

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/30/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255112	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/12/2024
NAME OF PROVIDER OR SUPPLIER PLEASANT HILLS COM LIV CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 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.	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

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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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 ☐ 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 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.	F 550			
F 761 SS=E	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted	F 761		1/6/25	

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F 761	Continued From page 5 professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on observation, interviews, record review, and policy review, the facility failed to ensure medications were secured when a medication cart and treatment cart were left unlocked and unattended and failed to ensure medications were not left at a resident's bedside for two (2) of three (3) days of the survey. Findings included: A review of the facility's policy, "Medication Labeling and Storage," revised February 2023, revealed, "The facility stores all medications and biologicals in locked compartments under proper temperature, humidity and light controls. Only	F 761	The facility failed to ensure medications were secured when a medication cart and treatment cart were left unlocked and unattended and failed to ensure medications were not left at a resident #71s bedside. Resident #71 was assessed by the Director of Nursing (DON) on 12/13/2024 with no issues identified. The DON verified the medication orders for resident #71 for accuracy with no issues identified. The deficient practice of not locking the medication cart, the wound cart and leaving medications at a resident's bedside has the potential to affect all		

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F 761	Continued From page 6 authorized personnel have access to keys...Medication Storage ...4. Compartments (including ...carts ...)containing medications and biologicals are locked when not in use, and ...carts used to transport such items are not left unattended if open or otherwise potentially available to others ..." A review of the facility's "Medication Administration - General Guidelines," dated 08/25/2014, revealed, " ...Procedure ...2. Administration ...d. Medications are administered at the time they are prepared ..." Medication Cart: On 12/10/2024 at 11:37 AM, during an observation of the North Unit, a medication cart was noted to be unlocked and unattended in the hallway at the nurse's station until 11:41 AM. During this time, ten (10) residents were observed walking past the cart, but none attempted to open it. On 12/10/2024 at 11:43 AM, during an interview and observation of the medication cart, Licensed Practical Nurse (LPN) #1 confirmed that the cart was unlocked and stated, "It was an accident. I got distracted while giving medications." She noted that residents on the hall were ambulatory but stated she had not witnessed any rummaging behaviors, or anyone attempting to go through the medication cart. She acknowledged that a lot could happen if residents were to get into the medication cart, including taking other residents' medications. There were numerous medications for different residents observed on the cart, including liquid valproic acid for seizures and over-the-counter medications such as Tylenol,	F 761	residents within the facility. On 12/12/2024 the Regional Clinical Nurse Consultant directly in-serviced the Director of Nursing and the Assistant Director of Nursing on Medication Administration and Storage. On 12/13/2024 the Maintenance Director and the Director of Nursing completed a 100% audit on all medication carts and wound care treatment cart to ensure proper locking mechanisms with no adverse findings. Beginning 12/16/2024 and ending 12/20/2024 the Director of Nursing and the Assistant Director of Nursing completed a med pass watch for all nursing shifts to ensure proper procedures for medication pass for accuracy with no issues identified. On 12/18/2024 the Pharmacy Consultant directly in-serviced all nursing staff on medication storage and medication pass procedures. The Quality Assurance Performance Improvement (QAPI) team met on 12/20/2024 and discussed the policy and procedures related to medication storage and medication pass with no revisions needed. Beginning 12/21/2024 and ending 2/28/2025 the Director of Nursing and the Assistant Director of Nursing will complete weekly medication pass observations to ensure proper procedures for medication pass are being followed according to the policy. Beginning 12/16/2024 and ending 12/23/2024 the Director of Nursing, the Assistant Director of Nursing, or the Registered Nurse Supervisor will complete daily shift checks on medication carts and wound care		

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F 761	Continued From page 7 vitamins, and aspirin. On 12/10/2024 at 2:14 PM, during an interview with the Director of Nursing (DON), she revealed her expectation was that nurses should lock their carts when stepping away. She stated that not locking the cart could result in residents ingesting medications not intended for them. Treatment Cart: On 12/11/2024 at 1:49 PM, during an observation and interview, the treatment cart in the hallway located near Room 47 was noted to be unlocked while the wound care nurse was in the resident's room performing wound care. LPN #2 walked through the hall and locked the cart. She verified the cart had been left unlocked and confirmed there were things on the cart that could be poisonous to residents if ingested. On 12/11/2024 at 1:53 PM, during an observation, Registered Nurse (RN) #1 (Wound Care Nurse) retrieved supplies from the cart, including two (2) Kerlix wraps, but did not lock the cart before returning to the resident's room. At 1:55 PM, RN #1 exited the room, locked the cart, turned it toward the wall, and returned to complete wound care. On 12/11/2024 at 2:00 PM, during an interview with RN #1, she verified the cart had been left unlocked and unattended. The cart contained scissors, antimicrobial solutions, Dakin's solution (diluted bleach), and multiple ointments. The wound care nurse confirmed residents should not have access to these items. Medications at bedside:	F 761	treatment cart to ensure proper locking mechanisms. Beginning 12/24/2024 and ending 2/28/2025 the Director of Nursing, the Assistant Director of Nursing, or the Registered Nurse Supervisor will complete weekly shift checks on medication carts and wound care treatment cart to ensure proper locking mechanisms. Any identified concerns the Director of Nursing or the Assistant Director of Nursing will be addressed immediately and reported to the Administrator and brought to the monthly QAPI meeting effective 1/6/2025 and then monthly for 3 months thereafter ending 4/1/2025.		

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F 761	Continued From page 8 On 12/11/2024 at 8:08 AM, during an observation, Resident #71 was finishing breakfast. A clear medication dispensing cup with multiple tablets and capsules was observed sitting on the bedside table. The resident stated that the facility staff sometimes left his medications on the bedside table for him to take. On 12/11/2024 at 8:10 AM, during an interview, LPN #5 confirmed that she left medications the residents morning medications unattended at the bedside. She stated she was not supposed to leave medications at the bedside and acknowledged she would not know if the resident had taken the medication or not. On 12/11/2024 at 8:13 AM, during an observation and interview with Resident #71 and LPN #5, the medication dispensing cup was observed to be empty. Resident #71 stated he had already taken the medications. On 12/11/2024 at 8:22 AM, during an interview, the DON confirmed that it was not proper procedure for medications to be left unattended at the bedside. She explained that the nurse would not know if the resident took the medication and emphasized that medications should never be left at the bedside. A record review of the "Admission Record" revealed the facility admitted Resident #71 on 10/12/2023 with diagnoses including Cerebral Infarction. A record review of Comprehensive Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 09/17/2024 revealed Resident #71 had	F 761			

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F 761	Continued From page 9 a Brief Interview for Mental Status (BIMS) score of fifteen (15), which indicated he was cognitively intact. A record view of the electronic Medication Administration Record (MAR) for December 2024, revealed Resident #71's morning medications administered on 12/11/2024 consisted of: Allopurinol 100 milligrams (mg), Amlodipine 10 mg, Ascorbic Acid 500 mg, Aspirin 81 mg, Flomax 0.4 mg, Hydrochlorothiazide 25 mg, Multivitamin, Plavix 75 mg, Amantadine 100 mg, Baclofen 10 mg, Coreg 6.25 mg, Docusate Sodium 100 mg, Metformin 500 mg, Methenamine Hippurate 1 gram (gm), and Gabapentin 400 mg.	F 761			