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 01/04/2023

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 The State Agency (SA) conducted a Complaint Investigation (CI) MS #20350, at the facility on from 01/03/23 through 01/04/2023. During the survey, the SA determined that the facility was not in compliance with the minimum standards for MS Institutions for the Aged or Imfirm (Nursing Homes). The SA found deficient practice in the facility related to a resident's right for self determination for feedings per Percutaneous Gastrostomy Tube (PEG). The facility held a license for 120 beds, and the census was 91.	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	M 500		1/27/23

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M 500	Continued From page 1 medical conditions unless medically contraindicated (as documented by a physician or nurse practitioner/physician assistant in his 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;	M 500		

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M 500	Continued From page 2 6. may manage his personal financial affairs, or is given at least a quarterly accounting of financial transactions made on his behalf should the 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	M 500		

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M 500	Continued From page 3 residents or individuals within or outside of the facility to work for improvements in resident care, and send and receive his personal mail 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 2- Isolated	M 500	* Resident #3 was assessed on 1/6/2023 by Director of Nursing (DON) with no adverse findings noted. Resident #3 was	

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M 500	Continued From page 4 Based on observation, interview, and record review, the facility failed to ensure Resident #3 was given the right to choose feeding schedules that are important to the resident and Responsible Party (RP), such as feeding times of his percutaneous gastrostomy tube (PEG) feedings for one (1) of two (2) residents reviewed with PEG feedings. Findings include: On 01/03/23 at 1400 an interview with Resident #3's RP revealed the family has not been pleased with the care resident is receiving. The RP stated the facility failed to administer PEG feedings in a timely manner. The RP explained she had waited for the 12 PM feeding for approximately 30 minutes before going to the nurses' station and requesting that the feeding be administered. Resident's RP stated Resident #3 was supposed to get bolus feedings at 0500, 0800, 1200, 1700, and 2000. PR stated she had tried to discuss this with the facility staff but they just looked at her. She stated she was afraid that Resident #3 would begin to lose weight if his feeding were not given on time. She stated she wished she could "just take him home". Observation at this time revealed an open case of Isosource 1.5 cal 250 milliliter (ml) in Resident #3's room. An interview on 01/03/23 at 1505 with Licensed Practical Nurse (LPN) #1 revealed she worked the 700 hall medication cart and provided necessary nutritional needs including tube feedings to the residents on the 700 hall including Resident #3. LPN #1 stated she administers both continuous peg feedings and bolus peg feeding. LPN #1 stated she had a 1 hour window, 30 minutes before and 30 minutes after, in which to administer feedings and medications.	M 500	given choice regarding his feeding schedule on 1/18/2023 by the Staff Development Coordinator. No changes to the feeding schedule was made due to the resident's acceptance of current feeding schedule. *All residents receiving Bolus feedings have the potential to be affected. *Residents receiving Bolus feedings (2) were assessed by DON on 1/6/2023. Nursing department was in-serviced by the Staff Development Coordinator (SDC) on 1/6/2023 regarding Tube feedings. The facility Medical Director reviewed the policy "Tube Feedings" with no recommended changes to the policy on 1/18/2023. *Beginning 1/06/2023, the DON or SDC will observe Bolus tube feedings 2 times weekly for four weeks and then 2 times monthly for two months to ensure ongoing compliance with M tag 500 and will report to the Quality Assessment and Assurance Committee for 3 months. The first Quality Assessment and Assurance Committee meeting will be held on 01/27/2023.	

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M 500	Continued From page 5 On 01/03/23 at 1520 an observation with LPN #1 of the supply room for the nurses' station revealed a sufficient supply of continuous feeding bags and piston syringes. When examining the cartons of bolus feeding cases, the observation revealed 6 cases and 5 individual cartons of Isosource 1.5 cal feedings. Interview with LPN #1 revealed that depending on the nurse working, a nurse may pull a carton of feeding from the supply room or use a carton of feeding in a resident's room supply. She explained it was the preference of the nurse on duty. Observation on 01/04/23 at 0910 on 700 hall revealed staff performing tube feedings and med administration. Nurse administering meds was LPN #1. When asked if Resident #3 had received his 0800 medications and 0800 tube feeding, LPN #1 stated," No, I haven't gotten to him yet." LPN #1 confirmed resident was awaiting feeding, then stated resident does not get any meds at this time. LPN stated that residents who receive their meals by mouth (PO) receive their meals from 7:30-8:30 AM. LPN stated Resident #3 was in physical therapy, but did not receive his PEG meal prior to going. Observation of the 700 hall at this time also revealed the smell of breakfast foods and residents finishing their meals. Interview on 01/04/23 0920 with Resident #2 revealed she had no concerns and that she had eaten breakfast already. At 0934 on 01/04/23, observation revealed Resident #3 was returned by staff to his room and left alone in wheelchair. Resident #3 interviewed and responded appropriately. When asked if he had received therapy for swallowing issues, he said yes and they (therapy) did a good job. He	M 500		

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M 500	Continued From page 6 stated he had to make sounds and yawns for the therapist. He stated he was hungry and thirsty and began talking about foods that he planned to eat when he was discharged home. Observation on 01/04/23 at 1000 revealed LPN #1 arrived in room to give meds and 0800 PEG feeding. This was 2 hours after order to give at 0800. Resident #3 received one carton of Isosource 1.5 and 200 cc of water via tube. LPN #1 explained she was just now giving Resident #1 he's 0800 PEG feeding due to him going to physical therapy before she could get to him. Record review of Resident #3's physician orders revealed an order for Isosource 1.5 cal bolus feeding- one carton (250 ml) per peg tube 5 X Day. Order start date 12/31/22. Record review of the resident's eMAR revealed times of administration were listed as 5 AM, 8 AM, 12 PM, 4 PM, 8 PM. Interview on 01/03/23 at 1455 with Dietary Manager (DM) revealed the facility nurses obtain orders for the tube feedings based off of physician's orders. The DM stated the Registered Dietician (RD) consults with the facility and visits the facility weekly. DM stated that RD calculates calories needed for each resident and would consult the physician for changes if needed.	M 500		