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 12/12/2024

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) COMPLETION DATE
F 000	INITIAL COMMENTS The State Agency (SA) conducted an Annual Recertification survey, along with two (2) Complaint Investigations (CI MS #27141 and CI MS #27015), at the facility from 12/10/2024 through 12/12/2024. During the survey, the SA determined the facility was not in compliance with the requirements of participation in Medicare and Medicaid and F550 and F761 was cited. Both CIs were related to resident rights and F550 was also cited as a result of the investigations. The facility had a census of 84 and was licensed for 100 beds.	F 000		
F 550 SS=D	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(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, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all	F 550		1/6/25

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

Electronically Signed | 12/23/2024

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F 550	Continued From page 1 residents regardless of payment source. §483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States. §483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility. §483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is not met as evidenced by: Based on observation, interviews, record review, and facility policy review, the facility failed to ensure residents' rights were followed related to respect and dignity when a Certified Nurse Aide (CNA) attempted to check a resident for incontinence in the hallway and against his wishes (Resident #7) and failed to have a privacy cover on a urinary drainage bag (Resident #79) for two (2) of 19 sampled residents. Findings included: A review of the facility's "Resident Rights" policy, dated 07/24/2023, revealed, "Employees shall treat all residents with kindness, respect, and dignity. Policy Interpretation and Implementation ...1 ...These rights include the right resident's right to ...b. be treated with respect, kindness, and dignity ..."	F 550	The facility failed to ensure resident □s rights for resident #7 were followed related to respect and dignity when an CNA attempted to check a resident for incontinence in the hallway. Resident #7 was assessed on 12/13/2024 by the Assistant Director of Nursing (ADON) with no issues identified. The facility failed to ensure a privacy cover on a urinary drainage bag for resident #79. Resident #79 was assessed on 12/13/2024 by the Assistant Director of Nursing (ADON) with no issues identified. The Assistant Director of Nursing (ADON) ensured resident #79 had their privacy cover for their urinary drainage bag with no issues identified. All Residents who reside in this facility who are incontinent have the potential to	

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F 550	Continued From page 2 Resident #7 On 12/09/2024 at 10:10 AM, during an interview, Resident #7 reported that while he was listening to a church service on 10/27/2024 around 10:00 AM, CNA #1 approached him in the hallway and attempted to check for incontinence. The resident stated that the CNA began pushing his wheelchair down the hall, prompting him to lock the wheels to stop her. He claimed that she then attempted to look inside his pants, leading him to hold his pants and tell her, "Leave me alone." He further stated that CNA #1 left, stating she would get another staff member as a witness, and he returned to the church service. There were no other interactions with the CNA. On 12/11/2024 at 10:10 AM, during an interview, CNA #1 acknowledged the incident and stated she recognized after the fact that her actions, including attempting to check the resident's brief against his wishes, were inappropriate. She stated it was close to the end of her shift, and she was trying to make sure all her residents were taken care of before shift change. She further stated it was not her intention to upset the resident, she was just trying to take care of him. On 12/12/2024 at 8:10 AM, during an interview, Licensed Practical Nurse (LPN) #3 confirmed that on 10/27/24, Resident #7 was outside the dining room window listening to the church service. She stated that CNA #1 attempted to assist the resident but that he declined care, stating he preferred to wait until 2:30 PM. On 12/12/2024 at 10:25 AM, during an interview, the Licensed Nursing Home Administrator	F 550	be affected by this deficient practice. On 12/12/24 The Director of Nursing (DON) and Assistant Director of Nursing (ADON) completed a 100% audit on all residents with indwelling catheters to ensure that each one had a proper drainage bag privacy cover in place. All residents are found to be in compliance with the catheter care and Urinary policy. No other residents were affected. On 12/12/2024 the Director of Nursing (DON), Assistant Director of Nursing (ADON) and the Administrator directly in-serviced staff on dignity and respect related to residents rights. Beginning 12/12/24 and ending 12/13/24 The Director of Nursing (DON), Assistant Director of Nursing (ADON) and the Administrator in-serviced staff on dignity and respect related to a resident having a foley catheter. On 12/16/2024 the Medical Records Nurse audited and updated all task administration check offs for residents with a urinary bag to include checking for privacy cover with 100% accuracy. The Quality Assurance Performance Improvement Team (QAPI) met on 12/20/2024 to discuss policy and procedures related to privacy covers for urinary bags and residents rights related to dignity and respect with no revisions needed. Effective 12/16/2024 the Assistant Director of Nursing and/or the Registered Nurse Supervisor will make daily rounds on residents with urinary drainage bags and complete a daily sign off on the daily task to ensure accuracy of privacy cover ending 12/30/2024. Effective 01/01/2025 the Assistant	

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F 550	Continued From page 3 (LNHA) corroborated that CNA #1 attempted to assist Resident #7 on 10/27/24, who had requested to delay care until later. A record review of the "Admission Record" revealed the facility originally admitted Resident #7 on 6/18/2024 and he had a current diagnosis of Paraplegia. A record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 9/16/2024 revealed Resident #79 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated he was cognitively intact. A record review of a "Behavior Note", dated 10/27/24 at 2:32 PM, revealed the CNA was attempting to check the resident for incontinence and the resident told her to "Go on now". A record review of a "Grievance/Concern Decision Report", dated 11/4/24, revealed Resident #7 filed a grievance against the CNA and alleged the CNA was attempting to check him for incontinence in the hallway and he told her to "go on" and he would return to his room for care at 2:30 PM. Corrective action included that CNA will no longer be assigned to the resident and the District Ombudsman was contacted. Resident #79 On 12/10/2024 at 11:40 AM, during an observation and interview with Resident #79, he was in his wheelchair in the hallway, a urinary catheter drainage bag was visible hanging from the side of the wheelchair and was not covered, leaving the urine visible. He went into his room and stated he was unsure how long he had a	F 550	Director of Nursing and/or the Registered Nurse Supervisor will make rounds on residents with urinary drainage bags and complete a sign off on the task to ensure accuracy cover three times a week for two weeks ending 01/14/2025. Beginning 12/16/2024 the Social Worker will interview 2 residents a week who are cognitive and incontinent to determine dignity and respect are being met ending 1/24/2025.Beginning 1/27/2025 the Social Worker will interview 1 resident a week who are cognitive and incontinent to determine dignity and respect are being met ending 3/31/2025. Any identified concerns will be addressed immediately and reported to the Administrator and brought to the monthly QAPI meeting beginning 01/06/2025 then monthly for 3 months thereafter ending 4/1/2025.	

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F 550	Continued From page 4	F 550		

catheter or the reason for it. He stated, "They usually keep it in a bag when I am out of my room," and noted that it should be in a privacy bag.

On 12/10/2024 at 11:45 AM, during an interview, LPN #4 stated the catheter drainage bag should always be in a privacy bag. She explained that the purpose of privacy is to ensure the urine is not openly visible.

On 12/11/2024 at 11:40 AM, during an interview, the Director of Nursing (DON) confirmed that urine drainage bags should be kept in a privacy bag so that other residents and visitors are not able to see the resident's urine.

A record review of the "Admission Record" revealed the facility admitted Resident #79 8/1/24 and he had a current diagnosis of Neuromuscular Dysfunction of the Bladder.

A record review of the "Order Summary Report", revealed Resident #79 had an order, dated 12/3/24, for an suprapubic catheter.

A record review of the Comprehensive Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 8/07/2024 revealed Resident #79 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated he was cognitively intact.