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 _____	R 04/08/2024

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) COMPLETE DATE
{M 000}	Initial Comments On 4/8/24, the State Survey Agency (SA) conducted a Revisit Survey and a Complaint Survey (CI MS #24695). The revisit survey determined the facility had implemented corrective measures for M500 and this deficiency was determined be in compliance as of 3/21/24 related to call lights. During the complaint survey, the SA determined the facility remains out of compliance with the Minimum Standards for Institutions for the Aged or Infrim, state licensure requirements and cited M500 related to resident respect and dignity.	{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	{M 500}		4/23/24

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 _____	R 04/08/2024

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) COMPLETE DATE
{M 500}	Continued From page 1 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 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	{M 500}		

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 _____	R 04/08/2024

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) COMPLETE DATE
{M 500}	Continued From page 2	{M 500}		

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;

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

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 _____	R 04/08/2024

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) COMPLETE DATE
{M 500}	Continued From page 3 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 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 facility policy review, record review and interviews the facility failed to ensure that	{M 500}	Resident #1 and Resident #2 were interviewed by the Social Worker on April 5, 2024, and there were no negative outcomes. A resident council meeting was	

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 _____	R 04/08/2024

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) COMPLETE DATE
{M 500}	Continued From page 4 residents were treated and spoken to in a dignified and respectful manner for two (2) of four (4) sampled residents. Resident #1 and Resident #2. Findings include: Review of facility policy titled, "Behavior of Employees," revised 12/13/17, revealed, " Policy It is the policy of the Company that certain rules and regulations regarding employee behavior are necessary ... Appropriate employee conduct includes: a. Treating all residents, visitors, and coworkers in a courteous manner; b. Refraining from behavior or conduct that is offensive ..." Record review of facility document titled, "Resident Rights," revised and implemented on 11/28/16, revealed, "(a) Residents Rights. The resident has a right to a dignified existence ... (1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life ..." On 4/04/24 at 9:03 AM during a telephone interview with the facility Ombudsman, she confirmed that she visited the facility at least monthly and visited with residents. The Ombudsman revealed that she had received complaints from residents related to the way Licensed Practical Nurse (LPN) #1 had treated at spoken to them. The Ombudsman stated that residents had reported to her that LPN #1 routinely spoke to them in a loud, rude, and aggressive manner. On 4/04/24 at 11:00 AM, an interview with a Resident, who requested to remain anonymous,	{M 500}	held by the Administrator on April 16, 2024, to ensure that all residents were informed of their resident rights and right to a dignified existence within the facility. All residents that reside in the facility have the potential to be affected. The Director of Nursing (DON), the Assistant Director of Nursing (ADON) and the Assistant Administrator direct in-serviced all employees on resident rights related to respect and dignity and behavior of employees for all staff on 4/4/2024, and they were completed on 4/8/2024. Resident interviews were conducted by the Social Worker with all residents who are cognitively intact beginning April 4, 2024, and ending April 5, 2024, to ensure that all grievances related to resident rights or behavior had been addressed. A Quality Assurance Performance Improvement (QAPI) meeting was held on 4/04/2024 to discuss the policy and procedure of resident rights and behavior of employees, with no changes deemed necessary. It was determined by the QAPI team that the Administrator, the DON or the ADON will perform a questionnaire through both staff and resident interviews on resident rights and behavior of employees with two (2) staff members and four (4) residents weekly for four (4) weeks and then monthly for 6 months thereafter beginning 4/08/24 and ending 10/09/2024. Any identified concerns will be addressed immediately reported to the Administrator and brought to the monthly	

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 _____	R 04/08/2024

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) COMPLETE DATE
{M 500}	Continued From page 5 revealed LPN #1 was "rude" and had spoken to her disrespectfully. The resident stated that she had also witnessed LPN #1 speak disrespectfully to other residents. The resident explained that she had witnessed LPN #1 yell at residents to "go to bed, go back to your room." The resident stated LPN #1 told the residents what she was going to do and not going to do. She said that she had also witnessed LPN #1 "fuss" at residents and tell them that she was not going to come back to answer their call light again, so they better tell her everything they wanted or leave the call light alone. On 4/04/24 at 11:55 AM, during an interview Resident #2 reported that LPN #1, that was rude and disrespectful to her and that she had witnessed LPN #1 being disrespectful to other residents. Resident #2 stated, "LPN #1 is always hollering at residents." Resident #2 reported that she had witnessed LPN #1 yelling at residents to "go to bed." She stated LPN #1 would tell residents to "Get in your room. Go to sleep." The resident described LPN #1 as "loud and aggressive." On 4/04/24 at 12:10 AM, an interview with a family member of Resident #2, she reported that she visited the facility frequently during different shifts and had witnessed LPN #1 yelling at residents. The family member stated that she felt it was more than speaking loudly to be heard because the LPN was yelling orders at the residents. She provided examples of things she had heard LPN #1 yelling at residents, "like telling them to get in their rooms and go to bed." she added, "some of these residents didn't even seem to be able to understand." On 4/04/24 at 1:50 PM, in an interview with	{M 500}	QAPI meeting effective 4/8/2024 and then monthly for 6 months thereafter ending 10/09/2024.	

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 _____	R 04/08/2024

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) COMPLETE DATE
{M 500}	Continued From page 6	{M 500}		

Resident # 1, the previous Resident Council President, she revealed that the behavior of LPN #1 had been discussed in the Resident Council meetings. The resident stated the Activity Director had taken notes for the meetings, but she was not sure if concerns related to LPN #1 were recorded or not. The resident complained that LPN #1 was rude and disrespectful to residents, especially if she was assigned to their care and they requested anything. Resident #1 commented that it was reported that during a recent incident, when a resident requested something for their cold/allergy symptoms, LPN #1 told the resident "No, you can't have that and walked out."

On 4/04/24 at 5:00 PM, an interview with the Social Services Director (SSD) revealed that any staff member could document a grievance and that the grievances were turned in to her, and she directed them to the appropriate department head to be addressed. The SSD confirmed that she had received a grievance today from the Staffing Coordinator about a report she had received regarding the loud, rude, and aggressive behavior of LPN #1.

On 4/05/24 at 1:58 PM, during an interview with the Staffing Coordinator, she confirmed Certified Nursing Assistant (CNA) #1 reported to her that LPN #1 "needed to learn how to talk to people." CNA #1 had stated that LPN #1 was loud and that there had been complaints from residents that they did not like LPN #1's tone or volume and felt she was not speaking to them in a respectful manner.

On 4/05/24 at 2:10 PM, an interview with the Assistant Director of Nurse (ADON), revealed the facility provided routine in-service training related to Resident Rights and treating residents with

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 _____	R 04/08/2024

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) COMPLETE DATE
{M 500}	Continued From page 7	{M 500}		

respect. She stated that the facility also provided routine in-service training related to Resident Abuse and Neglect Prevention and Reporting. The ADON commented that she had not witnessed or heard any allegations involving LPN #1 which rose to the level of verbal abuse, but had received a report of an allegation that LPN #1 had spoken to a resident in a rude, disrespectful manner and the allegation was currently being investigated and could result in the termination of the employment of LPN #1 from the facility because LPN had already received multiple coaching and verbal warnings regarding therapeutic communication.

Record review of the Record of Corrective Coaching and Witness Statement dated 3/13/24 and signed by the Director of Nurses (DON) revealed that on 3/13/24 LPN #1 received a verbal warning regarding behaviors and attitude and received an additional "in-service on conduct of behavior for employee and therapeutic communication."

Record review of the Admission Record for Resident #1 revealed the facility admitted the resident on 9/10/13, with diagnoses that included End stage renal disease and Type 2 diabetes.

Record review of the Quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 2/12/24, for Resident #1, revealed the resident had a Brief Interview for Mental Status (BIMS) score of 15, which indicated the resident was cognitively intact.

Record review of the Admission Record for Resident #2 revealed the facility admitted the resident on 8/16/22, with diagnoses that included Chronic respiratory failure and Neuralgia.

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 _____	R 04/08/2024

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) COMPLETE DATE
{M 500}	Continued From page 8 Record review of the 5-Day MDS, with ARD 3/08/24, for Resident #2, revealed the resident had a BIMS score of 12, which indicated no cognitive impairment.	{M 500}		