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HERITAGE HOUSE NURSING CENTER	3103 WISCONSIN AVENUE VICKSBURG, MS 39180

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M 000	Initial Comments The State Agency (SA) conducted an annual re-certification survey at the facility from 03/11/24 through 03/14/24. During the survey, the SA determined that the facility was not in compliance with the Minimum Standards for Institutions for the Aged or Infirm, state licensure requirements and cited M500, M610 and M1210. The census at the time of the survey was 56 and the facility is licensed for 60.	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	M 500		4/11/24

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M 500	Continued From page 1 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 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	M 500		

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M 500	Continued From page 2 facility accept his written delegation of this responsibility to the facility for any period of time in conformance with State law; 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	M 500		

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M 500	Continued From page 3 unopened, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical 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 observation, staff interview, record review and facility policy review the facility failed to secure electronic health records as evidenced by an Electronic Medication Record (EMAR) was	M 500	M500 RESIDENTS□ RIGHTS Facility failed to secure electronic records as evidenced by an Electronic Medication Record (EMAR) was visible on an unattended medication cart on the 200 hall	

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M 500	Continued From page 4 visible on an unattended medication cart on the 200 hall for one (1) of 56 residents residing in the facility during survey. Resident #19 Findings include: Review of the facility policy with a revision date of 06/13 titled "Electronic Health Records" revealed, "It is the policy of this facility to use electronic health records (EHR). Electronic signatures may also be used on EHR as permitted by CMS (Centers for Medicare and Medicaid Services) and state laws ... Safeguards in place to minimize improper usage include the following measures ...Privacy screen enabled. Workstations are secured with a password protected automatic inactivation feature set at three (3) minutes or less in which the workstation locks when not in use." An observation on 03/12/24 at 8:50 AM of a computer that was located on a medication cart on the 200 hall revealed the computer was opened with Resident #19's EMAR information visible on the screen. Licensed Practical Nurse (LPN) #1 was in Resident #19's room and the screen was visible to anyone that walked by the medication cart. The visible information included Resident #19's name, medications, room number, and diagnoses. An interview on 03/12/24 at 8:55 AM, with LPN #1 confirmed that she left the laptop computer open with Resident #19's EMAR up on the screen visible to anyone that walked by. LPN #1 confirmed that there is a privacy button that she should have pushed before leaving the cart and that leaving the screen open could result in a security violation. LPN #1 stated "we have been trained on using the privacy button any time we	M 500	for one (1) of 56 residents residing in the facility during survey. 1. Director of Nursing was notified on 3/12/24 of the deficient practice by Licensed Practical Nurse #1. Director of Nursing completed an assessment of Resident #19 on 3/12/24 which showed no adverse effects in regards to privacy. Director of Nursing completed a one-on-one written education with Licensed Practical Nurse #1 on 3/12/24 regarding policy and procedures regarding privacy of resident□s medical record. 2. All fifty-six (56) residents currently residing in the 60 bed facility that receive medical care have the potential to be affected by this deficient practice. 3. An in-service was initiated by the Administrator and Director of Nursing with licensed nurses and facility staff that utilize electronic medical devices for charting on the Electronic Health Records policy in regards to privacy on 3/12/2024. Upon hire, annually and as needed all staff that utilize electronic devices to chart medical information are trained on privacy in regards to Electronic Health Records. 4. Director of Nursing, RN Supervisor or Staff Development Nurse will monitor for compliance with electronic devices for privacy practices beginning March 19, 2024 at least 3 x weekly for 4 weeks then 1 x weekly for 4 weeks if no other problems identified.	

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M 500	Continued From page 5 are not standing in front of the computer". An interview on 03/12/24 at 3:20 PM, with the Director of Nursing (DON) confirmed that a resident's information should never be left up on a screen and that there is a privacy button that the staff member is supposed to push prior to walking away from the computer. The DON confirmed that leaving the information up is a privacy issue and could result in a Health Insurance Portability and Accountability Act (HIPPA) violation. A review of the facility "Face Sheet" for Resident #19 revealed that the resident was admitted to the facility on 11/17/15 with medical diagnoses that included Vascular dementia and Hemiplegia.	M 500	An initial Quality Assurance Committee Meeting was conducted on March 22, 2024 and a follow up Quality Assurance Committee Meeting will be conducted on April 3, 2024 and monthly x 2 months to discuss findings from annual survey in reference to Electronic Medical Records privacy. Director of Nursing, Administrator or Staff Development Nurse will report any recurring problem to the monthly Quality Assessment and Improvement Committee. Administrator and Director of Nursing will take necessary corrective action such as: Individual in services, re-in-service, or disciplinary action up to an including termination of employees and initiate Quality Assurance and Performance Improvement (QAPI) if warranted. QAPI committee will implement corrections or changes as needed.	
M 610	45.21.2 Activities of daily living Activities of daily living. Each resident shall receive assistance as needed with activities of daily living to maintain the highest practicable well being. These shall include, but not be limited to: 1. Bath, dressing and grooming; 2. Transfer and ambulate; 3. Good nutrition, personal and oral hygiene; and 4. Toileting. This Statute is not met as evidenced by:	M 610		4/11/24

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M 610	Continued From page 6 Level II Based on observations, staff interview, record review, and facility policy review, the facility failed to provide personal hygiene to residents as evidenced by unshaven facial hair for two (2) of 18 sampled residents. Resident #3 and Resident #40. Findings Include Record review of the facility policy titled, "A.M. Care" with a Latest Review date of 01/24, revealed "Purpose: To prepare the resident for their day ...To maintain the resident's desired physical appearance ... Procedure... 12. Assist the resident with grooming according to their preferences... shaving and hair removal..." Resident #3 An observation on 03/12/24 at 08:07 AM and again at 12:05 PM, revealed Resident #3 had facial hair approximately one-half (1/2) inch long to her chin area and beside her mouth. An interview and observation on 03/12/24 at 03:55 PM, Certified Nurse Aide (CNA) #1 revealed the aides are responsible for bathing their residents which also includes oral care and shaving them. She revealed it's usually done on the day shift. She confirmed that Resident #3 needed to be shaved and wasn't sure when it was done last. An interview and observation on 03/12/24 at 04:10 PM, the Director of Nurses (DON) revealed that the CNA's on any shift can shave and do	M 610	M610 ACTIVITIES OF DAILY LIVING The facility failed to provide personal hygiene to residents as evidenced by unshaven facial hair for two (2) of 18 sampled residents. Resident #3 and Resident #40. 1. Director of Nursing was notified of this deficient practice on 3/12/2024. Immediately following notification, the Director of Nursing, instructed the Certified Nursing Assistant's to perform ADL care in reference to shaving for both residents. The Director of Nursing also assessed resident #3 and Resident #40 with no adverse effects from this deficient practice. The licensed nurses on each hall observed all residents to ensure compliance with AM care. 2. All fifty-six residents have the potential to be affected by this deficient practice. 3. An in-service was initiated on 3/13/24 for all nursing staff by the Staff Development Nurse regarding performance of AM care with all residents with emphasis on shaving of residents daily. The Director of Nursing, Staff Development and RN Supervisor will monitor ADL care for all residents with emphasis on providing personal hygiene and evaluating for facial hair beginning March 19, 2024 at least 3 x weekly for 4 weeks and then 1 time a week for 4 weeks if no other problems identified. 4. The Director of Nursing, Staff Development and RN Supervisor will	

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M 610	Continued From page 7 activities of daily living (ADL) care for the residents, she confirmed Resident #3 needed to be shaved and she would make sure it gets done. A record review of Resident #3's "Face Sheet" revealed the resident was admitted to the facility on 10/18/19 with medical diagnoses that included Peripheral vascular disease and Vitamin deficiency. Resident #40 An observation on 03/12/24 at 9:35 AM and again at 12:00 PM, revealed Resident #40 with a moderate amount of facial hair approximately 1 inch long to her chin and above her upper lip. During an interview on 03/12/24 at 03:25 PM, CNA #2 revealed the CNAs on the day shift rotation are responsible for shaving residents if they need it, she revealed it's usually done when they first wake up and do their baths or oral care. An interview and observation on 03/12/24 at 04:27 PM, the DON revealed any CNA can do ADL care regardless of the shift. She confirmed that Resident #40 had long facial hair and it needed to be taken care of. A record review of Resident #40's "Face Sheet" revealed the resident was admitted to the facility on 1/08/24 with medical diagnoses that included Acute kidney failure and Hypercalcemia.	M 610	monitor ADL care for all residents with emphasis on providing personal hygiene and evaluating for facial hair beginning March 19, 2024 at least 3 x weekly for 4 weeks and then 1 time a week for 4 weeks if no other problems identified. Director of Nursing, Staff Development Nurse and RN Supervisor will report any recurring problems to the monthly Quality Assessment and Improvement Committee. Administrator and Director of Nursing will take necessary corrective action such as: Individual in services, re-In-service, and or disciplinary action up to an including termination of employees and initiate Quality Assurance and Performance Improvement (QAPI) if warranted. QAPI committee will I implement corrections or changes as needed. An initial Quality Assurance Committee Meeting was conducted on March 22, 2024 and a follow up Quality Assurance Committee Meeting will be conducted on April 3, 2024 and 2 x monthly to discuss findings from annual survey in reference to providing personal hygiene with emphasis on facial hair.	
M1210	45.40.7 Walls and Ceilings Walls and Ceilings. All walls and ceilings shall be of sound construction with an acceptable surface and shall be maintained in good repair. Generally	M1210		4/11/24

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M1210	Continued From page 8 the walls and ceilings should be painted a light color. This Statute is not met as evidenced by: Level II Based on observation, staff interview and facility policy review the facility failed to provide resident rooms that are in good repair as evidenced by broken blinds, missing base molding and peeling sheetrock for two (2) of 36 resident rooms observed during survey. Findings Include. A review of the facility policy with a last revision date of 06/13, titled " Repair Requisition" revealed, "...Procedure: 1. When a resident, staff member, or family member recognizes the need for maintenance services, a Repair Requisition form (AD-022) will be completed by a resident, a family member, or a staff member. 2. The completed form will be placed in a mailbox or other designated place for maintenance personnel. 3. Maintenance personnel will review all Repair Requisitions daily and prioritize work to be done...All Repair Requisitions will be followed up on..." An observation on 03/11/24 at 2:00 PM, of room #210 revealed that the blinds on the window facing the outside of the facility were missing approximately four (4) slats between the bottom of the window to the middle of the window. An observation on 03/12/24 at 10:42 AM, of room # 208 revealed that the wall separating the bathroom and the residents' room is missing a corner molding at the floor with peeling sheetrock underneath.	M1210	M1210 - Walls and Ceilings 1.Facility failed to provide resident rooms that are in good repair as evidenced by broken blinds, missing base molding and peeling sheetrock for two (2) of 36 resident rooms observed during survey. 1. Residents in room 210 and room 208 were assessed with no adverse effects regarding broken blinds and floor issues. Resident room #210 blinds were replaced on 3/12/2024. Floor molding ordered, received and repaired on 3/22/24. 2. All fifty-six (56) residents residing in the facility have the potential to be affected by this deficient practice. 3.In-service initiated with all staff on 3/20/24 by Administrator regarding repairs and maintenance observations and notification of repair process to ensure home like environment for all residents. On March 12 the Department Heads will have designated rooms for daily rounds that include repair and maintenance observations and notification for repairs to ensure home like environment for all residents. 4. Administrator and/or supervisor will monitor resident rooms in regards to maintenance needed repairs at least 3 x weekly x 4 weeks and then 1 x weekly x 4	

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M1210	Continued From page 9 An interview and observation on 03/12/24 at 2:00 PM, with Licensed Practical Nurse (LPN) #1, confirmed that room #210 is missing approximately 4 slats from the base of the window to the middle of the window. LPN #1 confirmed that the blinds being broken doesn't provide a comfortable homelike environment. An interview and observation on 03/12/24 at 2:10 PM, with the Administrator confirmed that the blinds in room #210 need to be replaced and are missing approximately 4 slats. The Administrator confirmed that with the blinds broken that it does not provide a homelike environment. An interview on 03/12/24 at 3:39 PM, with the Maintenance Director confirmed that if staff sees something wrong in a resident's room that they should log it on the maintenance clipboard and nobody had made him aware of the baseboard or the missing blinds. The Maintenance Director confirmed that the clipboard is located at the nursing station and that he checks it when he gets to work at 8:00 AM, throughout the day and before he leaves at 5:00 PM. An interview on 03/12/24 at 4:05 PM, with LPN #1 confirmed that the baseboard molding on the wall between the bathroom and resident room in room #208 is missing a corner molding at the floor and needs to be placed on the maintenance log and repaired. LPN #1 confirmed that with the baseboard molding missing it does not provide a clean, homelike environment. An interview on 03/12/24 at 4:10 PM, with Certified Nursing Assistant (CNA) #3 confirmed that the molding was missing in room 208 between the bathroom and the resident room. CNA #3 confirmed that if the staff sees something	M1210	weeks if no recurring problems identified. An initial Quality Assurance Committee Meeting was conducted on March 22, 2024 and a follow up Quality Assurance Committee Meeting will be conducted on April 3, 2024 and monthly x 2 months if needed to discuss findings from annual survey in reference to safe homelike environment. Administrator and Supervisor will report any recurring problem to the monthly Quality Assessment and Improvement Committee. Administrator and Director of Nursing will take necessary corrective action such as: Individual In-services, re-In-service, or disciplinary action up to and including termination of employees, and initiate Quality Assurance and Performance Improvement (QAPI) if warranted. QAPI Committee will make recommendations or changes as needed.	

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M1210	Continued From page 10 wrong or sees something that needs to be fixed in a resident's room that they are supposed to log it on the maintenance clip board. CNA #3 confirmed that the clipboard is located at the nurse's desk.	M1210		