STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255260	A. Building B. Wing	03/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hilltop Manor Health and Rehabilitation Center	101 Kirkland Street Union, MS 39365

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 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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, record review, and facility policy review, the facility failed to provide adequate supervision to prevent a cognitively impaired resident with a history of wandering from exiting the facility unattended for one (1) of three (3) residents reviewed for elopement risk, Resident #1.Findings Included:Record review of facility policy titled, Missing Patient/Resident, revealed An elopement occurs when a patient/resident leaves the premises or a safe area without authorization and/or any necessary supervision to do so, placing the patient/resident at risk of harm or injury.Record review of the facility investigation revealed on 3/22/26 at approximately 1:09 PM, a visitor observed Resident #1 standing near the front door. The visitor exited the facility and did not realize the resident followed him outside. At approximately 1:15 PM staff located Resident #1 on the front porch and escorted him back into the facility. The investigation determined Resident #1 was outside unattended for approximately five (5) minutes.Record review of the admission Record revealed Resident #1 was admitted [DATE] and readmitted from geriatric psychiatric hospitalization on 11/26/25 with diagnosis including Dementia with agitation.Record review of Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 1/27/26 revealed a Brief Interview for Mental Status (BIMS) score of three (3), indicating severe cognitive impairment.Interview with Licensed Practical Nurse #1 (LPN) on 3/30/26 at 2:00 PM, revealed that staff alerted her that Resident #1 was missing and she assisted with locating the resident. She stated Resident #1 ambulated in the halls and had not previously attempted to exit the building.Interview with Certified Nursing Assistant #1 (CNA) on 3/30/26 at 2:30 PM, revealed she located Resident #1 outside the front door on the porch and returned him to the facility at approximately 1:15 PM.Interview with the Director of Nursing (DON) on 3/30/26 at 3:00 PM, revealed Resident #1 had a history of wandering. She stated the interdisciplinary team previously determined the resident was not at risk for elopement. She verified that following the incident the resident was reassessed, and a wander guard was applied.The facility implemented corrective actions prior to State Agency entrance including completion of an elopement assessment for Resident #1, application of a wander guard, completion of elopement risk assessments for all residents, auditing of high-risk elopement interventions, staff education on elopement risk and missing resident procedures, updating the elopement binder, checking magnetic door locks, changing door codes on 3/23/26, conducting a Quality Assessment and Performance Improvement (QAPI) meeting with the interdisciplinary team, and conducting elopement drills on all shifts. Quality monitoring will include the Maintenance Director will conduct Elopement Drills weekly times four (4) weeks, then monthly times two (2) months, the ADM will monitor door locks to ensure visitors, family members and vendors do not have the code by observing five (5) per week during exiting times 4 weeks, then monthly times 2 months. The Interdisciplinary team (IDT) will have a QAPI meeting on 4/8/26 and 5/6/26 to review the monitoring process to ensure compliance is met and substantiated. Based on the implementation of the facility's corrective actions on 3/23/36, the deficient practice was determined to be past noncompliance, and the facility was found in compliance effective 3/24/26.Validation:The SA validated on 3/30/26, through interview and record review that all (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

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	corrective actions had been implemented as of 3/23/26, and the facility was in compliance as of 3/24/26, prior to the SA's entrance on 3/30/26.