

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: PH12	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/17/2019
NAME OF PROVIDER OR SUPPLIER HILLTOP MANOR HEALTH AND REHABILITATION CEI		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) COMPLETE DATE
M 000	Initial Comments The State Agency (SA) conducted a complaint survey MS #16269, on 10/17/19. During the survey, the SA substantiated MS 16269 for misappropriation and determined the facility was not in compliance with State Licensure Regulations for the Aged or Infirm, and cited State Statutes at M500, related to the complaint. The census was 54 and the facility was licensed for 60 beds.	M 000		
M 500	45.17.2 Residents' Rights Residents' Rights. The residents' rights policies and procedures ensure that each resident admitted to the facility: 1. is fully informed, as evidenced by the resident's written acknowledgment, prior to or at the time of admission and during stay, of these rights and is given a statement of the facility's rules and regulations and an explanation of the resident's responsibility to obey all reasonable regulations of the facility and to respect the personal rights and private property of other residents; 2. is fully informed, and is given a written statement prior to or at time of admission and during stay, of services available in the facility, and of related charges including any charges for services covered by the facility's basic per diem rate; 3. is assured of adequate and appropriate medical care, is fully informed by a physician or nurse practitioner/physician assistant of his medical conditions unless medically contraindicated (as documented by a physician or nurse practitioner/physician assistant in his	M 500		11/12/19

Mississippi State Department of Health

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

TITLE

(X6) DATE

Electronically Signed

11/07/19

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M 500	Continued From page 1 medical record), is afforded the opportunity to participate in the planning of his medical treatment, to not be limited in his/her choice of a pharmacy or pharmacist provider in accordance with state law, as referenced in House Bill 1439, which states that the facility shall not limit a resident ' s choice of pharmacy or pharmacy provider if that provider meets the same standards of dispensing guidelines required of long term care facilities, to refuse to participate in experimental research, and to refuse medication and treatment after fully informed of and understanding the consequences of such action; 4. is transferred or discharged only for medical reasons, or for his welfare or that of other residents, or for nonpayment for his stay (except as prohibited by sources of third-party payment), and is given a two weeks advance notice in writing to ensure orderly transfer or discharge. A copy of this notice is maintained in his medical record; 5. is encouraged and assisted, throughout his period of stay, to exercise his rights as a resident and as a citizen, and to this end may voice grievances, has a right of action for damages or other relief for deprivations or infringements of his right to adequate and proper treatment and care established by an applicable statute, rule, regulation or contract, and to recommend changes in policies and services to facility staff and/or to outside representatives of his choice, free from restraint, interference, coercion, discrimination, or reprisal; 6. may manage his personal financial affairs , or is given at least a quarterly accounting of financial transactions made on his behalf should the	M 500		

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M 500	Continued From page 2 facility accept his written delegation of this responsibility to the facility for any period of time in conformance with State law; 7. is free from mental and physical abuse; 8. is free from restraint except by order of a physician or nurse practitioner/physician assistant, or unless it is determined that the resident is a threat to himself or to others. Physical and chemical restraints shall be used for medical conditions that warrant the use of a restraint. Restraint is not to be used for discipline or staff convenience. The facility must have policies and procedures addressing the use and monitoring of restraint. A physician order for restraint must be countersigned within 24 hours of the emergency application of the restraint; 9. is assured security in storing personal possessions and confidential treatment of his personal and medical records, and may approve or refuse their release to any individual outside the facility, except, in the case of his transfer to another health care institution, or as required by law of third-party payment contract; 10. is treated with consideration, respect, and full recognition of his dignity and individuality, including privacy in treatment and in care for his personal needs; 11. is not required to perform services for the facility that are not included for therapeutic purposes in his plan of care; 12. may associate and communicate privately with persons of his choice, may join with other residents or individuals within or outside of the facility to work for improvements in resident care, and send and receive his personal mail	M 500		

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M 500	Continued From page 3 unopened, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 13. may meet with, and participate in activities of, social, religious and community groups at his discretion, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 14. may retain and use his personal clothing and possessions as space permits, unless to do so would infringe upon rights of other residents, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 15. if married, is assured privacy for visits by his/her spouse; if both are inpatients in the facility, they are permitted to share a room, unless medically contraindicated (as documented by the attending physician or nurse practitioner/physician assistant in the medical record); and 16. is assured of exercising his civil and religious liberties including the right to independent personal decisions and knowledge of available choice. The facility shall encourage and assist in the fullest exercise of these rights. This Statute is not met as evidenced by: Level II Complaint Investigation (CI) MS #16269 Based on resident and staff interview, facility policy review, and record review, the facility failed	M 500	On 9/24/19 the Social Worker (SW) interviewed Resident #1 to ensure that she was not missing any other personal valuables, nothing was reported missing at that time. Resident #1 was offered a lock box for personal valuables on 9/24/19 by		

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M 500	Continued From page 4 to keep resident's free from misappropriation for one (1) of four (4) residents reviewed, Resident #1, as evidenced by a facility staff member stole Resident #1's bank card for personal use. Findings include: Review of the facility's "Abuse, Neglect, Exploitation and Misappropriation" policy, revised 9/21/17, revealed misappropriation of resident property is the deliberate misplacement, exploitation, or wrongful, temporary, permanent use of a resident's belongings or money without the resident's consent. The policy noted the residents had a right to be free from misappropriation of property. Misappropriation includes, but is not limited to theft of money from bank accounts, or unauthorized or coerced purchases on a resident's credit card. Review of a self-reported incident to the State Agency, received 9/26/19, revealed the facility was made aware on 9/24/19, that an employee stole Resident #1's bank card and charged \$2,285.59 for personal use. The report documented the staff member was terminated on 9/24/19. During an interview on 10/17/19 at 10:30 AM, the Administrator (ADM) revealed he first heard about Resident #1's bank card when the police came to the facility on 9/24/19, with papers and pictures of a Nurse Assistant Trainee (NAT) for him to identify. The ADM stated they checked on Resident #1 and all other interviewable residents, to be sure they were okay, and no one else reported anything taken. During an interview on 10/17/19 at 2:30 PM, the Director of Nursing (DON) revealed the resident's	M 500	the Administrator. Residents of the facility that have personal valuables unsecured have the potential to be affected by the alleged deficient practice. A Resident Council Meeting for current residents was held on 11/6/19 by the Administrator to encourage residents to request a lock box for safekeeping of personal valuables. Reeducation of facility staff was initiated on 9/24/19 by the Director of Nurses (DON) related to abuse, neglect, and misappropriation/exploitation of a resident. Beginning 11/6/19 new resident of the facility will be offered a lock box upon admission into the facility to secure personal valuables by the SW. The Administrator, Activities Director, or SW will conduct interviews with three(3) interviewable residents per week and two(2) Responsible Parties of non-interviewable residents for six(6) months or until substantial compliance is achieved, to ensure that the residents are aware to keep personal valuables locked in their lock box and that no misappropriation has occurred. The Administrator will present findings of the interviews to the Quality Assurance and Performance Improvement Committee monthly for six(6) months for review and recommendations. Compliance will be determined based on results of interviews.	

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M 500	Continued From page 5 grandson reported the bank card charges to the police, who had investigated the concern. She stated an in-service was conducted for all staff on abuse, neglect, and misappropriation. An interview on 10/17/19 at 2:45 PM, with Resident #1's Grandson, revealed he was not aware his grandmother had a bank card until he called the bank to check on her her deposit and he was told about the recent withdrawals. He stated he then notified the local police department. He stated his grandmother had suffered no adverse effects due to the incident, and they were glad the bank replaced her money. During a telephone interview on 10/17/19 at 3:00 PM, Nurse Aide in Training #1 admitted taking Resident #1's bank debit card. She admitted to using the card for personal gain. She stated she was taking medication at the time and was in a "bad place". During an interview on 10/17/19 at 3:15 PM, Resident #1 stated she had all of her cards in her purse and gave them to her grandson, but didn't know one had been stolen at the time she gave her grandson the cards. She stated she thought the Nurse Aide was her best friend. She stated she was never so shocked to learn that she's stolen her card and used it. Record review of the Brief Interview for Mental Status (BIMS), dated 10/05/19, revealed Resident #1 scored 15, which indicated Resident #1 was cognitively intact.	M 500		