STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255112	A. BUILDING _____ B. WING _____	C 09/29/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT HILLS COM LIV CENTER	1600 RAYMOND RD JACKSON, MS 39204

(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 an annual recertification survey and two (2) Complaint Investigations (CI MS #22690 and CI MS #22934), at the facility from 09/25/23 through 09/29/23. The SA investigated CI MS #22690 and CI MS #22934 for facility staffing, and quality of care and cited F725. During the annual recertification survey, the SA determined the facility was not in compliance with the requirements of participation in Medicare and Medicaid and cited F609, F610, F625, F656, F689, F727, and F880. The facility held a license for 120 beds, with a census of 81.	F 000		
F 725 SS=F	Sufficient Nursing Staff CFR(s): 483.35(a)(1)(2) §483.35(a) Sufficient Staff. The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e). §483.35(a)(1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans: (i) Except when waived under paragraph (e) of	F 725		10/19/23

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

Electronically Signed | 10/20/2023

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F 725	Continued From page 1 this section, licensed nurses; and (ii) Other nursing personnel, including but not limited to nurse aides. §483.35(a)(2) Except when waived under paragraph (e) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty. This REQUIREMENT is not met as evidenced by: Based on interviews, record review, and facility policy review, the facility failed to have staff to provide care to meet the needs of the residents for two (2) of 19 sampled residents. Resident #8 and Resident #41. Findings Include: The State Agency (SA) received a complaint, MS #22934, which alleged the facility did not have enough staff on the night shift to provide incontinent care for the residents. Review of the facility's policy, "Staffing", dated 10/2022, revealed, " ...Our facility provides sufficient numbers of staff ...to provide care and services for all residents in accordance with resident care plans and the facility assessment ..." A record review of the "Facility Assessment", undated, revealed " ...B.1. Acuity- Sufficiency Analysis Summary ...uses national benchmarks provided by national associations, clinical organizations, federal and state provided databases to establish baselines for organizational practices and goal setting ..." Resident #8	F 725	A resident council meeting was held on 10/3/2023 by the Assistant Administrator to discuss complaints related to staffing needs and the plan to meet them, with no further complaints.The Assistant Administrator conducted interviews with resident #8 and #41 concerning their complaints and staffing needs on 10/16/2023. All residents have the potential to be affected by the lower staffing ratios. All staff were in serviced on 9/27/2023 by the Director of Nursing on Abuse, Neglect and Exploitation policy and procedures. All nursing staff were educated on whom to contact and when, related to staffing issues and sufficiency of staffing on 10/19/2023 by the Director of Nursing.The facility assessment was reviewed by the Assistant Adinistrator to ensure that it reflects the sufficiency of staff on 10/19/2023. The Quality Assurance Performance Improvement Team (QAPI) met on 9/29/2023 and discussed policy and	

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F 725	Continued From page 2 During an interview with Resident #8 on 9/29/23 at 11:00 AM, he confirmed the facility had two (2) Certified Nurse Aides (CNAs) on the 11-7 shift last night, no staff came into his room during the night to provide care, and he had to wait until the day shift came in to get assistance. Resident #8 stated the nurses do not help with turning and repositioning. Record review of the "Admission Record" revealed the facility admitted Resident #8 on 5/09/2023 and he had diagnoses including Whipple's Disease, Paraplegia, and Neuromuscular Dysfunction of Bladder. Record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 8/01/23 revealed Resident # 8 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated he was cognitively intact. Section G revealed he required extensive assistance with hygiene, toileting, and bed mobility. Resident #41 During an interview on 9/29/23 at 10:30 AM, with Resident #41, he stated there were only two (2) CNAs on the North Hall to take care of 60 residents last night. He explained that he had to lay in his urine and bowel movement from 3:00 AM to 5:30 AM because there was not enough staff, and he was not able to clean himself. He stated that it was degrading to be laying in your own urine and feces. Record review of the "Admission Record" revealed the facility admitted Resident #41 on	F 725	procedure related to staffing ratios and facility assessment with no revisions needed. The Administrator implemented employee referral bonus, sign on bonuses and nurse contract pay effective 10/2/2023. Ads were placed on 10/2/2023 for certified nursing assistants to include referral bonuses, sign on bonuses and contract nurse pay. The Ads will run continuously until all staffing needs are met. Effective 10/2/2023 the Staff Development Nurse will review all applications daily and make calls to set up interviews, this will be an ongoing daily continuous effort. Effective 10/2/2023 the Director of Nursing, the Assistant Director of Nursing and the Human Resources Director will notify the Staff Development Nurse of any new hires so they may be added to the direct care schedule accordingly. Effective 10/2/2023 the Staff Development Nurse will discuss the staffing openings in daily stand-up and address any issues with coverage, this will be ongoing efforts indefinitely thereafter. The on-call person will make great efforts to maintain the proper staffing ratio and make calls or texts to achieve this when a call-out has been placed by an employee effective 10/2/2023 and ongoing, if there is any issues with coverage the on- call person will notify the Director of Nursing and the Administrator for further guidance. Any adverse findings will be addressed immediately and discussed in the monthly QAPI committee meeting begining 10/2/2023 for review and recommendation and ongoing indefinitely therafter.	

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F 725	Continued From page 3	F 725		

5/26/23 with diagnoses including Hypertension and Diabetes Mellitus.

Record review of the MDS, with an ARD of 8/30/23 revealed Resident #41 had a BIMS score of 15, which indicated he was cognitively intact. Section G revealed he required extensive assistance with hygiene and toileting.

In an interview on 9/29/23 at 1:00 PM, Licensed Practical Nurse (LPN) #2 confirmed the facility had been attempting to bring in staff to meet the resident's needs and did not use contract CNAs. LPN #2 explained that it is difficult to retain staff because of the location of the facility. LPN #2 said that five (5) CNAs were scheduled and assigned to the North Hall the night of 9/28/23, but three (3) CNAs left because they were not happy with their assignments, which left two (2) CNA's working. LPN #2 confirmed the facility did not have a backup plan to replace the three CNA's that night. LPN #2 also confirmed several staff have worked 15 to 24 hour shifts to provide care for the residents and she did not think it was safe for the residents when the staff worked like that.

In an interview with the Director of Nursing (DON) on 9/29/23 at 1:30 PM, she confirmed the facility had attempted to hire staff through staffing agencies and by offering sign-on bonuses, but none of those measures had drawn staff to the facility. The DON said she thought the problem was the facility's location. The DON confirmed the facility had two (2) CNAs working on the 11-7 shift on 9/28/23 because three (3) CNAs had left because of their assignments. The DON explained that several staff members were picking up extra shifts and had worked 15 to 24

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F 725	Continued From page 4 hour shifts,and that it was "not safe for the residents." In an interview with the Administrator on 9/29/23 at 1:45 PM, he confirmed he was aware of the shortage of staff. He explained he was working with the DON and Staff Development Nurse to resolve the staffing problem by offering sign-on bonuses and utilizing contract staff. The Administrator said he was not aware that staff had been working 15 to 24 hour shifts.	F 725		
F 727 SS=F	RN 8 Hrs/7 days/Wk, Full Time DON CFR(s): 483.35(b)(1)-(3) §483.35(b) Registered nurse §483.35(b)(1) Except when waived under paragraph (e) or (f) of this section, the facility must use the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week. §483.35(b)(2) Except when waived under paragraph (e) or (f) of this section, the facility must designate a registered nurse to serve as the director of nursing on a full time basis. §483.35(b)(3) The director of nursing may serve as a charge nurse only when the facility has an average daily occupancy of 60 or fewer residents. This REQUIREMENT is not met as evidenced by: Based on staff interview, record review and facility policy review, the facility failed to have a Registered Nurse (RN) for eight (8) consecutive hours a day for eight (8) of 60 days reviewed. 5/6/23, 5/20/23, 5/21/23, 5/27/23, 5/28/23, 6/4/23, 6/10/23, 6/24/23, Findings include:	F 727	The deficient practice found by the State Agency is that the facility failed to have a Registered Nurse (RN) for at least 8 consecutive hours a day for 7 out of 20 days. The days are as follows: 5/6/2023,5/20/2023,5/21/2023, 5/27/2023, 5/28/2023,6/4/2023,6/10/2023,6/24/2023. The Registered Nurse staffing coverage	10/19/23

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F 727	Continued From page 5 Review of the facility's policy, "Staffing", dated June 1, 2000, revealed, "It is the policy for this facility to provide adequate staffing to meet the needs of the resident population ...1. This facility furnishes information from payroll records setting forth the average numbers and types of personnel ...on each shift as required ..." Review of the facility's "Employee Time Cards" revealed the following: On 5/6/23 (Sunday), the RN was clocked in for 7.37 hours. On 5/20/23 (Saturday), the RN clocked in for 3.18 hours. On 5/21/23 (Sunday), the RN was clocked in for 2.35 hours. On 5/27/23 (Saturday), the RN was clocked in 7.6 hours. On 5/28/23 (Sunday), the RN was clocked in for 7.28 hours. On 6/4/23 (Sunday), the RN was clocked in for 3.38 hours. On 6/10/23 (Saturday), the RN was clocked in for 7.75 hours. On 6/24/23 (Saturday), the RN was clocked in for 7.57 hours. In an interview on 9/28/23 at 09:30 AM, with the Director of Nurses (DON), she confirmed there were days in which RNs did not work for eight (8) consecutive hours. The DON said she did not know RNs had to work for eight (8) consecutive hours. The DON reported that she works on the days in which they are unable to find RN coverage, but she checked on staff and residents and did not stay for more than three (3) to four (4) hours at the facility. In an interview on 9/28/23 at 01:00 PM, with Licensed Practical Nurse (LPN) #2, she confirmed there were several days identified that a RN did not work for eight (8) consecutive hours.	F 727	was reviewed for the current schedule on 10/2/2023 by the Staffing coordinator to ensure there was at least 8 consecutive hours a day for 7 days in coverage with no non-covered days. All residents who reside in the facility have the potential to be affected by the deficient practice. The Regional Nurse Consultant in-serviced the Director of Nursing on 9/29/2023 on the importance of an RN being in the facility 8 consecutive hours a day for 7 days a week and to ensure that they remain on the clock for the full 8 hours. The Director of Nurisng in serviced the Staff Development Nurse on 10/2/2023 on the importance of an RN being in the facility 8 consecutive hours a day for 7 days a week and to ensure that they remain on the clock for the full 8 hours. On 10/19/2023 all nursing staff were in serviced by the Director of Nursing that there must be an RN in the building for 8 consecutive hours a day for 7 days a week and to ensure that they remain on the clock for the full 8 hours. The Quality Assurance Performance Improvement Team (QAPI) met on 9/29/2023 and discussed policy and procedure related to staffing ratios and RN coverage with no revisions needed. Effective 10/2/2023 the Staff Development Nurse will review with the Director of Nurisng the RN coverage for the upcoming week and discuss any openings so that coverage can be found prior to the	

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F 727	Continued From page 6 She stated that she was unaware that RNs were required to work for 8 consecutive hours. LPN #2 reported that she notified the Director of Nursing (DON) and Assistant DON when she was unable to schedule an RN. In an interview on 9/29/23 at 10:00 AM, with the Administrator, he revealed he did not know RNs were not working for 8 consecutive hours. The Administrator said he needed to check with the DON to make sure she did not work those days.	F 727	non-covered day(s), this will be an ongoing effort. Effective 10/2/2023 the Staff Development Nurse will discuss the staffing openings in daily stand-up and address any non-covered days, this will be ongoing efforts indefinitely thereafter. The on-call person will make great efforts to maintain the proper RN coverage and make calls or texts to achieve this when a call-out has been placed by an employee effective 10/2/2023 and ongoing, if there are any issues with coverage the on- call person will notify the Director of Nursing and the Administrator for further guidance. Effective 10/2/2023 any adverse findings will be addressed immediately and discussed in the monthly QAPI committee meeting for review and recommendation and continue indefinitely thereafter.	