STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255112	A. Building B. Wing	07/11/2024

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. 44179 Based on staff interview, record review, and facility policy review, the facility failed to revise a comprehensive care plan intervention when an order changed related to accuchecks for one (1) of 20 sampled residents. (Resident #62) Findings include: Review of the facility's policy, Care Plans, Comprehensive Person-Centered, reviewed 10/2022, revealed, .A comprehensive person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident . Policy Interpretation and Implementation .11. Assessments of residents are ongoing and care plans are revised as information about the residents and the residents' conditions change . Record review of the comprehensive care plan with an intervention target date of 08/18/2024 revealed Focus I have a DX (Diagnosis) of Diabetes Mellitus .Intervention .HumaLOG KwikPen Subcutaneous Solution . sliding scale . This was a Physician's Order that had been discontinued. There was no intervention for the current physician's order related to accuchecks weekly. Record review of the Order Summary Report, with active orders as of 7/11/24, revealed Resident #62 had a current physician's order, dated 6/16/24, Accuchecks weekly one time a day every Sun (Sunday) .BSG (Blood Sugar Glucose) . Record review of the discontinued physician's orders revealed Resident #62 had a Physician Order for HumaLog KwikPen with sliding scale (ss) coverage that was discontinued on 6/12/24. On 7/11/24 at 8:49 AM, in an interview with Licensed Practical Nurse (LPN) # 2/Minimum Data Set (MDS) nurse, she stated the care plan nurse was responsible for revising care plans and the care plan nurse was currently on vacation. She explained the care plan nurse ran a report daily of all new orders written for the previous 24 hours and updated/revised the care plan according to those orders. She confirmed the care plan had not been revised when the physician's order changed from accuchecks with ss coverage to accuchecks weekly without ss coverage. On 7/11/24 at 9:51 AM, in an interview with the Director of Nursing (DON), she stated she expected the care plans to be revised when physician orders change because conflicting interventions could cause confusion when caring for the residents. (continued on next page)

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Record review of the Admission Record revealed the facility admitted Resident #62 on 4/27/23 with current diagnoses including Type 2 Diabetes Mellitus.

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. 47873 Based on interviews, record review, and facility policy review, the facility failed to conduct a safety smoking assessment for a resident to safeguard against the potential hazards for burns and/or fires. This concern was identified for one (1) of three (3) residents reviewed for accidents and hazards. Resident #1 Findings include: Review of the facility's policy, Smoking, undated, revealed, .It is the policy of this facility to provide a safe environment for residents who smoke .Additional precautions may apply to some residents due to safety awareness concerns or medical conditions .Procedure for Resident safety during smoking 1) Residents with known history of smoking .will be evaluated on admission, quarterly, and as needed for safety awareness and any physical limitations related to smoking safety . On 7/9/24 at 9:55 AM, in an interview with Resident # 1, she explained she smoked at the designated times and had always smoked since she was admitted to the facility several years ago. Record review of the medical record revealed a Smoking and Tobacco Evaluation, dated 7/6/2021. Resident #1 did not have a current smoking safety evaluation completed. A record review of the Admission Record revealed the facility initially admitted Resident #1 on 9/10/2013 and she had current diagnoses including End Stage Renal Disease. A record review of the Comprehensive Annual Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 5/29/23 revealed Resident #1 currently used tobacco. On 7/11/24 9:21 AM, in an interview with the Licensed Practical Nurse (LPN) #2/MDS nurse, she confirmed Resident #1 had not been assessed for smoking since 2021. She stated Resident #1 had been a resident at the facility for a long time and had always smoked. She explained that smoking assessments are completed for residents quarterly and not assessing residents for safe smoking could put them at risk for burns. LPN #2 explained it was the responsibility of the nursing supervisors to complete the assessment form per the facility's policy. On 7/11/24 at 10:21 AM, in an interview with the Director of Nurses (DON), she confirmed that not having a smoking assessment puts residents at risk for burns. The DON stated the staff should use information from the smoking assessment to ensure a safe smoking environment for Resident #1. She revealed the smoking evaluation form should be completed by the nursing supervisors and Resident #1's must have gotten missed. A record review of the Quarterly MDS with an ARD of 5/7/24 revealed Resident #1 had a Brief Interview for Mental Status score of 15, which indicated she was cognitively intact.

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. 47873 Based on observation, interviews, record review, and facility policy review, the facility failed to ensure indwelling catheter tubing was secured to prevent complications for one (1) of one (1) resident reviewed with an indwelling catheter. Resident # 3 Findings include: A review of the facility's policy Catheter Care, Urinary dated 8/25/14, revealed, .The purpose of this procedure is to prevent catheter-associated urinary tract infections . 17. Secure catheter utilizing a leg band . On 7/11/24 at 8:30 AM, during an interview and observation of catheter care with Certified Nurse Aide (CNA) #1 and Licensed Practical Nurse (LPN) #1 revealed Resident #3 had an indwelling catheter but there was no leg strap to secure the tubing. CNA #1 and LPN #1 confirmed the resident did not have a leg strap in place. LPN #1 stated she would get one for the resident and explained a leg strap was used to secure the catheter tubing to prevent the tubing from pulling or becoming dislodged. Record review of the Order Summary Report with active orders as of 7/12/24 revealed Resident # 3 had a Physician's Order, dated 1/19/24, to Check urinary catheter leg strap every shift and replace as needed . On 7/11/24 at 10:30 AM, during an interview with the Administrator and the Director of Nursing (DON), the DON explained that all residents with an indwelling catheter should have a leg strap to secure the tubing. The Administrator reported that she expected the staff to provide quality care to the residents. A record review of the Admission Record revealed the admitted Resident # 3 on 12/28/23 with current diagnoses including Neuromuscular Dysfunction of Bladder. A record review of Section H of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 6/18/24, revealed Resident # 3 was coded for an indwelling catheter.

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F 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47873 Based on observation, interviews, and facility policy review, the facility failed to label and date enteral feeding bags for three (3) of four (4) observations for a resident with enteral feedings. Resident # 24 Findings include: Review of the facility's policy Enteral Feeding Via Continuous Pump, dated 8/25/2014, revealed, The purpose of this procedure is to provide nourishment to the resident who is unable to obtain nourishment orally .Steps in the Procedure .Initiate Feeding .5. On the formula label document initials, date and time the formula was hung/administered, and initial that the label was checked against the order . During an observation on 7/8/24 at 11:42 AM, Resident #24 had a feeding tube bag hanging from a pole in her room. The bag was not labeled to indicate the name of the formula or the date and time of when the bag was hung. During an observation, on 7/9/24 at 8:44 AM, Resident #24's tube feeding bag was not labeled and dated to indicate the time the bag was hung, or the name of the substance in the bag. During an observation, on 7/10/24 at 9:46 AM, Resident # 24's tube feeding bag was not labeled to indicate the type of formula and there was no date to indicate the time the bag was hung. During an interview and observation, on 7/10/24 11:23 AM, with Licensed Practical Nurse (LPN) #1, she confirmed the feeding bag was not labeled with the type of feeding or the date it was hung. She stated she checked the residents' rooms every morning to verify the rate on the feeding pumps were accurate because the previous shift was responsible for changing and labeling the tube feeding bag, the tubing, and the feedings. She explained she did not notice the feeding tube bag was not labeled. During an interview on 7/10/24 at 2:43 PM, with the Director of Nursing (DON), she explained it was the night nurses' responsibility to label the feeding tube bags with the type of feeding, date, time and initial the time the feeding was hung or administered. A record review of the Medication Administration Record for 7/1/24 through 7/31/24 revealed Resident #24 had a Physician's Order, with a start date of 3/12/24, for .Isosource 1.5- 40 ml/hr (milliliters per hour) x (times) 22 hrs . A record review of the Clinical record revealed the facility admitted Resident #24 on 9/20/23. A record review of the of the Quarterly Minimum Data Set (MDS), dated [DATE], revealed Resident # 24 received nutrition via a feeding tube.