STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	64HH	A. BUILDING: _____ B. WING _____	04/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HILLCREST NURSING CENTER	1401 FIRST AVENUE NORTHEAST MAGEE, MS 39111

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M 000	Initial Comments The State Agency (SA) conducted an annual recertification survey at the facility from 4/14/25 through 4/17/25. 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 requirement and cited M655 and M705.	M 000		
M 655	45.21.11 Special needs Special needs. Each resident with special needs shall receive proper treatment and care. These special needs shall include, but are not limited to injections; parenteral and enteral fluids; colostomy, ureterostomy, ileostomy care; tracheostomy care; tracheal suction; respiratory care; foot care; and prostheses. This Statute is not met as evidenced by: Level II Based on observation, interview, record review, and facility policy review, the facility failed to ensure the oxygen flow rate was consistent with the physician's order for one (1) of one (1) resident reviewed for oxygen administration. (Resident #79) Findings included: A record review of the facility's policy "Drug Administration and Documentation," revised 3/25 revealed, " ...The complete act of administration entails ...verifying it with the physician's orders ..." A record review of the "Order Listing Report" revealed Resident #79 had a Physician's Order, revised 4/15/25, for oxygen via nasal cannula at two (2) liters per minute for shortness of breath or	M 655	On 4/17/25, the Family Nurse Practitioner (FNP) assessed resident #79 with no concerns noted. Resident #79 discharged form the facility on 4/19/25. Registered Nurse (RN) Supervisor performed an audit on 4/17/25, to ensure residents concentrators settings matched their physician orders. Residents who have orders for oxygen have the potential to be affected. On 4/17/25, the Director of Nursing (DON) in serviced the nursing department related to ensuring residents are receiving oxygen per physician orders. The Quality Assurance (QA) Committee met on 4/30/25, to discuss findings from survey exit and systemic changes needed to	5/19/25

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M 655	Continued From page 1 oxygen saturation of 93% (per cent) or below every 24 hours as needed. During an observation on 4/16/25 at 8:40 AM, Resident #79 was observed receiving oxygen via nasal cannula at a flow rate above three (3) liters per minute. During an observation and interview with Licensed Practical Nurse (LPN) #1 on 4/16/25 at 9:22 AM, Resident #79's oxygen flow was observed at 3.4 liters per minute. LPN #1 stated the resident's oxygen typically runs at three (3) liters per minute. During an observation and follow up interview with LPN #1 on 4/16/25 at 11:08 AM, LPN #1 confirmed the oxygen flow was above 3 liters per minute. She stated she had checked the oxygen flow that morning and she had not changed the setting. She confirmed the physician's order was for 2 liters per minute as needed and acknowledged the oxygen should never be adjusted without a new physician order. She explained that receiving oxygen at a higher rate than ordered could lead to adverse effects and make it harder for the resident to breathe. During an interview on 4/17/25 at 10:37 AM, the Director of Nursing (DON) stated when a resident receives more oxygen than ordered, their lungs may have to work harder to exhale. She stated the nurse should check the order and ensure it is followed every shift. A record review of the "Admission Record" revealed the facility admitted Resident #79 on 3/10/2025 with current diagnoses including Cough and Wheezing.	M 655	ensure this deficient practice does not re occur. Beginning 4/28/25, the (RN) Supervisor will audit residents receiving oxygen to ensure concentration level on oxygen concentrator is the same as physician orders weekly for 4 weeks, then monthly times 2 months. The (QA) Committee will review the audits on a monthly basis for 3 months to ensure ongoing compliance with F tag 695 beginning on May 19, 2025.	

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M 655	Continued From page 2 A record review of the Admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 3/17/25 revealed Resident #79 had a Brief Interview for Mental Status (BIMS) score of nine (9), which indicated his cognition was moderately impaired. Further review revealed he was receiving oxygen therapy.	M 655		
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, interview, record review, and facility policy review, the facility failed to ensure medications were not left unattended at the bedside or on the medication cart for two (2) of four (4) residents observed during medication administration. Residents #19 and #79. Findings Included: A review of the facility's policy, "Drug Administration and Documentation," revised 3/25, revealed, " ...Under no circumstance is medication to be left at the bedside or given to the resident without him/her swallowing it in your	M 705	* On 4/21/25, the Registered Nurse (RN) Supervisor assessed resident #19 with no adverse finding noted. On 4/17/25, Family Nurse Practitioner (FNP) assessed resident #79 with no concerns noted. Resident #79 discharged form the facility on 4/19/25. On 4/17/25, Licensed Practical Nurse (LPN) #1 and (LPN) #2 were in serviced on Drug Administration and documentation by Director of Nursing (DON). * All residents who receive medications from the facility staff have the potential to	5/19/25

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M 705	Continued From page 3 presence... Do not leave any medication on top of the medication cart unattended ..." Resident #19 A record review of the "Order Listing Report" revealed Resident #19 had a Physician's Order, revised 9/3/2024, for Polyethylene Glycol 3350 Oral Powder 17 gram/scoop, one (1) scoop orally two (2) times daily, mix in juice or water. On 4/16/25 at 8:00 AM, during an observation of medication administration, Licensed Practical Nurse (LPN) #2 administered Polyethylene Glycol 3350 Oral Powder 17 gram/scoop in water to Resident #19. She left the medication at the bedside and informed the resident she was going to leave it for her to finish drinking. On 4/16/25 at 10:46 AM, during an interview with LPN #2, she stated that some days she leaves Polyethylene Glycol 3350 at the bedside and that the amount left varies. She stated the resident takes a while to drink it and she does not want to rush her. She confirmed that Polyethylene Glycol 3350 is a medication and should not be left at the bedside. She acknowledged that if the medication is left unattended, there is no way to confirm whether the resident consumed the full dose, and that physician orders required a full dose to be taken. A record review of the "Admission Record" revealed the facility admitted Resident #19 on 9/6/19 with diagnoses including Constipation. A record review of the "Minimum Data Set (MDS) with an Assessment Reference Date (ARD)" of 4/14/25 revealed Resident #19 had a Brief Interview for Mental Status (BIMS) score of ten	M 705	be affected. * On 4/16/25, the Staff Development Coordinator (SDC) in serviced the (LPNs) and (RNs) related to leaving medication unattended. On 4/30/25, the Quality Assurance (QA) Committee reviewed the policy 'Drug Administration' with no recommended changes to the policy. * Beginning April 28, 2025, the (RN) Supervisor will observe 5-10 med passes weekly for 4 weeks and then monthly times 2 months to ensure medications are not being left unattended. The (QA) Committee will review the audits on a monthly basis for 3 months to ensure ongoing compliance with F tag 761 beginning on May 19, 2025..	

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M 705	Continued From page 4 (10), which indicated her cognition was moderately impaired. Resident #79 On 4/16/25 at 9:22 AM, during an observation of medication preparation for Resident #79, LPN #1 was observed placing a vial of Ipratropium-Albuterol Inhalation Solution 0.5-2.5 (3) MG (milligrams)/3ML (milliliters) on top of the medication cart and leaving the medication unattended while she left to retrieve supplies. The medication cart was unattended for two (2) to three (3) minutes. On 4/17/25 at 10:15 AM, during an interview with LPN #1, she acknowledged that she should not have left Resident #79 medication on the cart and stated she was not thinking. She admitted that she knew better and that leaving medication unattended on the cart could result in another resident taking it. On 4/17/25 at 10:33 AM, during an interview with the Director of Nursing (DON), she confirmed that no medications should be left unattended on the cart or in residents' rooms. She stated that leaving medications unattended could result in uncertainty about whether the resident took, discarded, or pocketed the medication. She stated that staff are expected to always follow medication administration policy. A record review of the "Order Listing Report" revealed Resident #79 had a Physician's Order, revised 4/15/25, for Ipratropium-Albuterol Inhalation Solution 0.5-2.5 (3) MG/3ML (a type of nebulizer medication) every 12 hours as needed for wheezing and cough.	M 705		

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M 705	Continued From page 5 A record review of the "Admission Record" revealed the facility admitted Resident #79 on 3/10/2025 with current diagnoses including Cough and Wheezing. A record review of the Admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 3/17/25 revealed Resident #79 had a Brief Interview for Mental Status (BIMS) score of nine (9), which indicated his cognition was moderately impaired.	M 705		