

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

PRINTED: 01/14/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255260	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/27/2019
NAME OF PROVIDER OR SUPPLIER HILLTOP MANOR HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 101 KIRKLAND STREET UNION, MS 39365		
(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 a complaint survey MS# 16008 from 8/26/19 to 8/27/19, and determined one (1) of nine (9) areas of concern was substantiated; strong urine odors. The SA determined the facility was not in compliance with the regulations for Medicare and Medicaid and cited the deficiency F921. The SA was unable to substantiate other complaints of rats/roaches, no linen, dirty pads, dirty environment, washing machine broken, low staffing, pressure ulcer concerns, and staff keeping residents heavily sedated. The facility had a Census of 59, with 60 Licensed Beds.	F 000			
F 921 SS=E	Safe/Functional/Sanitary/Comfortable Environ CFR(s): 483.90(i) §483.90(i) Other Environmental Conditions The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. This REQUIREMENT is not met as evidenced by: Based on observations, interviews, and facility procedure review, the facility failed to provide a sanitary and comfortable environment as evidenced by strong urine odors throughout the facility on two (2) of three (3) observations in the facility hallway. Findings include: Review of the facility's Resident Rights procedure revealed the facility must provide a safe, clean, comfortable, home-like environment.	F 921	On 8/27/19 at 9:45 AM, a urine odor was identified by the surveyor between rooms 115 and 129 in the hallway of the facility. Upon notification that a urine odor was present the Director of Nursing (DON) discovered that the individual soiled linen and trash bags were not tied closed in the linen and trash barrels outside of room 115. The DON had the barrels removed and cleaned by the Certified Nursing Assistant(CNA) on 8/27/19. Residents located around soiled linen and	9/18/19	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

09/19/2019

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.

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F 921	Continued From page 1 On 8/26/19 at 10:30 AM, during the initial tour, observation of a strong foul odor and strong smell of urine was noted down all halls of the facility. The strong urine odor was noted to be much worse between rooms 115 to 129. Soiled linen barrels were noted in the halls. On 8/26/19 at 3:40 PM, observation noted most of the strong urine smells were gone at this time, but had been present during walking rounds in the halls for most of the day. On 8/27/19 at 9:45 AM, observation noted foul urine smells past the Dietary Department all the way down the hallway from rooms 115 to 129. In an observation and interview on 8/27/19 at 10:10 AM, with the Director of Nursing (DON), confirmed three (3) soiled linen bags not tied in the hallway of rooms 115 to 129, with strong urine smell at the linen barrels, but stated she could not smell the strong foul urine odor present in the hall. Strong foul urine odor was present from rooms 115 to 129. The DON confirmed the linen bags should be tied before being placed in the linen barrels to keep down on odors. In an interview on 8/27/19 at 10:15 AM, the Administrator stated he was unable to smell the strong foul urine odor down the hall and stated, "I guess I'm just used to it, I don't smell it." On 8/27/19 at 10:30 AM, observation of no foul odors noted in hallways after the Administrator was notified of concerns. Linen barrels had been removed from hallway. In an interview on 8/27/19, the Housekeeping Supervisor stated there was a concern with	F 921	trash barrels have the potential to be affected by this issue. On 8/27/19, the Executive Director(ED) interviewed residents on the hall located near soiled linen and trash barrels, no concerns were identified at that time. The DON ensured, by visual inspection, that trash and linen barrels were emptied and cleaned on 8/27/19. On 8/27/19 at 10:20 AM, education was started by the DON, with Nursing Staff instructing them to tie soiled linen and trash bags prior to placing them in their respective barrel to reduce odors in the facility and to promote a sanitary and comfortable environment. Beginning 8/28/19, linen and trash barrels will be emptied two(2) times per shift by the CNA and deep cleaned weekly by the Maintenance Director. Beginning on 8/28/19, linen and trash barrels will be observed four(4) times a week by the Executive Director(ED), DON, or Charge Nurse to ensure that bags are being tied appropriately before placing them into the linen or trash barrels. Results of the observations will be communicated with the Quality Assurance and Performance Improvement(QAPI) committee by the ED monthly for six(6) months for further follow-up/recommendations. Compliance will be determined based on the results of the quality observations.		

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F 921	Continued From page 2 strong urine odors that the facility dealt with all the time related to two (2) residents that urinates on the floor. The Housekeeping Supervisor also confirmed when soiled linen is removed from the linen barrels, they find the bags not tied, which causes strong urine odors. In an interview on 8/26/19 at 12:08 PM, Resident #2 stated, "Stinks all the time", when asking if there were concerns related to foul odors. The Quarterly Minimum Data Set (MDS) with the Assessment Reference Date (ARD) of 6/17/19, noted Resident #2 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated Resident #2 was cognitively intact.	F 921			