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	PH12	A. BUILDING: _____ B. WING _____	12/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HILLTOP MANOR HEALTH AND REHABILITATION CEI	101 KIRKLAND STREET UNION, MS 39365

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M 000	Initial Comments The State Agency (SA) conducted an annual survey at the facility from 12/2/24 through 12/5/24. During the survey, the SA determined that the facility was not in compliance with the Minimum Standards for Institutions for the Aged or Infirm and cited M 500, M 705, M 780 and M 1570. The census at the time of the survey was 53 and the facility is licensed for 60 beds.	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		1/6/25

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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	M 500		

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

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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: Based on observation, resident and staff interview, and facility policy review, the facility failed to provide a resident with a clean, comfortable, and homelike environment, when the facility failed to change the dirty, stained linen for (1) one of 53 residents' bed linens observed.	M 500	Resident #20 linens were changed on 12/3/2024 by the staff Certified Nursing Assistant(CNA), on 12/3/2024 a 100% audit of bed linen was completed by the Director of Nurses(DON) and Assistant Director of Nurses(ADON) all stained or	

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M 500	Continued From page 4 Resident # 20 Findings include: A review of the facility policy titled, "Making a bed," with no revision date revealed that all linens, including mattress pad, blanket, and bedspread should be replaced, if necessary. ... The pillowcase should also be checked for soiling and replaced as needed. ... Bed linens are regularly changed at least once weekly. ... In an interview with Resident # 20 on 12/02/24 at 1:00 PM, she revealed she would like to have her bed linen changed, stating "I can't remember the last time they were changed." An observation of the linen with Resident #20 revealed the bottom sheet to be dingy white, the top sheet had a baseball size brown stain which the resident stated was from a bowel movement. The pillowcase was covered in small dark dried stains which the resident stated were dried blood stains. An observation of Resident # 20's bed linen on 12/03/24 at 11:34 AM, revealed the bed linen remained dingy in appearance with a brown stain on the top sheet, and numerous small dark stains on the pillowcase. An observation and interview with Registered Nurse (RN) # 1 on 12/03/24 at 11:37 AM, she confirmed the sheets on Resident # 20's bed were dirty in appearance and dingy white, the top sheet had a brown stain on it, and the pillow had numerous dark stains that she identified as dried blood spots. RN # 1 then confirmed that the linens did not appear to have been changed recently, and stated the linen should have already been changed. She then stated that dignity could be a concern for the residents as well as a	M 500	soiled linen was replaced at that time by the CNA. All residents of the facility have the potential to be affected by this issue. On 12/4/2024 the Assistant Director of Nurses(ADON) initiated education with CNAs and Nurses on routine linen changes for all beds of the facility and as needed linen changes for soiled or stained linens. Bed linens are to be changed at least once a week and as needed. Beginning on 12/9/2024 Quality Monitoring of 10% of residents bed linens will be conducted by DON or ADON 3 times a week for 4 weeks, 2 times a week for 4 weeks, weekly for 4 weeks. Findings will be reported by the DON monthly for 4 months to Quality Assurance Performance Improvement (QAPI) Committee Meeting. On 1/3/2025 QAPI Committee will conduct a QAPI to review of findings from Quality Monitoring to ensure our solution is sustained. Review all findings from our Quality Monitoring on the first Friday of each month during the QAPI meeting by the QAPI committee in the monthly meeting for 3 months to ensure our solutions are sustained.	

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M 500	Continued From page 5 sanitization concern. In an interview with the Director of Nursing (DON) on 12/03/24 at 11:45 AM, she revealed the resident ' s beds should be made daily and linen changed weekly and each time the linen is soiled. She then confirmed that it was a sanitization problem and could possibly be a dignity issue. Review of the "Admission Record" revealed Resident #20 was admitted by the facility on 2/27/24. Record review of Resident #20's Section C of the Minimum Data Set (MDS) revealed that on 9/17/24 the Brief Interview for Mental Status (BIMS) score was 15, indicating the resident was cognitively intact.	M 500		
M 705	45.24.2 Policies and procedures Policies and procedures. Each facility shall have policies and procedures to assure the following: 1. Accurate acquiring; 2. Receiving; 3. Dispensing; 4. Storage; and 5. Administration of all drugs and biologicals. This Statute is not met as evidenced by: Level II Based on observation, resident and staff	M 705	On 12/3/24 the Director of Nurses (DON) removed a bottle of Travoprost 0.004% eye drops from Resident #13□s room, on 12/3/2024 Resident #13□s physician	1/6/25

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M 705	Continued From page 6 interview, record review and facility policy review, the facility failed to ensure that medications were securely stored as evidenced by medications observed on the bedside table for two (2) of 53 residents reviewed. Resident #13 and #22. Findings Include: Review of the facility policy titled, "Medication and Medication Supply Storage and Disposal," with no revision date revealed, "Central storage of medications is required for prescription, prescribed over-the-counter medications ...Will be kept in a locked area ...Procedure :1.) Storage is required for the following situations and will be locked with limited access: If the facility administers or assists with self-administration of medication ..." Resident # 13 An observation on 12/2/24 at 2:30 PM revealed a bottle of Travoprost 0.004% eye drops sitting on Resident #13's overbed table. The resident stated that she puts the drops in her eyes herself at night and had been using the medication for 10 years. A record review of assessments revealed that Resident #13 did not have a "Self-Administration of Medication" assessment. A record review of the "Order Review Report" dated 12/3/24 for Resident #13 revealed that there was no physician's order for Travoprost 0.004%, nor an order to self-administer medications. An interview with Registered Nurse (RN) #3 on 12/3/24 at 1:25 PM, she stated that she was not	M 705	ordered Visine Dry Eye Relief 1 drop both eyes every 24 hours as needed for dry eyes and Latanoprost 0.005% 1 drop both eyes every evening for Glaucoma. On 12/3/24 the DON removed a box of Hydrocortisone cream from Resident #22□s room, on 12/3/2024 the DON assessed Resident #22 for any skin issues, Hydrocortisone Cream 1% to left upper arm as needed every shift for itching was ordered by the physician on 12/3/2024. An audit of all residents□ rooms was conducted by the DON and Assistant Director of Nurses (ADON) on 12/3/24 to ensure no other drugs were in other resident rooms. Residents of the facility that receive medications have the potential to be affected by this issue. On 12/3/24 the Director of Nurses (DON) and Assistant Director of Nurses (ADON) initiated education with nursing staff of the facility on the Policy Medication and Medication Supply Storage and Disposal to ensure that nursing staff were aware that medications are not to be left unattended and unsecured in any residents□ room. Beginning on 12/9/2024 Quality Monitoring of 5 residents rooms will be conducted by DON or ADON to ensure no medications are unsecured in residents rooms 3 times (x) a week for 4 weeks, 2 x a week for 4 weeks, weekly for 4 weeks. Findings will be reported by the DON monthly x 3 months to Quality Assurance Performance Improvement (QAPI) Committee Meeting.	

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M 705	Continued From page 7 aware of any medication that Resident #13 was self-administering. She verified that the resident did not have an order for Travoprost 0.004%. An observation and interview with RN #3 on 12/3/24 at 1:28 PM, she verified that there was a bottle of Travoprost 0.004% eye drops still sitting on residents over bed table. An interview with the Director of Nursing (DON) on 12/3/24 at 1:31 PM, she verified that Resident #13 did not have an assessment or a physician's order to self- administer any medications and did not have an order for the eye drops. She stated that the resident had been on the eye drops prior to her last hospitalization and felt they may not have been reordered upon her return. She agreed that the resident should be assessed for self-administration of mediation for safety. She agreed the resident could have adverse effects, such as drug interactions, from using a medication that was not ordered and agreed the medication should not be on the bedside table. Record review of the "Admission Record" revealed that the facility admitted Resident #13 to the facility on 11/25/19 with a diagnosis of Unspecified Glaucoma. Record review of the Minimum Data Set Assessment (MDS) with an Assessment Reference Date (ARD) of 10/28/24 revealed a Brief Interview for Mental Status (BIMS) score of 15 indicating that the resident is cognitively intact. Resident #22 An observation of Resident #22's room on 12/02/24 at 11:10 AM revealed a box sitting on the bedside table titled Hydrocortisone 1% cream.	M 705	On 1/3/2025 QAPI Committee will conduct a QAPI to review of findings from Quality Monitoring to ensure our solution is sustained. Review all findings from our Quality Monitoring on the first Friday of each month during the QAPI meeting by the QAPI committee in the monthly meeting for 3 months to ensure our solutions are sustained.	

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M 705	Continued From page 8 Resident #22 stated that he uses that cream for a rash on his arm. He stated that the treatment nurse gave him a full box of hydrocortisone and told him to apply it every day. In an observation of Resident #22's room with Registered Nurse (RN) #1 on 12/03/24 at 11:00 AM, she confirmed the box on Resident #22's bedside table was Hydrocortisone cream. A continued record review of Resident #22's Order Summary Report dated 12/3/24 revealed that the resident had no orders for the Hydrocortisone cream. RN #2 confirmed Resident #22 did not administer his medications and the cream should not have been in the room. In an interview with the Treatment Nurse on 12/03/24 at 11:10 AM, she revealed the box of Hydrocortisone in Resident # 22's room was facility stock medication. She stated she did not give the resident the box of hydrocortisone and confirmed he did not have an order for it. She then revealed the medication should not be in the resident's room because he could apply too much of the hydrocortisone and have a potential adverse reaction. In an interview with the Director of Nursing (DON) on 12/03/24 at 11:15 AM, she confirmed Resident #22 did not have an assessment to self-administer medications and confirmed the medication should not have been left in the room. The DON stated the cream should have been stored in a locked medication/treatment cart. Record review of the "Admission Record" revealed Resident #22 was admitted by the facility on 3/21/24 with diagnosis of End-stage Renal Disease.	M 705		

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M 705	Continued From page 9 Record review of Resident #22's Section C of the quarterly MDS with an ARD of 11/26/24 revealed a BIMS score of 15, indicating the resident was cognitively intact.	M 705		
M 780	45.27.2 Activity Program Activity Program. Provisions shall be made for suitable recreational and entertainment activities for resident according to their needs and interests. These activities are an important adjunct to daily living and are to encourage restoration to self-care and resumption of normal activities. Variety in planning shall include some outdoor activities in suitable weather. This Statute is not met as evidenced by: Level II Pattern Based on observations, staff and resident interviews, record review and facility policy review, the facility failed to provide an activities program seven (7) days a week as evidenced by a lack of structured activities on weekends for five (5) of six (6) residents at the Resident Council meeting, with the potential to affect all residents. Resident #8, #13, #36, #37 and #40. Findings Included: A record review of a facility policy, titled "Group Activities" with no revision date revealed "Group activities are scheduled to enhance the resident's well-being and self-esteem ..." During a Resident Council meeting on 12/4/24 at 9:45 AM, Residents #8, #13, #36, #37, and #40 stated that church services are provided on	M 780	On 12/4/2024 the Administrator and Activities Director met to discuss concerns from residents on not having consistent weekend activities. Administrator and Activities Director planned weekend activities to begin on 12/7/2024 and ongoing to be conducted by Restorative Certified Nursing Assistants(RCNA) as part of daily duties on Saturdays and Sundays. Residents of the facility that wish to participate in weekend activities have the potential to be affected by this issue. On 12/4/2024 Education was conducted by the Administrator with the Activities Director, and RCNAs that consistent scheduled activities will be scheduled and conducted on weekend days consistently and would be added to the duties of the RCNAs going forward on weekend days	1/6/25

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M 780	Continued From page 10 Sundays, but no other activities occur on the weekends. The residents explained that the Activity Director leaves activity/coloring pages and puzzles for them, and occasionally Resident #40 plays the piano. Residents #36 and #37 noted that there are no scheduled weekend activities because no activity staff are present, and other staff do not assist with any activities. They expressed a desire for structured activities on weekends. A review of the September, October, and November 2024 activity schedules revealed that Saturday activities included providing coloring, puzzles, movies, arts, and dominoes for the residents to do on their own and Sunday activities were limited to a church service. During an interview with the Activity Director (AD) on 12/4/24 at 10:00 AM, she confirmed there are no scheduled activities on the weekends. She stated that she is scheduled to work Monday through Friday, with no activity staff assigned on weekends. She confirmed that she leaves puzzles and activity/coloring pages for residents to use during the weekend and encouraged staff to put on movies. She mentioned that some residents play the piano on weekends but verified that no structured activities occur beyond the Sunday church service. She acknowledged that residents have expressed interest in additional weekend activities and stated she reported this to the Administrator. The AD emphasized that having activities seven (7) days a week is important for preventing boredom, encouraging socialization, and promoting residents' well-being. In an interview with the Administrator on 12/4/24 at 10:25 AM, he stated that the Restorative Certified Nursing Assistant (RCNA) is responsible	M 780	beginning on 12/7/2024. On 12/11/2024 the Activities discussed revised weekend activity plan with the Resident Council. Beginning on 12/9/2024 Quality Monitoring of Weekend Activity Schedule and Participation will be conducted by the Administrator or Activities Direct weekly times (x) 4 weeks, every other week x 4 weeks, then monthly for 1 month. Findings will be reported by the Administrator monthly x 3 months to Quality Assurance Performance Improvement (QAPI) Committee Meeting. On 1/3/2025 QAPI Committee will conduct a QAPI to review of findings from Quality Monitoring to ensure our solution is sustained. Review all findings from our Quality Monitoring on the first Friday of each month during the QAPI meeting by the QAPI committee in the monthly meeting for 3 months to ensure our solutions are sustained.	

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M 780	Continued From page 11	M 780		

for facilitating activities on weekends if residents request them. He agreed that the lack of weekend activities could negatively impact residents' well-being and quality of life.

An interview with the RCNA on 12/4/24 at 11:00 AM revealed that she works Saturdays conducting restorative exercises. She explained that if time permits, she may organize an activity such as singing while a resident plays the piano. However, she noted that her responsibilities also include transportation and covering staff shortages, leaving her unavailable to consistently provide activities. She confirmed that she does not work on Sundays.

Record review of the "Admission Record" revealed that the facility admitted Resident #8 on 12/25/17 with a diagnosis of Borderline Intellectual Functioning.

Record review of Resident #8's Minimum Data Set Assessment (MDS) with an Assessment Reference Date (ARD) of 9/20/24 revealed a Brief Interview for Mental Status (BIMS) score of 14 indicating that the resident is cognitively intact.

Record review of the "Admission Record" revealed that the facility admitted Resident #13 on 1/27/23 with a diagnosis of Major Depressive Disorder.

Record review of the MDS with an ARD of 10/28/24 revealed Resident #13 had a BIMS score of 15 indicating that the resident is cognitively intact.

Record review of the "Admission Record" revealed that the facility admitted Resident #36 on 7/29/24 with a diagnosis of Major Depressive

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HILLTOP MANOR HEALTH AND REHABILITATION CEI	101 KIRKLAND STREET UNION, MS 39365

(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 780	Continued From page 12 Disorder. Record review of Resident #36's MDS with an ARD of 8/29/24 revealed a BIMS score of 15 indicating that the resident is cognitively intact. Record review of the "Admission Record" revealed that the facility admitted Resident #37 on 11/29/19 with a diagnosis of Major Depressive Disorder. Record review of Resident #37's MDS with an ARD of 9/25/24 revealed a BIMS score of 15 indicating that the resident is cognitively intact. Record review of the "Admission Record" revealed that the facility admitted Resident #40 on 10/7/20 with a diagnosis of Blindness Right Eye. Record review of Resident #40's MDS with an ARD of 10/21/24 revealed a BIMS score of 15 indicating that the resident is cognitively intact.	M 780		
M1570	48.58.1 Infection Control The following infection control standards shall be met: 1. The facility must maintain and document an effective infection control program that protects patients, families, visitors, and facility personnel by preventing and controlling infections and communicable diseases. 2. The facility must have an active surveillance program that includes specific measures for prevention, early detection, control, education, and investigation of infections and communicable	M1570		1/6/25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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M1570	Continued From page 13 diseases in the facility. There must be a mechanism to evaluate the effectiveness of the program(s) and take corrective action when necessary. The program must include implementation of nationally recognized systems of infection control guidelines to avoid sources and transmission of infections and communicable diseases. 3. The facility must follow accepted standards of practice to prevent the transmission of infections and communicable diseases, including the use of standard precautions. 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 prevent the possible transmission of infections when staff failed to use enhanced barrier precautions (EBP) during catheter care for one (1) one of (4) four direct care areas observed. (Resident #12) Findings include: Review of the facility policy titled, "Enhanced Barrier Precautions," with a revision date of August 2022 revealed, "Policy Statement: Enhanced barrier precautions (EBPs) are utilized to prevent the spread of multi-drug-resistant organisms (MDROs) to residents... Policy Interpretation and Implementation: EBP's employ targeted gown and glove use during high contact resident care activities ... Examples of high contact resident care activities.... g. device care ...urinary catheter..."	M1570	On 12/3/2024 the Infection Control Nurse conducted education with Certified Nurses Assistant(CNA)#1 and Restorative Certified Nurses Assistant (RCNA) on Enhanced Barrier Precautions(EBP), that provided catheter care to Resident #12 on 12/3/24. On 12/3/24 the Infection Control Nurse reviewed other residents of the facility on EBP to ensure staff were following the facility policy on EBP. Residents of the facility on Enhanced Barrier Precautions have the potential to be affected by this issue. On 12/3/2024 the Infection Control Nurse began education with CNAs and Nurses on the facility policy Enhanced Barrier Precautions (EBP) to ensure CNAs and Nurses providing care appropriately to residents that are on EBP. Beginning on 12/9/2024 Quality Monitoring of 20% of residents with catheter care will be conducted by Director of Nurses (DON)	

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M1570	Continued From page 14 An observation of catheter care for Resident #12 on 12/03/24 at 2:10 PM, revealed Certified Nurse Assistant (CNA) #1 and the Restorative CNA provided catheter care for Resident #12 and both CNAs failed to apply a gown before performing catheter care. In an interview with CNA #1 on 12/03/24 at 2:20 PM, she revealed she did not realize she had not used EBP. She then revealed that all residents with indwelling devices are on enhanced barrier precautions. In an interview with the Restorative CNA on 12/03/24 at 2:25 PM, she revealed that she had forgotten EBP and confirmed she knew she was supposed to. She then revealed the purpose of EBP is to reduce the risk of spread of infections for residents at increased risk of infection. Record review of the "Order Summary Report" for Resident #12 revealed an active order for "Catheter care every shift and as needed", dated 11/18/24. In an interview with the Infection Control Nurse on 12/03/24 at 2:35 PM, she confirmed that the CNAs should have implemented EBP to provide a layer of protection to prevent the spread of infection for residents at increased risk. Review of the "Admission Record" revealed Resident #12 was admitted by the facility on 8/20/20 with Encounter for Surgical Aftercare Following Surgery On The Genitourinary System. Record review of Resident #12's Section C of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 11/25/24 revealed in Section: H-Bladder and Bowel: H0100 was coded	M1570	or Infection Control Nurse to ensure Enhanced Barrier Precautions are followed 3 times (x) a week for 4 weeks, 2 x a week for 4 weeks, weekly for 4 weeks. Findings will be reported by the DON or Infection Control Nurse monthly x 3 months to Quality Assurance Performance Improvement (QAPI) Committee Meeting. On 1/3/2025 QAPI Committee will conduct a QAPI to review of findings from Quality Monitoring to ensure our solution is sustained. Review all findings from our Quality Monitoring on the first Friday of each month during the QAPI meeting by the QAPI committee in the monthly meeting for 3 months to ensure our solutions are sustained.	

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M1570	Continued From page 15 Indwelling catheter.	M1570		