STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255274	A. BUILDING _____ B. WING _____	12/14/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HIGHLAND HOME	638 HIGHLAND COLONY PARKWAY RIDGELAND, MS 39157

(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 at the facility from 12/11/18 to 12/14/18. During the survey, the SA determined the facility was not in compliance with Medicare and Medicaid requirements for participation. The SA cited the regulatory deficiencies F580, F655 and F658. At the time of survey, the census was 111, and the facility held a license for 120 beds.	F 000		
F 580 SS=D	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the	F 580		1/11/19

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

Electronically Signed | 01/09/2019

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255274	A. BUILDING _____ B. WING _____	12/14/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HIGHLAND HOME	638 HIGHLAND COLONY PARKWAY RIDGELAND, MS 39157

(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 580	Continued From page 1 physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is- (A) A change in room or roommate assignment as specified in §483.10(e)(6); or (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section. (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s). §483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by: Based on observation, resident interview, staff interview, record review, and facility policy review, the facility failed to ensure licensed nurses notified the physician related to missed medication administration for one (1) of nine (9) residents reviewed for medication regimens; Resident #96. Findings include: Review of the facility's policy titled, "Drug Administration and Documentation, dated 04/06 and revised 11/17, revealed: "If a dose of regularly scheduled medication is refused, held or	F 580	F tag 580 * On 12/12/2018, Resident #96 was discharged from the facility. * All resident have the potential to be affected. On 1/8/2019, the facility's Director of Nurses reviewed all current residents medical record for medications not administered. The review period was from 12/14/2018 until 1/7/2019. There were no other concerns identified related to medications not being available.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255274	A. BUILDING _____ B. WING _____	12/14/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HIGHLAND HOME	638 HIGHLAND COLONY PARKWAY RIDGELAND, MS 39157

(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 580	Continued From page 2 for some reason not given for more than two (2) doses in a row, notify the attending physician. This is noted on the MAR (Medication Administration Record) by circling nurse initials and noting explanation on back of MAR." The facility policy also stated, "Chart each resident's medications on the MAR immediately after it is administered, as well as any administration special requirements as they are obtained, and any refused or withheld medication." The facility policy review revealed the facility did not follow the procedure for administering and documenting medications. An observation, on 12/11/18 at 11:45 AM, revealed Resident #96 was lying supine, on top of the bed covers, in her bed, with the head of her bed elevated. Resident #96 was neatly dressed in season appropriate street clothes. Resident #96 was observed to have a well kept, no clutter, private room. Resident #96 had a personal sitter at her bedside. Resident #96 was observed to have good command of language and of her thought process. Resident #96 smiled as she talked. Resident #96 was observed to be well groomed. An interview, on 12/11/18 at 11:45 AM, with Resident # 96, revealed she stated she did not get her "most important" medication on Saturday evening, 12/08/18 at 8:00 PM. Resident #96 stated the staff told her the medication had not been ordered from the Pharmacy. Resident #96 stated she did not get the medication until late on Sunday 12/09/18. Resident #96 stated the missed medication was in the form of four (4) small pink pills to be taken every 12 hours. Resident #96 stated the nurse who told her the medication had not been ordered was an Agency	F 580	* On 1/8/2019, the Director of Nurses and Staff Development Nurse inserviced licensed nursing staff on the policy of DRUG ADMINISTRATION AND DOCUMENTATION which includes notification of physician. The information was well received from the licensed nursing staff. Agency Nursing staff will be inserviced prior to their scheduled shift by the facility Charge Nurse beginning 1/9/2019. On 1/9/2019, the Quality Assurance Committee reviewed the policy, "DRUG ADMINISTRATION AND DOCUMENTATION" with no recommended changes to the policy. * The facility's Director of Nurses will review current residents medical records three days a week for five weeks to ensure Drug administration and documentation is sustained. The Director of Nurses will report any adverse findings to the Quality Assurance Committee monthly for three months. The Quality Assurance Committee will make recommendations as needed to ensure compliance.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255274	A. BUILDING _____ B. WING _____	12/14/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HIGHLAND HOME	638 HIGHLAND COLONY PARKWAY RIDGELAND, MS 39157

(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 580	Continued From page 3 Nurse who worked the evening shift on the weekends. Resident #96 stated she had a "very rare condition", and she needed the "most important" medication, and it was not available. Resident #96 stated that not getting her medication was a concern for her. Resident #96 was observed to have had a sitter in her room during the interview who confirmed Resident #96 had not received her "important medication" on 12/08/18 at 8:00 PM, and did not receive the medication at 8:00 AM on 12/09/18. An interview, on 12/11/18 at 11:45 AM, with Resident #96's sitter revealed Resident #96 was suppose to have received the medication of four (4) small pink pills every 12 hours, but the Agency Nurse who worked the weekend said the medication was not available. The sitter stated Resident #96 did not receive her medication at 8:00 PM on 12/08/18, and 8:00 AM on 12/09/18. The sitter stated the main reason she was hired to sit with Resident #96 was to observe that she received the services that were ordered by Resident #96's physician. The sitter stated she was hired by Resident #96's family, and told to report to them. The sitter confirmed she had reported to Resident #96's family that Resident #96 did not get her "important medication" at 8:00 PM on 12/08/18, and 8:00 AM on 12/09/18, because the Agency Nurse who worked the weekend shift told them the medication was not available. The sitter stated the "important medications" had to be ordered from a "special Pharmacy", and was not ordered from the facility Pharmacy. The sitter stated Resident #96 was given her 12/09/18 8:00 AM dose later on 12/09/18. Review of Resident #96's December 2018	F 580		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255274	A. BUILDING _____ B. WING _____	12/14/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HIGHLAND HOME	638 HIGHLAND COLONY PARKWAY RIDGELAND, MS 39157

(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 580	Continued From page 4 Physician's Orders revealed an order, dated 11/19/18 for "Rydapt 25 mg (milligrams) four (4) Capsules (100 mg) By Mouth Every 12 Hours with Food/Systemic Mastocytosis." Review of Resident #96's "Baseline Care Plan and Summary", dated 11/15/18, revealed "Systemic Mastocytosis Rydapt med will be kept on cart, "Family will provide." An interview, on 12/13/18 at 3:30 PM, with the Director of Nurses (DON) revealed she had not been notified Resident #96 had not received her medications. The DON stated the weekend nurse on 12/08/18, and 12/09/18 was an Agency Nurse, and she had not notified anyone in the facility Resident #96 had not received her medications at 8:00 PM and 8:00 AM. The DON stated it was the procedure of the facility to notify the DON when medications were not available, or when medications were not given per the physician's orders. The DON confirmed the nurse assigned to Resident #96, on 12/08/18 at 8:00 PM and on 12/09/18 at 8:00 AM, was an Agency Nurse. The DON stated Resident #96's family provided the medication the Agency Nurse did not administer to Resident #96. The DON stated the medication was on the medication cart, and was available for Resident #96 because it was provided by the family, and they had brought the medication to the facility. The DON stated the weekend Agency Nurse had not given the medication, and had not reported to anyone Resident #96 did not get her medications. The DON confirmed she had no knowledge, until 12/13/18 at 3:30 PM when the surveyor inquired about the incident regarding Resident #96 not receiving her medication.	F 580		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255274	A. BUILDING _____ B. WING _____	12/14/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HIGHLAND HOME	638 HIGHLAND COLONY PARKWAY RIDGELAND, MS 39157

(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 580	Continued From page 5 An interview, on 12/13/18 at 3:45 PM, with RN #1 who worked 12/09/18, revealed the Agency Nurse had not given Resident #96 her 8:00 PM medications on 12/08/18, and had not given Resident #96 her 8:00 AM medications on 12/09/18. RN #1 confirmed Resident #96's son reported to her Resident #96 did not get her medications. RN #1 stated the incident was reported to her by the son at 10:30 AM on 12/09/18. RN #1 stated when she received the report from Resident #96's son she looked in the medication cart, and the medications were on the medication cart inside the original Pharmacy box/packaging. RN #1 stated the family purchased this medication and brought it to the facility for Resident #96. RN #1 stated the medications were on the cart, and the Agency Nurse had failed to administer the medications to Resident #96, and that the Agency Nurse had failed to report the incident to anyone at the facility. RN #1 stated the son reported the incident to her, and after her investigation she gave Resident #96 her 8:00 AM medications after 10:30 AM on 12/09/18. RN #1 said she did not report this incident to the DON. An interview, on 12/13/18 at 4:00 PM, with LPN #1 who worked on 12/08/18 at 8:00 PM, revealed she stated the Agency Nurse who worked on 12/08/18 at 8:00 PM did not report to her Resident #96's medications were not available, or that she had not administered Resident #96's 8:00 PM medications. LPN #1 stated it was the procedure of the facility to report all incidents of medications not being available, or medications not being administered to the DON. Review of Resident #96's December 2018 MAR revealed on 12/8/19 at 8:00 PM and on 12/09/18	F 580		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255274	A. BUILDING _____ B. WING _____	12/14/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HIGHLAND HOME	638 HIGHLAND COLONY PARKWAY RIDGELAND, MS 39157

(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 580	Continued From page 6 at 8:00 AM Resident #96 did not receive her medication Rydapt as ordered by the physician. Resident #96 had not received her medications for 12/08/18 at 8:00 PM, and 12/09/18 at 8:00 AM. Review of Resident #96's Departmental Notes, dated 12/08/18 at 10:13 PM, signed by Agency LPN 1-1 LPN, revealed Resident #96 refused her medications due to the Rydapt was not available. The notes further stated the sitter was present at the bedside. Further review of the Departmental Notes revealed there was no documentation regarding Resident #96's physician was notified she had not received her medications, and no documentation Resident #96 had later been given her medication Rydapt on 12/09/18. Review of Resident #96's December 2018 MAR revealed the Agency Nurse had documented on the MAR Resident #96 had not received her medications including the Rydapt on 12/08/18 at 8:00 PM, and 12/09/18 at 8:00 AM. An interview, on 12/14/18 at 10:00 AM, with the DON, revealed the physician was not notified Resident #96 had not received her medication Rydapt. The DON confirmed RN #1 had not documented she had given Resident #96 her medication Rydapt on 12/09/18. The DON confirmed no one notified her Resident #96 had not received her medication Rydapt on 12/08/18 at 8:00 PM, and on 12/09/18 at 8:00 AM. The DON stated the facility followed the "Professional Standards of Practice" established by the Mississippi State Board of Nursing. Review of the Face Sheet revealed Resident #96 was admitted by the facility, on 11/15/18 at 1:33	F 580		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255274	A. BUILDING _____ B. WING _____	12/14/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HIGHLAND HOME	638 HIGHLAND COLONY PARKWAY RIDGELAND, MS 39157

(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 580	Continued From page 7 PM, with diagnoses including Pneumonia, Unspecified Organism; Pleural Effusion, not elsewhere classified; Gastro-Esophageal Reflux Disease; Systemic Mastocytosis; Acute Systolic (Congestive) Heart Failure; Dysphagia; and numerous other diagnoses.	F 580		
F 655 SS=D	Baseline Care Plan CFR(s): 483.21(a)(1)-(3) §483.21 Comprehensive Person-Centered Care Planning §483.21(a) Baseline Care Plans §483.21(a)(1) The facility must develop and implement a baseline care plan for each resident that includes the instructions needed to provide effective and person-centered care of the resident that meet professional standards of quality care. The baseline care plan must- (i) Be developed within 48 hours of a resident's admission. (ii) Include the minimum healthcare information necessary to properly care for a resident including, but not limited to- (A) Initial goals based on admission orders. (B) Physician orders. (C) Dietary orders. (D) Therapy services. (E) Social services. (F) PASARR recommendation, if applicable. §483.21(a)(2) The facility may develop a comprehensive care plan in place of the baseline care plan if the comprehensive care plan- (i) Is developed within 48 hours of the resident's admission. (ii) Meets the requirements set forth in paragraph (b) of this section (excepting paragraph (b)(2)(i) of this section).	F 655		1/11/19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255274	A. BUILDING _____ B. WING _____	12/14/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HIGHLAND HOME	638 HIGHLAND COLONY PARKWAY RIDGELAND, MS 39157

(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 655	Continued From page 8 §483.21(a)(3) The facility must provide the resident and their representative with a summary of the baseline care plan that includes but is not limited to: (i) The initial goals of the resident. (ii) A summary of the resident's medications and dietary instructions. (iii) Any services and treatments to be administered by the facility and personnel acting on behalf of the facility. (iv) Any updated information based on the details of the comprehensive care plan, as necessary. This REQUIREMENT is not met as evidenced by: Based on record review, Resident Representative (RR) interview, staff interview and facility policy review, the facility failed to develop a Baseline Care Plan to address a catheter for a newly admitted resident, for one (1) of four (4) new admissions reviewed; Resident #259. Findings include: Review of the facility's policy titled, "Care Plan Process", dated 08/17, revealed the facility shall develop and implement a Baseline Care Plan and Summary for each resident that includes the instructions need to provide effective and person-centered care of the resident that meets professional standards of quality care. The baseline care plan shall be developed within 48 hours of a resident's admission, include the minimum health care information necessary to properly care for a resident immediately upon their admission. An interview, with the RR, on 12/13/18 at 3:02	F 655	F 655 * On 12/14/2018, Resident #259 was assessed by facility's Registered Nurse Supervisor with no concerns noted. Resident #259's baseline careplan was updated on 12/14/2018 by the Director of Nurses to include a Suprapubic Catheter. * All newly admitted residents, especially residents with Suprapubic catheters have the potential to be affected. On 1/8/2019, the facility's Director of Nurses reviewed the care plans of residents with Suprapubic Catheters. No new concerns identified. * On 1/8/2019, the facility's Director of Nurses inserviced the facility's assessment nurses on the facility's policy related to the CARE PLAN PROCESS which includes the development of the Baseline Care Plan. The information was well recieved from the assessment nurses. On 1/9/2019, the Quality	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255274	A. BUILDING _____ B. WING _____	12/14/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HIGHLAND HOME	638 HIGHLAND COLONY PARKWAY RIDGELAND, MS 39157

(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 655	Continued From page 9 PM, revealed she stated Resident #259 was admitted to the facility from the hospital with a Urinary Tract Infection, and has a Suprapubic Catheter. Review of the Physician Orders for Resident #259, revealed an order dated 12/5/18 for a Suprapubic Catheter 16 French 10 cubic centimeters (cc) bulb for Bladder Disorder. Review of the Baseline Care Plan revealed there was no documentation to address the resident's catheter. An interview, on 12/14/18 at 10:27 AM, with the Director of Nursing (DON), revealed the resident was admitted with a Foley catheter. Upon review of the Baseline Care Plan, the DON confirmed it did not address his catheter. The DON stated, "He came in with it and it should have been on the care plan." On 12/14/18 at 10:35 AM, an interview with Registered Nurse (RN)/Minimum Data Set (MDS) Nurse, confirmed the Baseline Care Plan did not address the catheter. The RN/MDS Nurse stated, "It should have been checked." A review of the Face Sheet revealed, Resident #259 was admitted by the facility on 12/5/18, with diagnoses which included Urinary Tract Infection.	F 655	Assurance Committee reviewed the policy, "CARE PLAN PROCESS" with no recommended changes to the policy. * The facility's Director of Nurses will review the care plan of all newly admitted residents, especially residents with Suprapubic Catheters three days a week for five weeks to ensure the Care Plan Process is sustained. The Director of Nurses will report any adverse findings to the Quality Assurance Committee monthly for three months. The Quality Assurance Committee will make recommendations as needed to ensure compliance.	
F 658 SS=D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-	F 658		1/11/19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255274	A. BUILDING _____ B. WING _____	12/14/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HIGHLAND HOME	638 HIGHLAND COLONY PARKWAY RIDGELAND, MS 39157

(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 658	Continued From page 10 (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on resident interview, staff interview, record review, facility policy review and MS Board of Nursing Professional Standards review, the facility failed to ensure licensed nurses adhered to professional standards of practice related to medication administration as ordered by the physician for one (1) of nine (9) residents reviewed for medication regimen; Resident #96. Findings include: Review of the Professional Standards of Practice "Miss. Code Ann. 73-15-5 Article 1. Regulation of Practice of Nursing" dated 2017 revealed: "(5) The "practice of nursing" by a licensed practical nurse means the performance for compensation of services requiring basic knowledge of the biological, physical, behavioral, psychological and sociological sciences and of nursing procedures which do not require the substantial skill, judgement and knowledge required of a registered nurse. These services are performed under the direction of a registered nurse or a licensed physician or licensed dentist and utilize standardized procedures in the observation and care of the ill, injured and infirm; in the maintenance of health; in action to safeguard life and health; and in the administration of medications and treatments prescribed by any licensed physician or licensed dentist authorized by state law to prescribe." Review of the facility's policy titled, "Drug Administration and Documentation, dated 04/06 and revised 11/17, revealed: "If a dose of	F 658	F tag 658 * On 12/12/2018, Resident #96 was discharged from the facility. * All residents have the potential to be affected. On 1/8/2019, the facility's Director of Nurses reviewed all current residents medication administration records for medications not administered. The review period was from 12/14/2018 until 1/7/2019. There were no other concerns identified related to medications not being available. * On 1/8/2019, the facility's Director of Nurses and Staff Development Nurse inserviced licensed nursing staff on the policy of DRUG ADMINISTRATION AND DOCUMENTATION and the Board of Nursing professional standards. The information was well received from the licensed nursing staff. Licensed Agency nursing staff will be inserviced prior to scheduled shift by the facility Charge Nurse beginning 1/9/2019. On 1/9/2019, the Quality Assurance Committee reviewed the policy, "DRUG ADMINISTRATION AND DOCUMENTATION" with no recommended changes to the policy. * The facility's Director of Nurses will review current residents medical administration records three days a week for five weeks to ensure Drug	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255274	A. BUILDING _____ B. WING _____	12/14/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HIGHLAND HOME	638 HIGHLAND COLONY PARKWAY RIDGELAND, MS 39157

(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 658	Continued From page 11 regularly scheduled medication is refused, held or for some reason not given for more than two (2) doses in a row, notify the attending physician. This is noted on the MAR (Medication Administration Record) by circling nurse initials and noting explanation on back of MAR." The facility policy also stated, "Chart each resident's medications on the MAR immediately after it is administered, as well as any administration special requirements as they are obtained, and any refused or withheld medication." The facility policy review revealed the facility did not follow the procedure for administering and documenting medications. An observation, on 12/11/18 at 11:45 AM, revealed Resident #96 was lying in bed, on top of the bed covers, with the head of her bed elevated. Resident #96 was neatly dressed in season appropriate street clothes. Resident #96 was observed to have a well kept, no clutter, private room. Resident #96 had a personal sitter at her bedside. Resident #96 was observed to have good command of language and of her thought process. Resident #96 smiled as she talked. Resident #96 was observed to be well groomed. During an interview, on 12/11/18 at 11:45 AM, Resident # 96, revealed she stated she did not get her "most important" medication on Saturday evening, 12/08/18 at 8:00 PM. Resident #96 stated the staff told her the medication had not been ordered from the Pharmacy. Resident #96 stated she did not get the medication until late on Sunday 12/09/18. Resident #96 stated the missed medication was in the form of four (4) small pink pills to be taken every 12 hours. Resident #96 stated the nurse who told her the	F 658	administration and documentation is sustained beginning 1/9/2019. The Director of Nurses will report any adverse findings to the Quality Assurance Committee monthly for three months. The Quality Assurance Committee will make recommendations as needed to ensure compliance.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255274	A. BUILDING _____ B. WING _____	12/14/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HIGHLAND HOME	638 HIGHLAND COLONY PARKWAY RIDGELAND, MS 39157

(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 658	Continued From page 12 medication had not been ordered was an Agency Nurse who worked the evening shift on the weekends. Resident #96 stated she had a "very rare condition", and she needed the "most important" medication, and it was not available. Resident #96 stated that not getting her medication was a concern for her. Resident #96 was observed to have had a sitter in her room during the interview who confirmed Resident #96 had not received her "important medication" on 12/08/18 at 8:00 PM, and did not receive the medication at 8:00 AM on 12/09/18. During an interview, on 12/11/18 at 11:45 AM, Resident #96's sitter revealed Resident #96 was suppose to have received the medication of four (4) small pink pills every 12 hours, but the Agency Nurse who worked the weekend said the medication was not available. The sitter stated Resident #96 did not receive her medication at 8:00 PM on 12/08/18, and 8:00 AM on 12/09/18. The sitter stated the main reason she was hired to sit with Resident #96 was to observe that she received the services that were ordered by Resident #96's physician. The sitter stated she was hired by Resident #96's family, and told to report to them. The sitter confirmed she had reported to Resident #96's family that Resident #96 did not get her "important medication" at 8:00 PM on 12/08/18, and 8:00 AM on 12/09/18, because the Agency Nurse who worked the weekend shift told them the medication was not available. The sitter stated the "important medications" had to be ordered from a "special Pharmacy", and was not ordered from the facility Pharmacy. The sitter stated Resident #96 was given her 12/09/18 8:00 AM dose later on 12/09/18.	F 658		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255274	A. BUILDING _____ B. WING _____	12/14/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HIGHLAND HOME	638 HIGHLAND COLONY PARKWAY RIDGELAND, MS 39157

(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 658	Continued From page 13 Review of Resident #96's December 2018 Physician's Orders revealed an order, dated 11/19/18 for "Rydapt 25 mg (milligrams) four (4) Capsules (100 mg) By Mouth Every 12 Hours with Food/Systemic Mastocytosis." Review of Resident #96's "Baseline Care Plan and Summary", dated 11/15/18, revealed "Systemic Mastocytosis Rydapt med will be kept on cart "Family will provide." During an interview, on 12/13/18 at 3:30 PM, the Director of Nurses (DON) revealed she had not been notified Resident #96 had not received her medications. The DON stated the weekend nurse on 12/08/18, and 12/09/18 was an Agency Nurse, and she had not notified anyone in the facility Resident #96 had not received her medications at 8:00 PM and 8:00 AM. The DON stated it was the procedure of the facility to notify the DON when medications were not available, or when medications were not given per the physician's orders. The DON confirmed the nurse assigned to Resident #96, on 12/08/18 at 8:00 PM and on 12/09/18 at 8:00 AM, was an Agency Nurse. The DON stated Resident #96's family provided the medication the Agency Nurse did not administer to Resident #96. The DON stated the medication was on the medication cart, and was available for Resident #96 because it was provided by the family, and they had brought the medication to the facility. The DON stated the weekend Agency Nurse had not given the medication, and had not reported to anyone Resident #96 did not get her medications. The DON confirmed she had no knowledge, until 12/13/18 at 3:30 PM when the surveyor inquired about the incident regarding Resident #96 not receiving her medication.	F 658		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255274	A. BUILDING _____ B. WING _____	12/14/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HIGHLAND HOME	638 HIGHLAND COLONY PARKWAY RIDGELAND, MS 39157

(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 658	Continued From page 14 During an interview, on 12/13/18 at 3:45 PM, RN #1 who worked 12/09/18, revealed the Agency Nurse had not given Resident #96 her 8:00 PM medications on 12/08/18, and had not given Resident #96 her 8:00 AM medications on 12/09/18. RN #1 confirmed Resident #96's son reported to her Resident #96 did not get her medications. RN #1 stated the incident was reported to her by the son at 10:30 AM on 12/09/18. RN #1 stated when she received the report from Resident #96's son she looked in the medication cart, and the medications were on the medication cart inside the original Pharmacy box/packaging. RN #1 stated the family purchased this medication and brought it to the facility for Resident #96. RN #1 stated the medications were on the cart, and the Agency Nurse had failed to administer the medications to Resident #96, and that the Agency Nurse had failed to report the incident to anyone at the facility. RN #1 stated the son reported the incident to her, and after her investigation she gave Resident #96 her 8:00 AM medications after 10:30 AM on 12/09/18. RN #1 said she did not report this incident to the DON. During an interview, on 12/13/18 at 4:00 PM, LPN #1 who worked on 12/08/18 at 8:00 PM, revealed she stated the Agency Nurse who worked on 12/08/18 at 8:00 PM did not report to her Resident #96's medications were not available, or that she had not administered Resident #96's 8:00 PM medications. LPN #1 stated it was the procedure of the facility to report all incidents of medications not being available, or medications not being administered to the DON.	F 658		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255274	A. BUILDING _____ B. WING _____	12/14/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HIGHLAND HOME	638 HIGHLAND COLONY PARKWAY RIDGELAND, MS 39157

(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 658	Continued From page 15 Review of Resident #96's December 2018 MAR revealed on 12/8/19 at 8:00 PM and on 12/09/18 at 8:00 AM Resident #96 did not receive her medication Rydapt as ordered by the physician. Resident #96 had not received her medications for 12/08/18 at 8:00 PM, and 12/09/18 at 8:00 AM. Review of Resident #96's Departmental Notes, dated 12/08/18 at 10:13 PM, signed by Agency LPN 1-1 LPN, revealed Resident #96 refused her medications due to the Rydapt was not available. The notes further stated the sitter was present at the bedside. Further review of the Departmental Notes revealed there was no documentation regarding Resident #96's physician was notified she had not received her medications, and no documentation Resident #96 had later been given her medication Rydapt on 12/09/18. Review of Resident #96's December 2018 MAR revealed the Agency Nurse had documented on the MAR Resident #96 had not received her medications including the Rydapt on 12/08/18 at 8:00 PM, and 12/09/18 at 8:00 AM. During an interview, on 12/14/18 at 10:00 AM, the DON, revealed the physician was not notified Resident #96 had not received her medication Rydapt. The DON confirmed RN #1 had not documented she had given Resident #96 her medication Rydapt on 12/09/18. The DON confirmed no one notified her Resident #96 had not received her medication Rydapt on 12/08/18 at 8:00 PM, and on 12/09/18 at 8:00 AM. The DON stated the facility followed the "Professional Standards of Practice" established by the Mississippi State Board of Nursing.	F 658		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255274	A. BUILDING _____ B. WING _____	12/14/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HIGHLAND HOME	638 HIGHLAND COLONY PARKWAY RIDGELAND, MS 39157

(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 658	Continued From page 16 Review of the Face Sheet revealed Resident #96 was admitted by the facility, on 11/15/18 at 1:33 PM, with diagnoses including Pneumonia, Unspecified Organism; Pleural Effusion, not elsewhere classified; Gastro-Esophageal Reflux Disease; Systemic Mastocytosis; Acute Systolic (Congestive) Heart Failure; Dysphagia; and numerous other diagnoses.	F 658		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255274	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**12/18/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HIGHLAND HOME	**638 HIGHLAND COLONY PARKWAY** **RIDGELAND, MS 39157**

(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
K 000	INITIAL COMMENTS 42 CFR 483.70(a) The facility meets the applicable provisions of the 2012 (existing) Edition of the Life Safety Code (LSC) of the National Fire Protection Association (NFPA). There were no LSC deficiencies cited during this survey.	K 000		

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

Electronically Signed | 01/04/2019

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255274	A. BUILDING _____ B. WING _____	12/18/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HIGHLAND HOME	638 HIGHLAND COLONY PARKWAY RIDGELAND, MS 39157

(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
E 000	Initial Comments * EMERGENCY PREPAREDNESS * Survey conducted on 12/18/18 reveals the above facility meets all applicable Federal, State and local emergency preparedness requirements. No deficiencies were identified.	E 000		

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

Electronically Signed | 01/04/2019

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.