MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25WP	A. BUILDING: _____ B. WING _____	02/14/2024

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

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M 000	Initial Comments The State Agency (SA) conducted an an annual recertification survey, conducted at the facility from 2/11/2024 to 2/14/2024. The SA determined the facility was not in compliance with the Minimum Standards of Operation for Institutions for the Aged or Infirm, state licensure requirements and cited M500.	M 000		
M 500	45.17.2 Residents' Rights Residents' Rights. The residents' rights policies and procedures ensure that each resident admitted to the facility: 1. is fully informed, as evidenced by the resident's written acknowledgment, prior to or at the time of admission and during stay, of these rights and is given a statement of the facility's rules and regulations and an explanation of the resident's responsibility to obey all reasonable regulations of the facility and to respect the personal rights and private property of other residents; 2. is fully informed, and is given a written statement prior to or at time of admission and during stay, of services available in the facility, and of related charges including any charges for services covered by the facility's basic per diem rate; 3. is assured of adequate and appropriate medical care, is fully informed by a physician or nurse practitioner/physician assistant of his medical conditions unless medically contraindicated (as documented by a physician or nurse practitioner/physician assistant in his medical record), is afforded the opportunity to participate in the planning of his medical treatment, to not be limited in his/her choice of a	M 500		3/21/24

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M 500	Continued From page 1 pharmacy or pharmacist provider in accordance with state law, as referenced in House Bill 1439, which states that the facility shall not limit a resident ' s choice of pharmacy or pharmacy provider if that provider meets the same standards of dispensing guidelines required of long term care facilities, to refuse to participate in experimental research, and to refuse medication and treatment after fully informed of and understanding the consequences of such action; 4. is transferred or discharged only for medical reasons, or for his welfare or that of other residents, or for nonpayment for his stay (except as prohibited by sources of third-party payment), and is given a two weeks advance notice in writing to ensure orderly transfer or discharge. A copy of this notice is maintained in his medical record; 5. is encouraged and assisted, throughout his period of stay, to exercise his rights as a resident and as a citizen, and to this end may voice grievances, has a right of action for damages or other relief for deprivations or infringements of his right to adequate and proper treatment and care established by an applicable statute, rule, regulation or contract, and to recommend changes in policies and services to facility staff and/or to outside representatives of his choice, free from restraint, interference, coercion, discrimination, or reprisal; 6. may manage his personal financial affairs, or is given at least a quarterly accounting of financial transactions made on his behalf should the facility accept his written delegation of this responsibility to the facility for any period of time in conformance with State law;	M 500		

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M 500	Continued From page 2 7. is free from mental and physical abuse; 8. is free from restraint except by order of a physician or nurse practitioner/physician assistant, or unless it is determined that the resident is a threat to himself or to others. Physical and chemical restraints shall be used for medical conditions that warrant the use of a restraint. Restraint is not to be used for discipline or staff convenience. The facility must have policies and procedures addressing the use and monitoring of restraint. A physician order for restraint must be countersigned within 24 hours of the emergency application of the restraint; 9. is assured security in storing personal possessions and confidential treatment of his personal and medical records, and may approve or refuse their release to any individual outside the facility, except, in the case of his transfer to another health care institution, or as required by law of third-party payment contract; 10. is treated with consideration, respect, and full recognition of his dignity and individuality, including privacy in treatment and in care for his personal needs; 11. is not required to perform services for the facility that are not included for therapeutic purposes in his plan of care; 12. may associate and communicate privately with persons of his choice, may join with other residents or individuals within or outside of the facility to work for improvements in resident care, and send and receive his personal mail unopened, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical	M 500		

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M 500	Continued From page 3 record); 13. may meet with, and participate in activities of, social, religious and community groups at his discretion, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 14. may retain and use his personal clothing and possessions as space permits, unless to do so would infringe upon rights of other residents, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 15. if married, is assured privacy for visits by his/her spouse; if both are inpatients in the facility, they are permitted to share a room, unless medically contraindicated (as documented by the attending physician or nurse practitioner/physician assistant in the medical record); and 16. is assured of exercising his civil and religious liberties including the right to independent personal decisions and knowledge of available choice. The facility shall encourage and assist in the fullest exercise of these rights. This Statute is not met as evidenced by: Level II Based on interviews and record review, the facility failed to treat residents with dignity and respect by failing to consistently ensure call lights were answered in a timely manner for three (3) of 31 sampled residents (Residents #1, 32, and 45) and one (1) unsampled resident (Resident #80).	M 500	It was found by the State Agency (SA) that the facility was deficient in practice due to the failure to treat residents with dignity and respect by failing to consistently ensure call lights were answered in a timely manner for residents #1, #32, #45, and #80. On 2/28/2024 the Social Worker (SW) completed resident interviews with residents #1, #32, #45, and #80 to ensure	

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M 500	Continued From page 4 Findings include: Resident #32 On 02/11/24 at 12:30 PM, in an interview with Resident #32, he stated it takes staff over two (2) hours to answer call lights, leaving the resident wet and sometimes soiled waiting for assistance. Review of the Minimum Data Set (MDS, with Assessment Reference Date (ARD) of 01/16/24, revealed Resident #32 had a Brief Interview for Mental Status (BIMS) score of 14, which indicated the resident was cognitively intact. Resident #1 On 02/11/24 at 01:01 PM, an interview with Resident #1 revealed there was a problem with call lights being answered timely. The resident stated she had to lay in urine and bowel movement for over an hour and had complained to the Ombudsman about their concerns. A record review of the MDS, with ARD 11/20/23, revealed Resident #1 had a BIMS score of 15, which indicated the resident was cognitively intact. Resident #45 On 02/13/24 at 12:54 PM, in an interview, Resident #45 complained about the staff not answering the call lights timely. A record review of Resident #45's MDS with ARD of 01/08/24, revealed a BIMS score of 15, which indicated the resident was cognitively intact. Resident #80 A record review of the facility's October grievance log revealed an unsampled resident's wife (Resident #80) had filed a grievance in reference	M 500	residents are aware of residents rights related to call lights with no psychosocial harm found. All residents who reside in the facility have the potential to be affected by the deficient practice and have been identified as so. Beginning on 2/28/2024 and ending on 3/1/2024 all staff were in-serviced by the Social Worker on Residents rights related to call lights and answering them in a timely manner. The Social Worker completed a call light evaluation and audit to include proper placement of call lights in rooms and resident education on 2/29/2024. On 2/28/2024 the Social Worker provided an in-service to all staff on residents' rights related to call lights and answering them in a timely manner. The Quality Assurance Performance Improvement (QAPI) Team met on 2/28/2024 to discuss policy and procedures on Residents Rights related to dignity and respect with no revisions needed. It was determined by the QAPI team that the Social Worker will complete a monthly staff education on resident rights during the mandatory staff meetings; related to residents right to be treated with dignity and respect by being consistent in responding to the residents call lights in a timely manner.Effective 2/29/2024 the Social Worker will conduct a call light evaluation and audit to include proper placement of call lights in rooms and resident education. Beginning 2/29/2024 the Social Worker will perform interviews with three residents per week	

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M 500	Continued From page 5 to call lights not being answered timely. An interview with the Ombudsman on 2/12/24 at 10:00 AM, revealed she had gotten recent complaints regarding staff not answering lights in a timely manner. The Ombudsmen stated she was at the facility last Tuesday, because of the complaints and had spoken with the Assistant Administrator (AA), Social Service Director (SSD) and Activity Director (AD) along with resident council members. On 02/14/24 at 06:38 PM, in an interview with the Director of Nurses (DON), she confirmed she was made aware of the complaints about call lights not being answered timely by the activity's coordinator. The DON stated in response to the complaints the staff were in serviced on importance of answering call bell in a timely manner and staff on all shifts were in serviced. On 2/14/24 PM at 6:40 PM, in an interview with the AD, she confirmed a grievance was made in October in relation to call lights not being answered timely. She stated she reported the grievance to the Director of Nursing and notified the Administrator. She stated DON provided an in-service with staff as part of their plan to solve the problem. On 2/14/24 at 7:13 PM, in an interview with the SSD, she confirmed during resident council in the month of October there was a complaint about the call light not being answered. She stated the DON was notified and staff were in-serviced. She stated she had not had any more complaints on that topic from the residents since that time. On 02/14/24 at 07:16 PM, an interview with the Administrator confirmed residents complained in	M 500	for six weeks to ensure proper call light and resident right policy and procedures are being followed; the ending date will be 4/11/2024. The Social Worker or Administrator will perform call light response time audits two times weekly for 8 weeks, beginning 2/29/2024 ending 4/25/2024.Beginning 3/1/2024 the Director of Nursing (DON) will provide comprehensive training to staff on the procedures for call light accessibility and response protocols, ensuring all nursing staff understands their roles and responsibilities. Beginning 3/1/2024 the Interdisciplinary team will review any grievances during stand-up meetings related to call lights and on-going thereafter any findings will be addressed with immediacy by the Social Worker, the DON or the Administrator. The audits will be reviewed and discussed in the monthly QAPI team meeting beginning 3/20/2024 and ending 9/20/2024; any adverse findings will be resolved immediately by the DON or Administrator	

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M 500	Continued From page 6 resident council about the staff not answering the call lights. The Administrator stated she had completed an in-service with the staff explaining the importance of answering the call lights and customer service. The Administrator also confirmed after that in-service, she completed one on-one in-services with staff because there was still a problem with answering call lights in a timely manner. She stated the last in-service on the topic of answering call lights in a timely manner was in December of 2023.	M 500		