

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  255260	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/05/2024
NAME OF PROVIDER OR SUPPLIER  Hilltop Manor Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  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)
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>47157</p> <p>Based on observation, resident and staff interview, and facility policy review, the facility failed to provide a resident with a clean, comfortable, and homelike environment when the facility failed to change the dirty, stained linen for (1) one of 53 residents' bed linens observed. Resident # 20</p> <p>Findings include:</p> <p>A review of the facility policy titled, Making a bed, with no revision date revealed that all linens, including mattress pad, blanket, and bedspread should be replaced, if necessary . The pillowcase should also be checked for soiling and replaced as needed . Bed linens are regularly changed at least once a week.</p> <p>In an interview with Resident # 20 on 12/02/24 at 1:00 PM, she revealed she would like to have her bed linen changed, stating I can't remember the last time they were changed. An observation of the linen with Resident #20 revealed the bottom sheet to be dingy white, the top sheet had a baseball size brown stain which the resident stated was from a bowel movement. The pillowcase was covered in small dark dried stains which the resident stated were dried blood stains.</p> <p>An observation of Resident # 20's bed linen on 12/03/24 at 11:34 AM, revealed the bed linen remained dingy in appearance with a brown stain on the top sheet, and numerous small dark stains on the pillowcase.</p> <p>An observation and interview with Registered Nurse (RN) # 1 on 12/03/24 at 11:37 AM, she confirmed the sheets on Resident # 20's bed were dirty in appearance and dingy white, the top sheet had a brown stain on it, and the pillow had numerous dark stains that she identified as dried blood spots. RN # 1 then confirmed that the linens did not appear to have been changed recently, and stated the linen should have already been changed. It is a sanitization concern.</p> <p>In an interview with the Director of Nursing (DON) on 12/03/24 at 11:45 AM, she revealed the resident's beds should be made daily and linen changed weekly and each time the linen is soiled. She then confirmed that it was a sanitization problem.</p> <p>Review of the Admission Record revealed Resident #20 was admitted by the facility on 2/27/24.</p> <p>(continued on next page)</p>

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:  255260	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/05/2024
NAME OF PROVIDER OR SUPPLIER  Hilltop Manor Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  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)
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of Resident #20's Section C of the Minimum Data Set (MDS) revealed that on 9/17/24 the Brief Interview for Mental Status (BIMS) score was 15, indicating the resident was cognitively intact.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  255260	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/05/2024
NAME OF PROVIDER OR SUPPLIER  Hilltop Manor Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>47158</p> <p>Based on staff interview, record review, and Resident Assessment Instrument (RAI) review, the facility failed to ensure that Minimum Data Set (MDS) was coded accurately for one (1) of 18 sampled residents. Resident #5.</p> <p>Findings included:</p> <p>Record review of the facility policy, titled MDS with a revision date of 9/25/17 revealed Policy .Each person completing a section or portion of the MDS signs the Attestation Statement indicating its accuracy .</p> <p>A record review of the Admission Record revealed Resident # 5 was admitted by the facility on 12/24/20 with a diagnosis of Bipolar Disorder.</p> <p>Record review of Resident #5's Significant Change MDS with an Assessment Reference Date (ARD) of 7/30/24, revealed Section A 1500 coded as No, Is the resident currently considered by the state level II PASRR (Preadmission Screening and Resident Review) process to have serious mental illness and/or intellectual disability or a related condition?</p> <p>Record review of Resident # 5's Summary of Findings Report, from the PASRR Office, dated 12/30/20 under Mental Health revealed the individual meets criteria for having a diagnosis of mental illness as defined by PASRR.</p> <p>During an interview with the MDS Nurse on 12/4/24 at 9:30 AM, she verified that the MDS was coded incorrectly and agreed that the importance of correctly coding MDS was to ensure residents received care they needed.</p> <p>An interview with the Director of Nursing (DON) on 12/4/24 at 12:00 PM, she agreed that it was her expectation that the MDS would be coded correctly.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  255260	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/05/2024
NAME OF PROVIDER OR SUPPLIER  Hilltop Manor Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p>47157</p> <p>Based on staff interview, record review, and facility policy review, the facility failed to accurately submit a resident's information for Preadmission Screening and Resident Review (PASRR) for a Level II evaluation for (1) one of (4) four residents reviewed for PASRR. Resident #54</p> <p>Findings include:</p> <p>Review of the facility policy titled, Preadmission Screening and Resident Review (PASRR), with a revision date of 11/8/21 revealed, Policy: The center will assure that all Serious Mentally Ill (SMI) . residents receive appropriate pre-admission screenings according to the Federal/State guidelines. The purpose is to ensure that the residents with SMI .receive the care and services they need in the most appropriate settings.</p> <p>Record review of the Admission Record revealed Resident #54 was admitted by the facility on 5/24/24 with diagnoses of Brief Psychotic Disorder and Anxiety Disorder.</p> <p>A record review of Resident #54's May 2024 Order Summary Report, revealed that Divalproex sodium delayed release tablet 500 mg (milligrams): give two tablets by mouth twice daily for behaviors and hydroxyzine pamoate 100 mg capsule: give one capsule three times daily for anxiety with an order date of 5/24/24.</p> <p>Record review of Resident #54's intake information for PASRR dated 5/24/24 revealed, Section J: Disease Diagnoses: the admitting diagnoses of Anxiety and Brief Psychotic Disorder were not listed as an active diagnosis . Section L: Referral Questions: 31.) Does Resident # 54 have any history of mental illness? answered No .32.) Does Resident #54 take, or have a history of taking, psychotropic medications? answered No.</p> <p>In an interview with the Social Service staff #1 on 12/3/24 at 2:45 PM, she revealed after reviewing Resident #54's intake information for Level II PASRR evaluation she confirmed that Resident #54's active admission diagnoses for mental illness and use of psychotropic medications were not listed. She stated the inaccurate completion resulted in an inaccurate depiction of the resident's mental health status. This resulted in Resident #54 not being referred for a level II PASRR evaluation. She stated that the concern from not completing the initial PASRR correctly is that a resident with mental illness may not be appropriate for nursing home stay and may need specialized mental health services.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  255260	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/05/2024
NAME OF PROVIDER OR SUPPLIER  Hilltop Manor Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide activities to meet all resident's needs.</p> <p>47158</p> <p>Based on observations, staff and resident interviews, record review and facility policy review, the facility failed to provide an activities program seven (7) days a week as evidenced by a lack of structured activities on weekends for five (5) of six (6) residents at the Resident Council meeting, with the potential to affect all residents. Resident #8, #13, #36, #37 and #40.</p> <p>Findings Included:</p> <p>A record review of a facility policy, titled Group Activities with no revision date revealed Group activities are scheduled to enhance the resident's well-being and self-esteem .</p> <p>During a Resident Council meeting on 12/4/24 at 9:45 AM, Residents #8, #13, #36, #37, and #40 stated that church services are provided on Sundays, but no other activities occur on the weekends. The residents explained that the Activity Director leaves activity/coloring pages and puzzles for them, and occasionally Resident #40 plays the piano. Residents #36 and #37 noted that there are no scheduled weekend activities because no activity staff are present, and other staff do not assist with any activities. They expressed a desire for structured activities on weekends.</p> <p>A review of the September, October, and November 2024 activity schedules revealed that Saturday activities included providing coloring, puzzles, movies, arts, and dominoes for the residents to do on their own and Sunday activities were limited to a church service.</p> <p>During an interview with the Activity Director (AD) on 12/4/24 at 10:00 AM, she confirmed there are no scheduled activities on the weekends. She stated that she is scheduled to work Monday through Friday, with no activity staff assigned on weekends. She confirmed that she leaves puzzles and activity/coloring pages for residents to use during the weekend and encouraged staff to put on movies. She mentioned that some residents play the piano on weekends but verified that no structured activities occur beyond the Sunday church service. She acknowledged that residents have expressed interest in additional weekend activities and stated she reported this to the Administrator. The AD emphasized that having activities seven (7) days a week is important for preventing boredom, encouraging socialization, and promoting residents' well-being.</p> <p>In an interview with the Administrator on 12/4/24 at 10:25 AM, he stated that the Restorative Certified Nursing Assistant (RCNA) is responsible for facilitating activities on weekends if residents request them. He agreed that the lack of weekend activities could negatively impact residents' well-being and quality of life.</p> <p>An interview with the RCNA on 12/4/24 at 11:00 AM revealed that she works Saturdays conducting restorative exercises. She explained that if time permits, she may organize an activity such as singing while a resident plays the piano. However, she noted that her responsibilities also include transportation and covering staff shortages, leaving her unavailable to consistently provide activities. She confirmed that she does not work on Sundays.</p> <p>Record review of the Admission Record revealed that the facility admitted Resident #8 on 12/25/17 with a diagnosis of Borderline Intellectual Functioning.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  255260	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/05/2024
NAME OF PROVIDER OR SUPPLIER  Hilltop Manor Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  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)
<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review of Resident #8's Minimum Data Set Assessment (MDS) with an Assessment Reference Date (ARD) of 9/20/24 revealed a Brief Interview for Mental Status (BIMS) score of 14 indicating that the resident is cognitively intact.</p> <p>Record review of the Admission Record revealed that the facility admitted Resident #13 on 1/27/23 with a diagnosis of Major Depressive Disorder.</p> <p>Record review of the MDS with an ARD of 10/28/24 revealed Resident #13 had a BIMS score of 15 indicating that the resident is cognitively intact.</p> <p>Record review of the Admission Record revealed that the facility admitted Resident #36 on 7/29/24 with a diagnosis of Major Depressive Disorder.</p> <p>Record review of Resident #36's MDS with an ARD of 8/29/24 revealed a BIMS score of 15 indicating that the resident is cognitively intact.</p> <p>Record review of the Admission Record revealed that the facility admitted Resident #37 on 11/29/19 with a diagnosis of Major Depressive Disorder.</p> <p>Record review of Resident #37's MDS with an ARD of 9/25/24 revealed a BIMS score of 15 indicating that the resident is cognitively intact.</p> <p>Record review of the Admission Record revealed that the facility admitted Resident #40 on 10/7/20 with a diagnosis of Blindness Right Eye.</p> <p>Record review of Resident #40's MDS with an ARD of 10/21/24 revealed a BIMS score of 15 indicating that the resident is cognitively intact.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  255260	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/05/2024
NAME OF PROVIDER OR SUPPLIER  Hilltop Manor Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0694</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide for the safe, appropriate administration of IV fluids for a resident when needed.</p> <p>47158</p> <p>Based on observations, resident and staff interviews, record reviews, professional standards of practice, and facility policy review the facility failed to provide Peripherally Inserted Central Catheter (PICC) care for one (1) of four (4) residents with intravenous access. Resident #10.</p> <p>Findings include:</p> <p>Record review of the facility policy titled Central Vascular Access Device (CVAD) Dressing Change, effective date 6/1/24 revealed the guidance: Perform sterile dressing changes using Standard-Aseptic Non-Touch Technique (ANTT) at least weekly.</p> <p>Review of the professional standard of practice Checklist for Prevention of Central Line Associated Blood Stream Infections published by the Centers for Disease Control (CDC) revealed change semipermeable dressings at least every seven days.</p> <p>During an observation on 12/2/24 at 12:00 PM, Resident #10 was noted to have a PICC line inserted to the right arm with a transparent dressing dated 11/21/24. The resident stated that she had been on intravenous (IV) antibiotics, which were completed on 11/29/24, and was unsure why the PICC line had not been removed. She also stated that the dressing had not been changed.</p> <p>In an observation, interview and record review with Registered Nurse (RN) #2 on 12/2/24 at 12:20 PM, she verified that the PICC line dressing for Resident #10 was dated 11/21/24. She revealed after reviewing Resident #10's Order Summary Report that there were no orders for dressing changes to the PICC line, but there should have been.</p> <p>In an interview with the Director of Nursing (DON) on 12/2/24 at 1:00 PM, she confirmed that there should have been an order for Resident #10's PICC line dressing to be changed. The DON confirmed that Resident #10's PICC line dressing had not been changed and acknowledged that dressings should be changed every seven days. She stated that failure to do so could result in adverse effects, such as infection.</p> <p>Record review of the Admission Record revealed that the facility admitted Resident #10 on 8/30/24 with a diagnosis of Diabetes Mellitus.</p> <p>Record review of the Minimum Data Set Assessment (MDS) with an Assessment Reference Date (ARD) of 11/28/24 revealed a Brief Interview of Mental Status (BIMS) score of 15 indicating that the resident is cognitively intact.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  255260	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/05/2024
NAME OF PROVIDER OR SUPPLIER  Hilltop Manor Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47158</b></p> <p>Based on observation, resident and staff interview, record review and facility policy review, the facility failed to ensure that medications were securely stored as evidenced by medications observed on the bedside table for two (2) of 53 residents reviewed. Resident #13 and #22.</p> <p>Findings Include:</p> <p>Review of the facility policy titled, Medication and Medication Supply Storage and Disposal, with no revision date revealed, Central storage of medications is required for prescription, prescribed over-the-counter medications .Will be kept in a locked area .Procedure :1.) Storage is required for the following situations and will be locked with limited access: If the facility administers or assists with self-administration of medication .</p> <p>Resident # 13</p> <p>An observation on 12/2/24 at 2:30 PM revealed a bottle of Travoprost 0.004% eye drops sitting on Resident #13's overbed table. The resident stated that she puts the drops in her eyes herself at night and had been using the medication for [AGE] years.</p> <p>A record review of assessments revealed that Resident #13 did not have a Self-Administration of Medication assessment.</p> <p>A record review of the Order Review Report dated 12/3/24 for Resident #13 revealed that there was no physician's order for Travoprost 0.004%, nor an order to self-administer medications.</p> <p>An interview with Registered Nurse (RN) #3 on 12/3/24 at 1:25 PM, she stated that she was not aware of any medication that Resident #13 was self-administering. She verified that the resident did not have an order for Travoprost 0.004%.</p> <p>An observation and interview with RN #3 on 12/3/24 at 1:28 PM, she verified that there was a bottle of Travoprost 0.004% eye drops still sitting on residents over bed table.</p> <p>An interview with the Director of Nursing (DON) on 12/3/24 at 1:31 PM, she verified that Resident #13 did not have an assessment or a physician's order to self- administer any medications and did not have an order for the eye drops. She stated that the resident had been on the eye drops prior to her last hospitalization and felt they may not have been reordered upon her return. She agreed that the resident should be assessed for self-administration of medication for safety. She agreed the resident could have adverse effects, such as drug interactions, from using a medication that was not ordered and agreed the medication should not be on the bedside table.</p> <p>Record review of the Admission Record revealed that the facility admitted Resident #13 to the facility on [DATE] with a diagnosis of Unspecified Glaucoma.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  255260	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/05/2024
NAME OF PROVIDER OR SUPPLIER  Hilltop Manor Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of the Minimum Data Set Assessment (MDS) with an Assessment Reference Date (ARD) of 10/28/24 revealed a Brief Interview for Mental Status (BIMS) score of 15 indicating that the resident is cognitively intact.</p> <p>47157</p> <p>Resident #22</p> <p>An observation of Resident #22's room on 12/02/24 at 11:10 AM revealed a box sitting on the bedside table titled Hydrocortisone 1% cream. Resident #22 stated that he uses that cream for a rash on his arm. He stated that the treatment nurse gave him a full box of hydrocortisone and told him to apply it every day.</p> <p>In an observation of Resident #22's room with Registered Nurse (RN) #1 on 12/03/24 at 11:00 AM, she confirmed the box on Resident #22's bedside table was Hydrocortisone cream. A continued record review of Resident #22's Order Summary Report dated 12/3/24 revealed that the resident had no orders for the Hydrocortisone cream. RN #2 confirmed Resident #22 did not administer his medications and the cream should not have been in the room.</p> <p>In an interview with the Treatment Nurse on 12/03/24 at 11:10 AM, she revealed the box of Hydrocortisone in Resident # 22's room was facility stock medication. She stated she did not give the resident the box of hydrocortisone and confirmed he did not have an order for it. She then revealed the medication should not be in the resident's room because he could apply too much of the hydrocortisone and have a potential adverse reaction.</p> <p>In an interview with the Director of Nursing (DON) on 12/03/24 at 11:15 AM, she confirmed Resident #22 did not have an assessment to self-administer medications and confirmed the medication should not have been left in the room. The DON stated the cream should have been stored in a locked medication/treatment cart.</p> <p>Record review of the Admission Record revealed Resident #22 was admitted by the facility on 3/21/24 with diagnosis of End-stage Renal Disease.</p> <p>Record review of Resident #22's Section C of the quarterly MDS with an ARD of 11/26/24 revealed a BIMS score of 15, indicating the resident was cognitively intact.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  255260	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/05/2024
NAME OF PROVIDER OR SUPPLIER  Hilltop Manor Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>47157</p> <p>Based on observation, staff interview, record review, and facility policy review, the facility failed to prevent the possible transmission of infections when staff failed to use enhanced barrier precautions (EBP) during catheter care for one (1) one of (4) four direct care areas observed. (Resident #12)</p> <p>Findings include:</p> <p>Review of the facility policy titled, Enhanced Barrier Precautions, with a revision date of August 2022 revealed, Policy Statement: Enhanced barrier precautions (EBPs) are utilized to prevent the spread of multi-drug-resistant organisms (MDROs) to residents . Policy Interpretation and Implementation: EBP's employ targeted gown and glove use during high contact resident care activities . Examples of high contact resident care activities g. device care .urinary catheter .</p> <p>An observation of catheter care for Resident #12 on 12/03/24 at 2:10 PM, revealed Certified Nurse Assistant (CNA) #1 and the Restorative CNA provided catheter care for Resident #12 and both CNAs failed to apply a gown before performing catheter care.</p> <p>In an interview with CNA #1 on 12/03/24 at 2:20 PM, she revealed she did not realize she had not used EBP. She then revealed that all residents with indwelling devices are on enhanced barrier precautions.</p> <p>In an interview with the Restorative CNA on 12/03/24 at 2:25 PM, she revealed that she had forgotten EBP and confirmed she knew she was supposed to. She then revealed the purpose of EBP is to reduce the risk of spread of infections for residents at increased risk of infection.</p> <p>Record review of the Order Summary Report for Resident #12 revealed an active order for Catheter care every shift and as needed, dated 11/18/24.</p> <p>In an interview with the Infection Control Nurse on 12/03/24 at 2:35 PM, she confirmed that the CNAs should have implemented EBP to provide a layer of protection to prevent the spread of infection for residents at increased risk.</p> <p>Review of the Admission Record revealed Resident #12 was admitted by the facility on 8/20/20 with Encounter for Surgical Aftercare Following Surgery On The Genitourinary System.</p> <p>Record review of Resident #12's Section C of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 11/25/24 revealed in Section: H-Bladder and Bowel: H0100 was coded Indwelling catheter.</p>		