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
	45HH	A. BUILDING: _____ B. WING _____	C 06/15/2021

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) COMPLETE DATE
M 000	Initial Comments CI MS #17792 & CI MS #17821 The State Agency (SA) conducted a complaint survey from 6/14/21 through 6/15/21. During the survey, the SA determined the facility was in compliance with the requirements of the participation of Medicare and Medicaid. The SA did not substantiate CI MS #17821 for Quality of Care for facility staffing, concerns for Infection Control related to Covid, Pharmaceutical Services related to expired and discontinued narcotics needing to be removed from the medication carts, and lack of a DON and RN supervisor. The SA did not substantiate CI MS #17792 for Quality of Care for resident left soiled and wet for extended periods, Quality of care related to call bells not answered in a timely manner, resident not receiving some medications, and staff being rude and mean. No deficiencies were cited. The census at the time of the survey was 85 and held a license for 120 beds.	M 000		