STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255112	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pleasant Hills Com LIV Center	1600 Raymond Rd Jackson, MS 39204

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. 37415 Based on interviews and record review, the facility failed to treat residents with dignity and respect by failing to consistently ensure call lights were answered in a timely manner for three (3) of 31 sampled residents (Residents #1, 32, and 45) and one (1) unsampled resident (Resident #80). Findings include: Resident #32 On 02/11/24 at 12:30 PM, in an interview with Resident #32, he stated it takes staff over two (2) hours to answer call lights, leaving the resident wet and sometimes soiled waiting for assistance. Review of the Minimum Data Set (MDS, with Assessment Reference Date (ARD) of 01/16/24, revealed Resident #32 had a Brief Interview for Mental Status (BIMS) score of 14, which indicated the resident was cognitively intact. Resident #1 On 02/11/24 at 01:01 PM, an interview with Resident #1 revealed there was a problem with call lights being answered timely. The resident stated she had to lay in urine and bowel movement for over an hour and had complained to the Ombudsman about their concerns. A record review of the MDS, with ARD 11/20/23, revealed Resident #1 had a BIMS score of 15, which indicated the resident was cognitively intact. Resident #45 On 02/13/24 at 12:54 PM, in an interview, Resident #45 complained about the staff not answering the call lights timely. A record review of Resident #45's MDS with ARD of 01/08/24, revealed a BIMS score of 15, which indicated the resident was cognitively intact. Resident #80 (continued on next page)

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255112	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pleasant Hills Com LIV Center	1600 Raymond Rd Jackson, MS 39204

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A record review of the facility's October grievance log revealed an unsampled resident's wife (Resident #80) had filed a grievance in reference to call lights not being answered timely. An interview with the Ombudsman on 2/12/24 at 10:00 AM, revealed she had gotten recent complaints regarding staff not answering lights in a timely manner. The Ombudsmen stated she was at the facility last Tuesday, because of the complaints and had spoken with the Assistant Administrator (AA), Social Service Director (SSD) and Activity Director (AD) along with resident council members. On 02/14/24 at 06:38 PM, in an interview with the Director of Nurses (DON), she confirmed she was made aware of the complaints about call lights not being answered timely by the activity's coordinator. The DON stated in response to the complaints the staff were in serviced on importance of answering call bell in a timely manner and staff on all shifts were in serviced. On 2/14/24 PM at 6:40 PM, in an interview with the AD, she confirmed a grievance was made in October in relation to call lights not being answered timely. She stated she reported the grievance to the Director of Nursing and notified the Administrator. She stated DON provided an in-service with staff as part of their plan to solve the problem. On 2/14/24 at 7:13 PM, in an interview with the SSD, she confirmed during resident council in the month of October there was a complaint about the call light not being answered. She stated the DON was notified and staff were in-serviced. She stated she had not had any more complaints on that topic from the residents since that time. On 02/14/24 at 07:16 PM, an interview with the Administrator confirmed residents complained in resident council about the staff not answering the call lights. The Administrator stated she had completed an in-service with the staff explaining the importance of answering the call lights and customer service. The Administrator also confirmed after that in-service, she completed one on-one in-services with staff because there was still a problem with answering call lights in a timely manner. She stated the last in-service on the topic of answering call lights in a timely manner was in December of 2023.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255112	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/14/2024
NAME OF PROVIDER OR SUPPLIER Pleasant Hills Com LIV Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1600 Raymond Rd Jackson, MS 39204	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0700 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Try different approaches before using a bed rail. If a bed rail is needed, the facility must (1) assess a resident for safety risk; (2) review these risks and benefits with the resident/representative; (3) get informed consent; and (4) Correctly install and maintain the bed rail. 37415 Based on observation, record review, and facility's policy review, the facility failed to obtain an informed consent for the use of bed rails for seven (7) of eighteen residents reviewed for bedrails. (Resident's #1, #14, #24, #31, #45, #81, and #142) Findings include: A review of the facility's policy titled, Bed Safety and Bed Rails, reviewed 8/2023, revealed, .Bed rails are properly installed and used according to the manufacturer's instructions, specifications and other pertinent safety guidance to ensure proper fit . Before using bed rails for any reason, the staff shall inform the resident or representative about the benefits and potential hazards associated with bed rails and obtain informed consent An observation on 2/11/24 at 1:01 PM, revealed Resident #1 had both quarter length bedrails up on the sides of her bed. Medical record review revealed that there was not a signed informed consent for the use of bedrails. An observation on 2/11/24 at 2:24 PM, revealed Resident #81 lying in bed with both bedrails up on the sides of his bed. A medical record review revealed that there was not a signed informed consent for the use of bedrails. An observation on 2/11/24 at 2:48 PM, revealed resident #142 had both quarter length bedrails up on the sides of his bed. A medical record review revealed there was not a signed informed consent for the use of bedrails. An observation on 2/13/24 at 9:54 AM, revealed Resident #24 had both quarter length bedrails up on the sides of her bed. A medical record review revealed there was not a signed informed consent for the use of bedrails. During an interview on 2/13/24 at 10:16 AM, with the Maintenance Director he stated he routinely does bed and bed rail quality checks. During an interview on 02/13/24 at 10:25 AM, with the Administrator revealed the facility has a policy in place that we assess each resident upon admission and as needed for bedrail safety, monitoring, and maintenance. The facility does not have a bedrail consent in place at this time. An observation on 2/13/24 at 11:14 AM revealed Resident #14 had both quarter length bedrails up on the sides of his bed. A medical record review revealed there was not a signed informed consent for the use of bedrails. An observation on 2/13/24 at 12:54 PM revealed Resident #45 had both quarter length bedrails up on the sides of his bed. A medical record review revealed there was not a signed informed consent for the use of bedrails. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255112	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/14/2024
NAME OF PROVIDER OR SUPPLIER Pleasant Hills Com LIV Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1600 Raymond Rd Jackson, MS 39204	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0700 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 2/14/24 at 9:16 AM, with the Director of Nursing (DON), she stated that the facility does not currently have consent forms for bedrails signed and placed on the resident's chart. An observation on 2/14/24 at 4:35 PM, revealed Resident # 31 had both quarter length bedrails up on the sides of her bed. A medical record review revealed that there was not a signed informed consent for the use of bedrails. 41680 47873 48669