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 _____	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

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M 000	Initial Comments The State Agency (SA) conducted an annual recertification survey, along with complaint investigations (CIs), 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 Minimum Standards for Institutions for the Aged or Infirm, state licensure requirements and M500 was cited.	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	M 500		1/6/25

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M 500	Continued From page 1 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 facility accept his written delegation of this	M 500		

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M 500	Continued From page 2	M 500		

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 unopened, unless medically contraindicated (as

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M 500	Continued From page 3 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, 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	M 500	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	

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M 500	Continued From page 4 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 ..." 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.	M 500	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 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	

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M 500	Continued From page 5 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 (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.	M 500	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 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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M 500	Continued From page 6 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 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)	M 500		

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M 500	Continued From page 7 score of 15, which indicated he was cognitively intact.	M 500		