre-Admission Screening (PAS) for a resident with a mental disorder for one (1) of two (2) resident PASSARs (Pre-Admission Screening and Resident Review) reviewed. Resident #35</p> <p>Findings Include:</p> <p>Review of the facility policy titled, Resident Assessment-Coordination with PASARR Program with an implementation date of 07/10/23 revealed under the Policy: This facility coordinates assessments with pre-admission screening and resident review (PASARR) program under Medicaid to ensure that individuals with a mental disorder, intellectual disability, or a related condition receives care and services in the most integrated setting appropriate to their needs .</p> <p>Record review of Resident #35's Record of Admission revealed the resident was admitted to the facility on [DATE].</p> <p>Record review of Resident #35's History and Physical (Proper name of Health Services) dated 3/6/23 revealed the resident had a medical diagnoses history on admission of Bipolar Disorder.</p> <p>Record review of Resident #35's Pre-Admission Screening that was completed on 3/21/23 indicated the resident did not have any history of a mental illness.</p> <p>An interview on 11/29/23 at 2:00PM with Case Manager Nurse revealed that residents are discussed in their morning meetings regarding behaviors or new diagnoses. She stated that Resident #35 had a diagnosis of Bipolar Disorder when the Pre-Admission Screening was completed and the question regarding if the resident had a mental disorder should have been marked yes on the PAS that was completed on 3/21/23. She revealed that back in July of this year they had a staff meeting and discussed looking at these harder than we were, because it was a bigger deal than we thought.</p> <p>An interview on 11/29/23 at 2:30 PM, with the Quality Assurance Nurse (QA) confirmed that the resident had a diagnosis of Bipolar Disorder when the residents PAS was completed, and the form was not filled out correctly because it indicated the resident did not have a mental disorder.</p> <p>Record review of Resident #35's Minimum Data Set with an Assessment Reference Date of 09/03/23 revealed in Section C a Brief Interview for Mental Status (BIMS) score of 15, which indicates the resident is cognitively intact and in Section I that the resident had a diagnosis of Bipolar Disorder.</p>		