

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255274		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 09/03/2026	
NAME OF PROVIDER OR SUPPLIER HIGHLAND HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 638 HIGHLAND COLONY PARKWAY , RIDGELAND, Mississippi, 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) COMPLETION DATE
F0000	INITIAL COMMENTS The State Agency (SA) conducted an Annual Recertification survey along with three (3) Complaint Investigations (CI MS #3015432, CI MS # 3066914 and CI MS #2984747) at the facility from 08/31/26 through 09/03/26. The SA identified noncompliance and cited F689 related to FRI MS #2984747. Based on the facility's implementation of corrective actions prior to survey entrance, the SA determined F689 was past noncompliance. During the survey, the SA determined the facility was not in compliance with Medicare and Medicaid requirements for participation and cited regulatory deficiencies F550, F641, F645, F656, F677, F679, F688, F689, F761, and F880. The SA investigated CI MS #3015432 and identified noncompliance and cited F645 related to mental health screening. The facility was found to be in compliance with CI MS #3066914, and no deficiencies were cited. The census at the time of the survey was 110 and facility was licensed for 120 beds.			F0000			
F0689 SS = G	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is NOT MET as evidenced by: Based on observation, interviews, record review, and policy review, the facility failed to ensure staff used the ordered stand-up lift during a transfer for one (1) of two (2) residents reviewed for accidents (Resident #31). This deficient practice resulted in Resident #31's left leg bending beneath the wheelchair and an acute nondisplaced fracture of the proximal tibia. Resident #31 experienced severe pain, required			F0689	"Past Noncompliance - no plan of correction required"		

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 reverse for further 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
---	--	-------	-----------

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255274		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 09/03/2026	
NAME OF PROVIDER OR SUPPLIER HIGHLAND HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 638 HIGHLAND COLONY PARKWAY , RIDGELAND, Mississippi, 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) COMPLETION DATE
F0689 SS = G	Continued from page 1 brace/cast for splinting, had a prolonged facility stay, and remained unable to walk. Based on the facility's implementation of corrective actions on 4/13/26, the State Agency (SA) determined the deficiency to be Past Non-Compliance (PNC) and facility was in compliance as of 4/14/26, prior to the SA's entrance on 8/31/26. Findings Include: Review of the facility policy titled "Accident Prevention," revised 9/25, revealed, "Each resident shall receive adequate supervision and assistive devices to reduce the likelihood of accidents. The environment will be free from accident hazards for all residents, staff, and visitors through interventions such as but not limited to: 1. Safety devices used per policy..." Record review of the "Quarterly Lift/Transfer Assist Screening," dated 3/27/26, revealed Resident #31 was unable to bear weight and lacked the upper-extremity strength needed to support herself during transfers. The screening directed staff to use a stand-up lift with two staff members present. Record review of Resident #31's "Care Plan History," dated 9/26/25, revealed the resident was care planned for transfers using a sit-to-stand lift. Record review of the Facility Reported Incident (FRI) investigation, dated 4/14/26, revealed Resident #31 reported left leg pain on 4/11/26 after she was placed in her wheelchair. During an interview for the investigation, Resident #31 stated her leg struck the wheelchair. Due to continued uncontrolled pain, the resident was sent to the emergency department, where imaging confirmed an acute nondisplaced transverse fracture of the proximal tibial metaphysis. The FRI documented that video surveillance showed an aide taking a facility stand-up lift into Resident #31's room. The FRI further documented that Resident #31, and the aide reported the resident requested a manual transfer without use of the lift. Record review of Resident #31's "Incident Report," dated 4/13/26, revealed under "Nursing Description: Nurse was called this morning to resident's room to provide pain management, and resident stated an event that happened on the morning of 4/11/26. She informed that the reason she broke her leg was because she was lifted and placed in the wheelchair physically by the Certified Nursing Assistant (CNA), and the stand-up lift was not used..."			F0689			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255274		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 09/03/2026	
NAME OF PROVIDER OR SUPPLIER HIGHLAND HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 638 HIGHLAND COLONY PARKWAY , RIDGELAND, Mississippi, 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) COMPLETION DATE
F0689 SS = G	Continued from page 2 Record review of Resident #31's "Emergency Department Consultation," dated 4/12/26, revealed under "Radiographic Studies:" a computed tomography (CT) scan of the left lower extremity showed an acute nondisplaced transverse fracture of the proximal tibial metaphysis. During an observation and interview on 8/31/26 at 1:02 PM, Resident #31 was observed lying in bed. Resident #31 stated she sustained a left leg fracture after CNA #6 transferred her from the bed to a wheelchair without using the lift. The resident stated that previously the staff had always used a sit-to-stand lift. She explained that on the day of the incident, CNA #6 and CNA #7 entered her room to assist her out of bed and brought the lift into the room. Resident #31 stated that while she sat on the side of the bed, CNA #7 began taunting CNA #6 by stating, "You're so big and strong you can do it without the lift." The resident stated CNA #6 then grabbed her under the arms and placed her in the wheelchair. Her left leg bent backward beneath the wheelchair, and she heard a loud crack. She did not experience immediate pain, but severe pain developed later that day. She called her son and requested to go to the emergency department, where staff determined her leg was fractured. Resident #31 stated she wore a brace and then a cast for eight weeks. She explained the incident affected her emotionally and physically. She originally entered the facility for short-term therapy with the goal of returning home. Due to the incident, her stay was prolonged, she remained unable to walk, and she was unsure whether she would be able to return home. During an interview on 9/01/26 at 3:01 PM, Licensed Practical Nurse (LPN) #5 stated the incident occurred on a Saturday. LPN #5 stated CNA #6 provided Resident #31's morning care and transferred her alone without the ordered lift. Later that day, while LPN #5 made rounds, Resident #31 reported she had bumped her leg and it was hurting. LPN #5 administered pain medication, and the resident was transferred to the emergency department during the following shift due to uncontrolled pain. LPN #5 stated she did not question CNA #6 at that time because the resident had not reported that the aide transferred her without the lift. Record review of the personnel record revealed CNA #6 received education regarding lift procedures on 4/17/25. An interview with the Director of Nursing (DON) on			F0689			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255274		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 09/03/2026	
NAME OF PROVIDER OR SUPPLIER HIGHLAND HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 638 HIGHLAND COLONY PARKWAY , RIDGELAND, Mississippi, 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) COMPLETION DATE
F0689 SS = G	Continued from page 3 9/01/26 at 3:11 PM revealed Resident #31 did not initially tell staff that CNA #6 transferred her without the lift. The DON stated that on the following Monday morning, after the resident returned from the hospital, she spoke with the resident and learned of the manual transfer. During an interview with the Administrator (ADM) and DON on 9/02/26 at 8:58 AM, the ADM stated CNA #6 and CNA #7 took the sit-to-stand lift into the room. She explained CNA #7 was providing care to Resident #31's roommate. According to the DON, Resident #31 and CNA #6 reported during the facility investigation that the resident refused use of the lift and requested a manual transfer. The ADM stated CNA #7 was in the room, was interviewed, and provided a written statement that she did not witness the transfer. The DON and ADM confirmed Resident #31 should not have been manually transferred, and the nurse should have been notified. The ADM stated CNA #6 was terminated for failing to follow the facility's lift policy, and CNA #7 received disciplinary action for failing to report the incident. The ADM stated CNA #7 no longer worked at the facility. Record review of the "Face Sheet" revealed the facility admitted Resident #31 on 6/24/25 with medical diagnoses that included Parkinson's disease without dyskinesia, personal history of transient ischemic attack (TIA), and cerebral infarction without residual deficits. Record review of the Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 3/27/26, revealed under Section C a Brief Interview for Mental Status (BIMS) summary score of 15, which indicated Resident #31 was cognitively intact. Review of the facility's corrective-action documentation and an interview with the DON on 9/02/26 at 10:11 AM revealed the facility implemented the following actions to correct the deficient practice: On 4/13/26, the facility terminated CNA #6, who manually transferred Resident #31 without the ordered lift. On 4/13/26, the facility disciplined CNA #7 for failing to report the incident. On 4/13/26, the facility completed an all-staff in-service regarding lift transfers. The in-service included Seven Components to Reduce, Detect, and Prevent Abuse and Neglect; Resident Rights; Abuse			F0689			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255274		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 09/03/2026	
NAME OF PROVIDER OR SUPPLIER HIGHLAND HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 638 HIGHLAND COLONY PARKWAY , RIDGELAND, Mississippi, 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) COMPLETION DATE
F0689 SS = G	Continued from page 4 and Neglect; Vulnerable Adult Act; Mechanical Lift; and the facility's Lift Policy. On 4/13/26, the DON, Assistant Director of Nursing, Minimum Data Set team, and medical records employee completed a 100% audit of lift tasks, orders, care plans, and in-room lift identification. On 4/13/26, assigned nurses and the Registered Nurse supervisor completed a 100% body audit of all residents for evidence of abuse, neglect, or new skin injuries and reported the findings to the DON. Beginning 4/13/26, the facility scheduled an abuse drill for each shift. On 4/13/26, the facility held an emergency Quality Assurance (QA) meeting with the Medical Director. On 4/13/26, the facility initiated a four-week Performance Improvement Project (PIP) regarding proper lift transfers. The PIP included observation of ten residents per shift each week who had varying lift-transfer needs. On 4/13/26, the facility initiated ongoing monitoring through QA meetings for two months, followed by quarterly review, to sustain compliance. The SA validated on 9/2/26, through interview and record review that all corrective actions had been implemented as of 4/13/26, and the facility was in compliance as of 4/14/26, prior to the SA's entrance on 8/31/26.			F0689			
F0550 SS = D	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident.			F0550			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255274		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 09/03/2026	
NAME OF PROVIDER OR SUPPLIER HIGHLAND HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 638 HIGHLAND COLONY PARKWAY , RIDGELAND, Mississippi, 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) COMPLETION DATE
F0550 SS = D	Continued from page 5 §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. §483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States. §483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility. §483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is NOT MET as evidenced by: Based on observation, staff interviews, record review, and facility policy review, the facility failed to ensure residents were treated with dignity and respect by failing to conceal a urinary catheter drainage bag from public view for two (2) of eight (8) residents reviewed for dignity with urinary catheter drainage bags. Resident #20 and Resident #92 Findings Include: Review of facility policy titled "Dignity and Respect" with a revision date of 07/22 revealed, "A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life recognizing each resident's individuality. The facility shall protect and promote the rights of the residents..." Resident #20 During an observation on 8/31/26 at 4:02 PM, Resident #20, who was nonverbal, was seated in a recliner in his room with the door open. The resident's urinary catheter drainage bag was attached to the lower edge of the recliner and was			F0550			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255274		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 09/03/2026	
NAME OF PROVIDER OR SUPPLIER HIGHLAND HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 638 HIGHLAND COLONY PARKWAY , RIDGELAND, Mississippi, 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) COMPLETION DATE
F0550 SS = D	Continued from page 6 not covered by a privacy bag. Less than 200 mL (milliliters) of yellow, cloudy urine was visible in the drainage bag. An interview with Licensed Practical Nurse (LPN) #6 on 9/01/26 at 11:21 AM revealed privacy covers were not placed over urinary catheter drainage bags while residents were in their rooms. LPN #6 confirmed the privacy covers were used only when residents left their rooms. An interview with the Director of Nursing (DON) on 9/1/26 at 11:48 AM revealed urinary catheter drainage bags should always be covered. The DON confirmed that leaving the drainage bags uncovered created a dignity concern for residents. Record review of the "Face Sheet" revealed the facility admitted Resident #20 on 7/30/26 with medical diagnoses that included obstructive and reflux uropathy and retention of urine. Record review of the Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 8/5/26, revealed under Section C a Brief Interview for Mental Status (BIMS) summary score of 99, which indicated Resident #20 was unable to complete the interview. Resident #92 An observation on 8/31/2026 at 11:35 AM revealed Resident #92's room door was open, and her urinary catheter drainage bag containing yellow urine was hanging on the side of the resident's bed and visible from the hallway. The catheter drainage bag was not covered by a privacy bag. An observation on 8/31/2026 at 3:30 PM revealed Resident #92's urinary catheter drainage bag was uncovered and visible from the hallway. The drainage bag contained approximately 1,000 milliliters (mL) of yellow urine. An observation from the hallway on 9/1/2026 at 8:40 AM revealed Resident #92's urinary catheter drainage bag was uncovered, contained urine, and was visible from the hallway. During an interview on 9/1/2026 at 11:15 AM, Certified Nursing Assistant (CNA) #1 revealed that when he began to give Resident #92 a bed bath, he noticed the resident's urinary catheter drainage bag was visible from the hallway and was not covered by a privacy bag. He confirmed urinary catheter drainage bags should be placed in privacy bags			F0550			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255274		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 09/03/2026	
NAME OF PROVIDER OR SUPPLIER HIGHLAND HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 638 HIGHLAND COLONY PARKWAY , RIDGELAND, Mississippi, 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) COMPLETION DATE
F0550 SS = D	Continued from page 7 because an uncovered catheter drainage bag was a dignity and privacy issue for the resident. During an interview on 9/2/2026 at 12:40 PM, the DON stated the facility's expectation was for urinary catheter drainage bags to be covered by privacy bags. The DON confirmed that Resident #92's urinary catheter drainage bag, being uncovered and visible from the hallway, was a dignity issue. Record review of the "Face Sheet" revealed the facility admitted Resident #92 on 7/08/26 with medical diagnoses that included Heart Failure, and Retention of urine. Record review of the MDS with an ARD of 7/14/26, revealed under Section C a BIMS summary score of 09, which indicated Resident #92 has moderate cognitive impairment.			F0550			
F0641 SS = D	Accuracy of Assessments CFR(s): 483.20(g)(h)(i)(j) §483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. §483.20(h) Coordination. A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals. §483.20(i) Certification. §483.20(i)(1) A registered nurse must sign and certify that the assessment is completed. §483.20(i)(2) Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment. §483.20(j) Penalty for Falsification. §483.20(j)(1) Under Medicare and Medicaid, an individual who willfully and knowingly- (i) Certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$1,000 for each assessment; or			F0641			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255274	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/03/2026	
NAME OF PROVIDER OR SUPPLIER HIGHLAND HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 638 HIGHLAND COLONY PARKWAY , RIDGELAND, Mississippi, 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) COMPLETION DATE	
F0641 SS = D	Continued from page 8 (ii) Causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty or not more than \$5,000 for each assessment. §483.20(j)(2) Clinical disagreement does not constitute a material and false statement. This REQUIREMENT is NOT MET as evidenced by: Based on observation, staff interview, record review, and facility policy review, the facility failed to accurately complete Minimum Data Set (MDS) assessments for a resident with an indwelling catheter (Resident #20) and a resident receiving scheduled pain medication regimen (Resident #12) for two (2) of 26 assessments reviewed. Findings Include: Review of the facility policy titled "MDS Process," revised 4/26, revealed, "...The RAI (Resident Assessment Instrument) Manual shall serve as the primary reference for MDS coding guidelines, scheduling requirements, and regulatory compliance." Resident #12 Record review of Resident #12's annual MDS assessment, with an Assessment Reference Date (ARD) of 6/12/26, revealed Section J0100A, Scheduled Pain Medication Regimen, was coded "0," indicating the resident had not received a scheduled pain medication regimen during the five-day look-back period. Record review of Resident #12's June 2026 Medication Administration Record (MAR) revealed the fentanyl transdermal patch was administered on 6/8/26 at 10:00 PM and on 6/11/26 at 9:23 PM during the five-day look-back period of 6/8/26 through 6/12/26. During an interview on 9/3/26 at 10:00 AM, MDS Nurse #2 confirmed Resident #12 was prescribed and received a scheduled fentanyl transdermal patch for pain during the look-back period for the annual MDS assessment with an ARD of 6/12/26. MDS Nurse #2 confirmed Section J0100A should have been coded "1," indicating "Yes." Record review of Resident #12's "Face Sheet" revealed the resident was admitted to the facility on 5/6/25 with medical diagnoses that included chronic obstructive pulmonary disease and malignant	F0641			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255274	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/03/2026	
NAME OF PROVIDER OR SUPPLIER HIGHLAND HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 638 HIGHLAND COLONY PARKWAY , RIDGELAND, Mississippi, 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) COMPLETION DATE
F0641 SS = D	Continued from page 9 neoplasm of the right female breast. Record review of the MDS with an ARD of 6/12/26, revealed a Brief Interview for Mental Status (BIMS) summary score of 15 under Section C, which indicated Resident #12 was cognitively intact. Resident #20 During an observation on 8/31/26 at 4:02 PM, Resident #20 was seated in a recliner in his room with a urinary catheter drainage bag attached to the lower edge of the recliner. Record review of the August 2026 "Medication Administration Record (MAR)" revealed an order dated 7/30/26, "Catheter-Indwelling Foley 18 French 10 ml (milliliter) bulb catheter in place every shift." Record review of the MDS, with an ARD of 8/5/26, revealed an indwelling catheter was not coded under Section H0100 (Appliances). An interview with MDS Nurse #1 on 9/2/26 at 3:20 PM revealed Resident #20 was admitted to the facility with an indwelling catheter. She confirmed the catheter was not coded under Section H of the MDS. MDS Nurse #1 stated the assessment should accurately reflect the resident's condition and be used for care plan development. Record review of the "Face Sheet" revealed Resident #20 was admitted to the facility on 7/30/26 with medical diagnoses that included obstructive and reflux uropathy and urinary retention. Record review of the MDS, with an ARD of 8/5/26, revealed a BIMS summary score of 99 under Section C, which indicated Resident #20 was unable to complete the interview.	F0641			
F0645 SS = D	PASARR Screening for MD & ID CFR(s): 483.20(k)(1)-(3) §483.20(k) Preadmission Screening for individuals with a mental disorder and individuals with intellectual disability. §483.20(k)(1) A nursing facility must not admit, on or after January 1, 1989, any new residents with: (i) Mental disorder as defined in paragraph (k)(3)(i) of this section, unless the State mental health authority	F0645			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255274		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 09/03/2026	
NAME OF PROVIDER OR SUPPLIER HIGHLAND HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 638 HIGHLAND COLONY PARKWAY , RIDGELAND, Mississippi, 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) COMPLETION DATE
F0645 SS = D	Continued from page 10 has determined, based on an independent physical and mental evaluation performed by a person or entity other than the State mental health authority, prior to admission, (A) That, because of the physical and mental condition of the individual, the individual requires the level of services provided by a nursing facility; and (B) If the individual requires such level of services, whether the individual requires specialized services; or (ii) Intellectual disability, as defined in paragraph (k)(3)(ii) of this section, unless the State intellectual disability or developmental disability authority has determined prior to admission- (A) That, because of the physical and mental condition of the individual, the individual requires the level of services provided by a nursing facility; and (B) If the individual requires such level of services, whether the individual requires specialized services for intellectual disability. §483.20(k)(2) Exceptions. For purposes of this section- (i) The preadmission screening program under paragraph(k)(1) of this section need not provide for determinations in the case of the readmission to a nursing facility of an individual who, after being admitted to the nursing facility, was transferred for care in a hospital. (ii) The State may choose not to apply the preadmission screening program under paragraph (k)(1) of this section to the admission to a nursing facility of an individual- (A) Who is admitted to the facility directly from a hospital after receiving acute inpatient care at the hospital, (B) Who requires nursing facility services for the condition for which the individual received care in the hospital, and (C) Whose attending physician has certified, before admission to the facility that the individual is likely to require less than 30 days of nursing facility services.			F0645			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255274		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 09/03/2026	
NAME OF PROVIDER OR SUPPLIER HIGHLAND HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 638 HIGHLAND COLONY PARKWAY , RIDGELAND, Mississippi, 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) COMPLETION DATE
F0645 SS = D	Continued from page 11 §483.20(k)(3) Definition. For purposes of this section- (i) An individual is considered to have a mental disorder if the individual has a serious mental disorder defined in 483.102(b)(1). (ii) An individual is considered to have an intellectual disability if the individual has an intellectual disability as defined in §483.102(b)(3) or is a person with a related condition as described in 435.1010 of this chapter. This REQUIREMENT is NOT MET as evidenced by: Based on record review, staff interview and facility policy review, the facility failed to accurately complete the Level I Preadmission Screening and Resident Review (PASARR), resulting in the failure to refer a resident with documented mental illness for a PASARR Level II evaluation, for one (1) of two (2) residents reviewed for PASARR. Resident #10 Findings include: Review of facility policy titled "Pre-Admission Screening PAS/PASRR (MS Only)" latest review date 05/2026, revealed, "To enter a long-term care program, an eligible beneficiary must have completed a Pre-Admission Screening (PAS) application completed to determine clinical eligibility for individuals seeking admission to a Division of Medicaid certified nursing facility..." Record review of Resident #10's admission Minimum Data Set (MDS) assessment, with an Assessment Reference Date (ARD) of 2/12/2026, revealed Section I, Active Diagnoses, was coded "1" for Bipolar Disorder (I5900), indicating the resident had an active diagnosis of bipolar disorder. Section C revealed a Brief Interview for Mental Status (BIMS) summary score of 13, indicating the resident was cognitively intact. Record review of Resident #10's Level I PASARR screening dated 2/12/26 revealed the screening did not identify any mental illness diagnoses or medications. The Level I PASARR did not include the resident's documented diagnosis of bipolar disorder, and the resident was not referred to the appropriate state authority for a Level II PASARR evaluation. Record review of Resident #10's History and Physical, dated 6/7/2026, revealed the resident's			F0645			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255274		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 09/03/2026	
NAME OF PROVIDER OR SUPPLIER HIGHLAND HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 638 HIGHLAND COLONY PARKWAY , RIDGELAND, Mississippi, 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) COMPLETION DATE	
F0645 SS = D	Continued from page 12 past medical history included bipolar I disorder. During an interview on 9/3/2026 at 9:40 AM, the Social Services Director confirmed Resident #10's mental health diagnosis was not included on the Level I PASARR screening despite being documented among the resident's admission diagnoses. The Social Services Director further confirmed the Level I PASARR screening had not been completed accurately. Record review of Resident #10's Face Sheet revealed the resident was admitted to the facility on 2/12/2026 with diagnoses that included Hypertension, Heart Failure and Bipolar Disorder.	F0645					
F0656 SS = D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv) In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes.	F0656					

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255274		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 09/03/2026	
NAME OF PROVIDER OR SUPPLIER HIGHLAND HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 638 HIGHLAND COLONY PARKWAY , RIDGELAND, Mississippi, 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) COMPLETION DATE
F0656 SS = D	Continued from page 13 (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. §483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (iii) Be culturally-competent and trauma-informed. This REQUIREMENT is NOT MET as evidenced by: Based on observation, interviews, record review, and facility policy review, the facility failed to implement the Activities of Daily Living (ADL) comprehensive person-centered care plans regarding personal hygiene for four (4) of twenty-six (26) residents whose care plans were reviewed (Residents #4, #8, #52, and #58). Findings include: Review of the facility policy titled, "Care Plan Process" with a revision date of 12/24 revealed, "Regulations require facilities to complete, at a minimum and at regular intervals, a comprehensive, standardized assessment of each resident's functional capacity and needs, in relation to several specified areas (e.g., customary routine, vision, and continence)...The facility staff shall follow the care plan..." Resident #4 A record review of Resident #4's Care Plan Report revealed Resident #4 was dependent on staff for Activities of Daily Living (ADL) for personal hygiene. On 08/31/2026 at 12:20 PM and 09/01/2026 at 8:40 AM observations revealed Resident #4 had an approximately one-fourth (1/4) inch patch of thick white facial hair on her chin and approximately 1/4-inch-long fingernails with a brown substance underneath the nails. Resident #4 was bedbound and dependent on staff for ADL care. On 09/01/2026 at 2:05 PM an interview with CNA #1 revealed Resident #4 should have been shaved on her scheduled bath day on Monday, 08/31/2026. CNA #1 confirmed Resident #4 had not been shaved			F0656			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255274		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 09/03/2026	
NAME OF PROVIDER OR SUPPLIER HIGHLAND HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 638 HIGHLAND COLONY PARKWAY , RIDGELAND, Mississippi, 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) COMPLETION DATE
F0656 SS = D	Continued from page 14 the previous day. CNA #1 stated Resident #4's fingernails needed to be cut and cleaned and confirmed the substance underneath the resident's fingernails appeared to be dirt. CNA #1 stated nail care should be provided at least daily and confirmed that it had not been provided. An interview on 09/02/2026 at 4:45 PM with Minimum Data Set (MDS) Nurse #1 confirmed nail care and removal of facial hair was considered personal hygiene and failure to provide the care meant the resident's ADL care plan was not followed. A record review of Resident #4's Face Sheet revealed the facility admitted Resident #4 on 05/31/2022 with a diagnosis of hemiplegia and hemiparesis following cerebral infarction affecting the left non-dominant side. A record review of Resident #4's Quarterly MDS assessment, with an Assessment Reference Date (ARD) of 06/05/2026, revealed Section GG, Functional Abilities and Goals, coded Resident #4 as dependent for personal hygiene. Resident #8 A record review of Resident #8's Care Plan Report revealed Resident #8 required substantial assistance with personal hygiene. On 08/31/2026 at 1:30 PM an observation revealed Resident #8 had approximately 1/2-inch-long, jagged fingernails with a brown substance underneath the nails. An observation and interview on 09/01/2026 at 2:10 PM with Licensed Practical Nurse (LPN) #5 revealed Resident #8's fingernails were long, dirty, and jagged. LPN #5 stated Resident #8's fingernails had not been cut in a while and nail care was listed on the staff task list to be completed by the staff. An interview on 09/02/2026 at 4:45 PM with MDS Nurse #1 confirmed nail care was considered personal hygiene and failure to provide the care meant the resident's ADL care plan was not followed. A record review of Resident #8's Face Sheet revealed the facility admitted Resident #8 on 04/16/2024 with a diagnosis of unspecified dementia, severe, with mood disturbance. A record review of Resident #8's Quarterly MDS			F0656			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255274		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 09/03/2026	
NAME OF PROVIDER OR SUPPLIER HIGHLAND HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 638 HIGHLAND COLONY PARKWAY , RIDGELAND, Mississippi, 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) COMPLETION DATE
F0656 SS = D	Continued from page 15 assessment, with an ARD of 07/22/2026, revealed Section GG, Functional Abilities and Goals, coded Resident #8 as requiring substantial/maximal assistance for personal hygiene. Resident #52 Record review of Resident #52's "Care Plan Report" revealed, under "Focus: Resident #52 needs assist with ADLs." The care plan further revealed under "Interventions: Personal Hygiene: The resident needs partial/moderate assistance with personal hygiene." On 8/31/2026 at 4:35 PM an observation revealed Resident #52 had facial hair to her chin area approximately one-half (1/2) inch long. Resident #52's bilateral fingernails were approximately one (1) inch long, jagged, and had a brown substance underneath the nails. On 9/01/2026 at 3:30 PM during an interview and observation CNA #1 stated she was assigned to Resident #52 that day. CNA #1 confirmed Resident #52 had facial hair to her chin area and long, jagged fingernails. CNA #1 acknowledged Resident #52 should have already been appropriately groomed. During an interview on 9/02/2026 at 4:00 PM, the MDS Coordinator revealed the purpose of the care plan is to ensure resident's individualized care is being addressed and followed. The MDS coordinator revealed nail care and shaving are part of personal hygiene and confirmed Resident #52 personal hygiene plan of care was not being followed. Record review of the "Face Sheet" revealed Resident #52 was admitted to the facility on 2/21/25 with medical diagnoses that included Unspecified Dementia, Type 2 Diabetes Mellitus, and Pain. Record review of the MDS, with an ARD of 5/22/26, revealed a BIMS summary score of 02 under Section C, which indicated Resident #52 was severely cognitively impaired. Resident #58 Record review of Resident #58's Care Plan Report revealed the resident is dependent on staff for personal hygiene.			F0656			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255274		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 09/03/2026	
NAME OF PROVIDER OR SUPPLIER HIGHLAND HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 638 HIGHLAND COLONY PARKWAY , RIDGELAND, Mississippi, 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) COMPLETION DATE
F0656 SS = D	Continued from page 16 On 08/31/26 at 1:10 PM, an observation of Resident #58 revealed she was seated in her wheelchair with her fingernails on both hands approximately one-fourth (1/4) to one-half (1/2) inch long. The fingernails on her right hand were longer than those on her left hand. During an observation and interview on 9/01/26 at 2:00 PM, CNA #3 confirmed Resident #58's fingernails were long and needed to be trimmed. An interview with the MDS Nurse #2 on 9/02/26 at 12:40 PM revealed care plans were developed to inform staff how to care for residents and to guide the residents' care. An interview with MDS Nurse #1 on 9/02/26 at 3:20 PM revealed nail care was part of the personal hygiene care that should be provided every day. MDS Nurse #1 confirmed Resident #58's care plan for nail care was not followed. Record review of the "Face Sheet" revealed Resident #58 was admitted to the facility on 09/23/24 with medical diagnoses that included Hemiplegia and Hemiparesis Following Unspecified Cerebrovascular Disease Affecting the Right Dominant Side and Contracture of the Muscles of the Right Hand. Record review of the MDS, with an ARD of 07/17/26, revealed a BIMS summary score of 15 under Section C, which indicated Resident #58 was cognitively intact.			F0656			
F0677 SS = D	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is NOT MET as evidenced by: Based on observations, interview, record review and facility policy review, the facility failed to provide necessary personal hygiene and grooming services as evidenced by excessive facial hair (Resident #4 and Resident #52) and long dirty fingernails (Resident #4, Resident #8, Resident #52 and Resident #58) for four (4) of 26 sampled residents. Findings include:			F0677			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255274		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 09/03/2026	
NAME OF PROVIDER OR SUPPLIER HIGHLAND HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 638 HIGHLAND COLONY PARKWAY , RIDGELAND, Mississippi, 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) COMPLETION DATE
F0677 SS = D	Continued from page 17 Review of facility policy titled "Activities for Daily Living" with a revision date of 09/25 revealed, "Activities of Daily Living (ADL) shall be documented daily by the Certified Nurse Aide (CNA) or Nurse Aide Trainee (NAT) to reflect actual care rendered to the resident. 1. ...ADLs are to be resident specific and reflect current resident status. 2. ...ADLs shall include, but are not limited to personal hygiene, bathing..." Resident #4 Observations on 08/31/2026 at 12:20 PM and again on 09/01/2026 at 8:40 AM revealed Resident #4 lying in bed with her eyes closed. Resident #4 had an approximately 1/4-inch patch of thick white facial hair on her chin and approximately 1/4-inch-long fingernails with a brown substance underneath the nails. Resident #4 was bedbound and dependent on staff for ADL care. An interview on 08/31/2026 at 12:25 PM with Certified Nursing Assistant (CNA) #4 revealed the facility had two shower CNAs, one assigned to each side of the facility. CNA #4 stated residents in odd-numbered rooms received showers/baths on Mondays, Wednesdays, and Fridays, and residents in even-numbered rooms received showers/baths on Tuesdays, Thursdays, and Saturdays. CNA #4 stated CNAs assigned to each hall were responsible for providing bed baths to their assigned residents. During a telephone interview on 09/01/2026 at 11:35 AM, Resident #4's Resident Representative (RR) stated she was not always pleased with the care facility staff provided. The RR stated she had reported to facility staff several times that Resident #4's facial hair was not being shaved and she continued to have to remind staff. The RR stated she had also observed Resident #4's fingernails to be dirty on several visits. The RR stated that during a visit over this past weekend, she observed Resident #4's facial hair and stated, "If you don't take care of this, I will." The RR stated Resident #4 was immobile and dependent on staff to provide her care. The RR further stated Resident #4 did not like having facial hair when she lived at home, that it was not right for staff not to keep her shaved and looking nice, and stated, "I want it off." An interview on 09/01/2026 at 2:05 PM with CNA #1 revealed Resident #4 should have been shaved on her scheduled bath day on Monday. CNA #1 confirmed Resident #4 had not been shaved the previous day. CNA #1 stated Resident #4's fingernails needed to be cut and cleaned and			F0677			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255274		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 09/03/2026	
NAME OF PROVIDER OR SUPPLIER HIGHLAND HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 638 HIGHLAND COLONY PARKWAY , RIDGELAND, Mississippi, 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) COMPLETION DATE
F0677 SS = D	Continued from page 18 confirmed the substance underneath the resident's fingernails appeared to be dirt. CNA #1 stated nail care should be provided at least daily. An interview on 09/01/2026 at 2:30 PM with Licensed Practical Nurse (LPN) #2 revealed Resident #4 received a bed bath on Mondays, Wednesdays, and Fridays and shaving facial hair was included as part of the bath. LPN #2 confirmed Resident #4 had thick white facial hair and long, dirty fingernails. An interview on 09/01/2026 at 2:50 PM with the Director of Nursing (DON) revealed her expectation was for residents not to have unwanted facial hair and to have short, clean fingernails. The DON confirmed Resident #4 had thick white facial hair on her chin. A record review of the Quarterly Minimum Data Set Assessment (MDS), with an Assessment Reference Date (ARD) of 06/05/2026, revealed Functional Abilities self-care Section GG, personal hygiene coded as dependent. A record review of Face Sheet revealed that the facility admitted Resident # 4 on 05/31/2022 with a diagnosis of Hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side. Resident #8 An observation on 08/31/2026 at 1:30 PM revealed Resident #8 had approximately 1/2-inch-long, jagged fingernails with a brown substance underneath the nails. A subsequent observation on 09/01/2026 at 8:50 AM revealed Resident #8 continued to have long, jagged fingernails with a brown substance underneath the nails. An interview on 09/01/2026 at 2:10 PM with LPN #5 revealed Resident #8's fingernails were long, dirty, and jagged. LPN #5 stated CNAs could cut residents' fingernails as long as the resident was not diabetic or receiving blood-thinning medication. LPN #5 stated Resident #8's fingernails had not been cut in a while and nail care triggered on the staff task list. LPN #5 confirmed long that jagged fingernails placed Resident #8 at risk of cutting herself or developing an infection. An interview on 09/01/2026 at 2:30 PM with the DON confirmed Resident #8's fingernails were long, dirty, and jagged. The DON stated Resident #8 could harm herself by getting cut.			F0677			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255274		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 09/03/2026	
NAME OF PROVIDER OR SUPPLIER HIGHLAND HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 638 HIGHLAND COLONY PARKWAY , RIDGELAND, Mississippi, 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) COMPLETION DATE
F0677 SS = D	Continued from page 19 A record review of the Quarterly MDS, with an ARD of 7/22/2026, revealed Functional Abilities self-care Section GG, personal hygiene coded as substantial/maximal assistance. A record review of "Face Sheet" revealed that the facility admitted Resident #8 on 04/16/2024 with a diagnosis unspecified dementia, severe, with mood disturbance. Resident #52 An observation on 8/31/2026 at 4:35 PM revealed Resident #52 had facial hair to her chin area approximately one-half (1/2) inch long. Resident #52's bilateral fingernails were approximately one (1) inch long, jagged, and had a brown substance underneath the nails. Observations on 9/01/2026 at 8:45 AM and again at 3:05 PM revealed Resident #52's facial hair and fingernails remained unchanged from the previous day's observation. During an interview and observation on 9/01/2026 at 3:30 PM, CNA #1 stated she was assigned to Resident #52 that day. CNA #1 stated shaving facial hair was performed as needed and fingernails were cleaned daily and as needed. CNA #1 stated she thought Resident #52 was diabetic and that nursing staff were responsible for trimming the resident's fingernails. CNA #1 confirmed Resident #52 had facial hair to her chin area and long, jagged fingernails. CNA #1 acknowledged Resident #52 should have already been appropriately groomed. During an interview and observation on 9/01/2026 at 3:40 PM, LPN #1 stated CNAs were responsible for trimming Resident #52's facial hair during daily personal care and nursing staff were responsible for trimming her fingernails because the resident was diabetic. LPN #1 stated shaving and nail trimming were performed as needed when staff noticed they needed to be done. LPN #1 confirmed Resident #52 had approximately one-half (1/2) inch of facial hair to her chin and fingernails that were long, jagged, and unkempt. LPN #1 stated, "Her nails really need to be cut, they are so long and she could scratch herself and create a skin tear and it could cause an infection." During an interview on 9/02/2026 at 3:09 PM, the DON stated the facility's expectation was for all residents to be adequately groomed. The DON stated			F0677			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255274		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 09/03/2026	
NAME OF PROVIDER OR SUPPLIER HIGHLAND HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 638 HIGHLAND COLONY PARKWAY , RIDGELAND, Mississippi, 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) COMPLETION DATE
F0677 SS = D	Continued from page 20 CNAs were responsible for ensuring facial hair was shaved during personal hygiene care provided to the resident and that fingernails were to be trimmed and cleaned. Record review of the "Face Sheet" revealed Resident #52 was admitted to the facility on 2/21/25 with medical diagnoses that included Unspecified Dementia, Type 2 Diabetes Mellitus, and Pain. Record review of the MDS, with an ARD of 5/22/26, revealed a BIMS summary score of 02 under Section C, which indicated Resident #52 was severely cognitively impaired. Resident #58 An observation of Resident #58 on 8/31/26 at 1:10 PM revealed she was seated in her wheelchair with a splint on her right hand. The resident's fingernails were approximately one-fourth (1/4) to one-half (1/2) inch long on both hands, with the fingernails on the right hand longer than those on the left hand. During an observation and interview with CNA #3 on 9/1/26 at 2:00 PM, he confirmed Resident #58 had long fingernails that needed to be cut. CNA #3 stated the nurses were responsible for cutting residents' fingernails. During an observation and interview with the DON on 9/1/26 at 2:15 PM, she stated nurse aides could cut the fingernails of residents who did not have diabetes and were not receiving a blood thinner. She stated Resident #58 was receiving a blood thinner; therefore, a nurse was responsible for cutting her fingernails. The DON stated the task was scheduled on an as-needed basis and did not alert the nurses at regular intervals. She confirmed Resident #58 was at risk for skin breakdown because she wore a splint for finger contractures and had long fingernails. Record review of the "Face Sheet" revealed Resident #58 was admitted to the facility on 9/23/24 with medical diagnoses that included Hemiplegia and Hemiparesis Following Unspecified Cerebrovascular Disease Affecting the Right Dominant Side and Contracture of the Muscles of the Right Hand. Record review of the MDS, with an ARD of 7/17/26, revealed a BIMS summary score of 15 under Section C, which indicated Resident #58 was cognitively intact. Section GG revealed the resident required			F0677			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255274		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 09/03/2026	
NAME OF PROVIDER OR SUPPLIER HIGHLAND HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 638 HIGHLAND COLONY PARKWAY , RIDGELAND, Mississippi, 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) COMPLETION DATE	
F0677 SS = D	Continued from page 21. substantial/maximal assistance with personal hygiene.	F0677					
F0679 SS = D	Activities Meet Interest/Needs Each Resident CFR(s): 483.24(c)(1) §483.24(c) Activities. §483.24(c)(1) The facility must provide, based on the comprehensive assessment and care plan and the preferences of each resident, an ongoing program to support residents in their choice of activities, both facility-sponsored group and individual activities and independent activities, designed to meet the interests of and support the physical, mental, and psychosocial well-being of each resident, encouraging both independence and interaction in the community. This REQUIREMENT is NOT MET as evidenced by: Based on record review, facility policy review, resident interviews, and staff interviews, the facility failed to provide an ongoing program of activities designed to meet the individualized interests and physical, mental, and psychosocial needs of one (1) of 26 sampled residents reviewed. Resident #112 Findings included: Review of the facility's policy titled "Activity Programs & Activity Programs Scheduling," with a revision date of 11/2017, revealed "Policy: Activity Program, The facility will provide an ongoing program of age-appropriate activities designed to meet, in accordance with the comprehensive assessment, the interests and physical, mental, and psychosocial needs of each resident... Procedures: 7. Residents in isolation will be provided with access to independent activities as their medical condition allows..." Record review of the Order Summary Report with an order dated 8/25/26 revealed Resident #112 was on contact isolation precautions related to a Staphylococcus infection of a chest wall surgical incision. Review of Resident #112's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) dated 8/31/2026 in "Section F. Preferences for Customary Routine and Activities," revealed the resident was the primary respondent for the assessment. The resident identified having books, newspapers, and magazines to read; listening to music she liked;	F0679					

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255274		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 09/03/2026	
NAME OF PROVIDER OR SUPPLIER HIGHLAND HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 638 HIGHLAND COLONY PARKWAY , RIDGELAND, Mississippi, 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) COMPLETION DATE
F0679 SS = D	Continued from page 22 keeping up with the news; doing things with groups of people; doing her favorite activities; and going outside for fresh air when the weather was good as somewhat important. The resident identified participating in religious services or practices as very important. During an interview on 08/31/2026 at 4:30 PM, Resident #112 stated she wanted to come out of her room and would not have come to the facility if she had known she was "banned from everything." Resident #112 stated that shortly after she arrived at the facility, she came out of her room, and a staff member told her she could not be out and instructed her to return to her room. During a follow-up interview on 09/02/2026 at 2:30 PM, Resident #112 stated no one had been in to provide activities, and she was not able to leave her room. Resident #112 stated therapy had come into her room twice, but no one else came in to provide activities. The resident stated she was unhappy because she was unable to talk with other people. She also stated no one told her she was in contact isolation and she thought the supplies on the door were housekeeping supplies. During an interview with the Activities Director on 9/02/2026 at 2:55 PM, the Activities Director stated she assessed Resident #112 on 08/31/2026 and asked the resident if she wanted to attend church activities, and that she could attend church services, but she was unaware she was on contact isolation. During an interview on 09/03/2026 at 10:00 AM, the Director of Nursing (DON) stated she was unaware Resident #112 had not received any activities. She stated she had been in the facility before and remembered she liked to sit on the porch. Record review of the "Face Sheet" revealed the facility admitted Resident #112 on 8/25/2026 with medical diagnoses that included Disruption of Wound and Staphylococcus. Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 8/31/2026, revealed under Section C a Brief Interview for Mental Status (BIMS) summary score of 15 indicating Resident #112 is cognitively intact.			F0679			
F0688 SS = D	Increase/Prevent Decrease in ROM/Mobility CFR(s): 483.25(c)(1)-(3) §483.25(c) Mobility.			F0688			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255274		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 09/03/2026	
NAME OF PROVIDER OR SUPPLIER HIGHLAND HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 638 HIGHLAND COLONY PARKWAY , RIDGELAND, Mississippi, 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) COMPLETION DATE
F0688 SS = D	Continued from page 23 §483.25(c)(1) The facility must ensure that a resident who enters the facility without limited range of motion does not experience reduction in range of motion unless the resident's clinical condition demonstrates that a reduction in range of motion is unavoidable; and §483.25(c)(2) A resident with limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion. §483.25(c)(3) A resident with limited mobility receives appropriate services, equipment, and assistance to maintain or improve mobility with the maximum practicable independence unless a reduction in mobility is demonstrably unavoidable. This REQUIREMENT is NOT MET as evidenced by: Based on observation, staff and resident interview, record review, and facility policy review, the facility failed to ensure a resident with limited mobility received appropriate equipment to maintain mobility with the maximum practicable independence for one (1) of three (3) residents reviewed for range of motion. The facility failed to provide Resident #28 with a wheelchair of an appropriate height that allowed the resident to use her feet to assist with self-propulsion. Resident #28 was observed in a wheelchair without footrests with her feet unable to effectively reach the floor for self-propulsion. This failure limited the resident's ability to independently propel herself throughout the facility. Findings Included: Record review of the facility policy, titled "Wheelchair, Use of," latest revision date 07/26 revealed, "The facility shall provide safe and comfortable mobility for the non-ambulatory resident and provide mobility for residents learning to become independent in activities of daily living..." On 08/31/2026 at 1:15 PM, Resident #28 was observed sitting in a wheelchair in the facility lobby. The wheelchair did not have footrests and was not the correct height to enable her feet to rest on the floor. Resident #28's bilateral feet were observed to be purple, with her left foot dangling free, and the great toe of her right foot was touching the floor. During an interview on 08/31/2026 at 3:25 PM,			F0688			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255274		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 09/03/2026	
NAME OF PROVIDER OR SUPPLIER HIGHLAND HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 638 HIGHLAND COLONY PARKWAY , RIDGELAND, Mississippi, 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) COMPLETION DATE
F0688 SS = D	Continued from page 24 Resident #28 stated, "It takes me a long time to get where I am going because I am slow." Resident #28 further stated, "My room is three quarter a mile down that hall, so I have to start early to get somewhere." In an interview on 09/01/2026 at 8:45 AM, Resident #28 stated, "I have to use my hands because it takes more effort to scoot up to use my feet." She confirmed that the wheelchair needed to be shorter, so she did not have to scoot herself towards the front of the wheelchair for her feet to reach the floor. On 09/02/2026 at 8:34 AM, Resident #28 was observed sitting in her room in a wheelchair with footrests in place and both feet resting on the footrests. During an interview on 09/02/2026 at 8:35 AM, Licensed Practical Nurse (LPN) #5 stated Resident #28 used a wheelchair to move throughout the facility, could self-transfer and self-propel, and was able to use her feet to propel the wheelchair. LPN #5 stated Resident #28 was currently receiving therapy services and should have footrests on her wheelchair every day. During an interview on 09/02/2026 at 8:40 AM, Physical Therapist (PT) stated Resident #28 had been using another resident's custom wheelchair. The PT stated Resident #28 could propel herself using her feet and that a shorter wheelchair was being provided to the resident that day. The PT stated residents should be provided with a wheelchair that fits their needs. The PT further stated that if Resident #28 was unable to use her feet, this could result in decreased leg strength, improper ankle positioning, and an inability to propel herself. The PT stated that if Resident #28 could use her feet to assist with propulsion, mobility would be easier for the resident. The PT further stated Resident #28 did not currently have a wheelchair mobility goal. During an interview on 09/02/2026 at 8:45 AM, the Director of Nursing (DON) stated Resident #28 was admitted to the facility in February 2026 and had used a wheelchair since admission. The DON stated Resident #28 propelled herself using her hands. The DON acknowledged Resident #28 should have footrests on the wheelchair to prevent her feet from "going to sleep" and agreed Resident #28 should be provided a wheelchair that fits her height so her feet could reach the floor. A record review of the Quarterly Minimum Data Set Assessment (MDS), with an Assessment Reference			F0688			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255274		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 09/03/2026	
NAME OF PROVIDER OR SUPPLIER HIGHLAND HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 638 HIGHLAND COLONY PARKWAY , RIDGELAND, Mississippi, 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) COMPLETION DATE
F0688 SS = D	Continued from page 25 Date (ARD) of 05/15/2026, revealed a Brief Interview for Mentals Status (BIMS) score of 9 indicating that the resident has moderate cognitive impairment. MDS further revealed Mobility Devices used was a wheelchair in Section GG Functional Abilities. A record review of "Face Sheet" revealed that the facility admitted Resident #28 on 02/06/2026 with a diagnosis of Parkinson's disease without dyskinesia.			F0688			
F0761 SS = D	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is NOT MET as evidenced by: Based on observation, record review, staff interviews, and facility policy review, the facility failed to: 1) secure a medication cart and a prepared medication syringe from unauthorized access when unattended for one (1) of four (4) medication carts observed. The unattended syringe contained heparin prepared for Resident #117; and 2) identify and resolve discrepancies between current physician orders and pharmacy dispensing labels for two (2) of seven (7) residents observed for medication administration Residents #24 and Resident #48.			F0761			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255274		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 09/03/2026	
NAME OF PROVIDER OR SUPPLIER HIGHLAND HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 638 HIGHLAND COLONY PARKWAY , RIDGELAND, Mississippi, 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) COMPLETION DATE
F0761 SS = D	Continued from page 26 Findings include: Review of the facility policy titled "Medication Ordering, Reordering and Receiving Procedures," with a latest revision date of 12/2019, revealed, "...compare each medication received to what was ordered, ensuring the resident name, medication, dose, route and frequency are correct... The pharmacy is to be notified for discrepancies..." Review of the facility policy titled "Drug Administration and Documentation," with a latest review date of 3/2025, revealed, "...The medication cart is...to be locked whenever unattended. Do not leave ANY medications on top of the medication cart unattended..." Medication Cart During an observation on 9/2/2026 at 6:08 AM, the medication cart on the 600 Hall was unlocked and unattended. A capped 1-milliliter syringe containing a clear liquid was observed unattended on top of the medication cart. During an interview on 9/2/2026 at 6:10 AM, Licensed Practical Nurse (LPN) #4 confirmed she had stepped away from the medication cart and left it unlocked and unattended. LPN #4 also confirmed the syringe contained heparin and was prepared for Resident #117. Record review of Resident #117's Order Summary Report revealed an active order dated 8/24/2026 for heparin sodium injection, 5,000 units per milliliter, to inject 1.5 milliliters subcutaneously three times daily for 14 days. Each dose was to equal 7,500 units. During an interview on 9/2/2026 at 6:40 AM, the Director of Nursing (DON) confirmed a medication cart should never be left unlocked when unattended and medications should not be left unattended. Record review of Resident #117's "Face Sheet" revealed the resident was admitted to the facility on 8/24/26 with medical diagnoses that included heart failure, unspecified. Record review of the Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 8/31/26, revealed a Brief Interview for Mental Status (BIMS) summary score of 14 under Section C, which indicated Resident #117 was cognitively intact. Resident #24			F0761			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255274		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 09/03/2026	
NAME OF PROVIDER OR SUPPLIER HIGHLAND HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 638 HIGHLAND COLONY PARKWAY , RIDGELAND, Mississippi, 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) COMPLETION DATE
F0761 SS = D	Continued from page 27 During an observation of medication administration for Resident #24 on 9/2/2026 at 7:00 AM, record review of the resident's Order Summary Report revealed an active order dated 8/3/2026 for hydrocodone-acetaminophen 7.5-325 milligrams, one tablet by mouth three times daily for pain. Review of the pharmacy label on Resident #24's medication card directed staff to administer one tablet by mouth every eight hours as needed for pain. The pharmacy label did not match the current physician order because the physician order scheduled the medication three times daily, while the pharmacy label identified the medication as an as-needed medication. During an interview on 9/2/2026 at 7:00 AM, LPN #3 confirmed the pharmacy label did not match the physician order. LPN #3 stated the medication card had been labeled that way for approximately two weeks, which was as long as she had worked at the facility. LPN #3 stated that at her previous place of employment, the nurse was required to notify the pharmacy and obtain a corrected label, but she was uncertain how medication-label discrepancies were handled at this facility. During an interview on 9/2/2026 at 7:25 AM, the DON confirmed the pharmacy label did not match Resident #24's physician order. The DON stated the nurse should have notified the pharmacy, faxed the order to the pharmacy, and obtained a change-in-order label to attach to the medication card. Record review of Resident #24's "Face Sheet" revealed the resident was admitted to the facility on 4/12/24 with medical diagnoses that included unspecified dementia, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety. Record review of the MDS, with an ARD of 7/10/26, revealed a BIMS summary score of 02 under Section C, which indicated Resident #24 had severe cognitive impairment. Resident #48 During an observation of medication administration for Resident #48 on 9/2/2026 at 2:12 PM, record review of the resident's Order Summary Report revealed an active order dated 4/16/2026 for fluoxetine 20 milligrams, administer one-half tablet by mouth each morning for withdrawn behavior related to major depressive disorder. Review of the			F0761			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255274		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 09/03/2026	
NAME OF PROVIDER OR SUPPLIER HIGHLAND HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 638 HIGHLAND COLONY PARKWAY , RIDGELAND, Mississippi, 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) COMPLETION DATE
F0761 SS = D	Continued from page 28 medication supplied by the pharmacy revealed fluoxetine 10-milligram tablets. The pharmacy label directed staff to administer one tablet by mouth each morning. Although both directions resulted in a 10-milligram dose, the medication strength and administration instructions on the pharmacy label did not match the current physician order. During an interview with LPN #2, she stated, "It says on the card for each dose to equal 10 milligrams." During an interview on 9/2/2026 at 10:45 AM, the DON confirmed the nurse should have contacted the physician to obtain an order that matched the medication strength and administration directions supplied by the pharmacy. Record review of Resident #48's "Face Sheet" revealed the resident was admitted to the facility on 1/30/25 with medical diagnoses that included unspecified dementia, moderate, with mood disturbance. Record review of the MDS, with an ARD of 7/31/26, revealed a BIMS summary score of 03 under Section C, which indicated Resident #48 had severe cognitive impairment.			F0761			
F0880 SS = D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.71 and following accepted national standards;			F0880			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255274		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 09/03/2026	
NAME OF PROVIDER OR SUPPLIER HIGHLAND HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 638 HIGHLAND COLONY PARKWAY , RIDGELAND, Mississippi, 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) COMPLETION DATE	
F0880 SS = D	Continued from page 29 §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv) When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi) The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is NOT MET as evidenced by:	F0880					

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255274		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 09/03/2026	
NAME OF PROVIDER OR SUPPLIER HIGHLAND HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 638 HIGHLAND COLONY PARKWAY , RIDGELAND, Mississippi, 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) COMPLETION DATE
F0880 SS = D	Continued from page 30 Based on observation, record review, policy review, and interviews, the facility failed to establish and implement infection prevention and control practices to prevent the potential transmission of infection and failed to ensure clean linens were maintained in a sanitary manner. Specifically, the facility failed to implement Enhanced Barrier Precautions (EBP) and appropriately handle contaminated linens during catheter care for Resident #2, store respiratory equipment in a sanitary manner for Resident #3 and ensure linens that fell onto the floor were removed from the clean-linen supply and placed with soiled/dirty laundry, for three (3) of four (4) days of survey. Findings include: Review of the facility's policy titled "General Infection Prevention and Control Nursing Policies," dated 06/2014, revealed, "It is the policy of this facility that all nursing activities will be performed in a manner to minimize the potential for infection in residents, staff, and visitors..." Review of the facility's policy titled "Infection Control Oxygen Equipment Cleaning," revised 08/21, revealed "...10. When not in use, store the mask/cannula in a plastic bag clearly labeled with the resident's name and date..." Record review of the facility policy, titled "Enhanced Barrier Precautions", revised 03/24 revealed "Enhanced Barrier Precautions (EBP) are an infection control intervention designed to reduce transmission of multidrug-resistant organisms (MDROs) in nursing homes. Enhanced Barrier Precautions involve gown and glove use during high-contact resident care activities for residents known to be colonized or infected with a MDRO as well as those at increased risk of MDRO acquisition (e.g. residents with wounds or indwelling medical devices..." Resident #2 On 09/02/2026 at 10:50 AM, an observation was conducted of Certified Nursing Assistant (CNA) #3 providing catheter care to Resident #2. CNA #3 cleaned Resident #2's foley catheter tubing and discarded the soiled washcloth onto the floor. CNA #3 did not wear a gown while providing catheter care. Dirty linen was also observed on the floor upon entering Resident #2's room. During the provision of catheter care, CNA #3 placed a second soiled washcloth on the resident's overbed table instead of containing the contaminated linen in a			F0880			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255274		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 09/03/2026	
NAME OF PROVIDER OR SUPPLIER HIGHLAND HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 638 HIGHLAND COLONY PARKWAY , RIDGELAND, Mississippi, 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) COMPLETION DATE	
F0880 SS = D	Continued from page 31 bag. During an interview on 09/02/2026 at 11:00 AM, CNA #3 verified that a gown should have been worn while providing catheter care and that dirty linen should not have been placed on the floor or the resident's overbed table. CNA #3 stated she should have worn a gown during the catheter care and should have placed the dirty linen and soiled bath cloths in a bag. During an interview on 09/02/2026 at 4:30 PM, the Infection Preventionist (IP) stated the expectation was for staff to implement Enhanced Barrier Precautions during catheter care. The IP stated EBP was used to protect against the transfer of bacteria between residents and staff and stated dirty linen should be placed in a bag. During an interview on 09/02/2026 at 5:00 PM, the Director of Nursing (DON) stated the expectation was for staff to wear a gown and gloves during catheter care and that dirty linen should be placed in a bag to prevent contamination and the spread of infection . A record review of the Quarterly Minimum Data Set Assessment (MDS), with an Assessment Reference Date (ARD) of 07/31/2026, revealed a Brief Interview for Mental Status (BIMS) score of 15 indicating that the resident is cognitively intact. MDS further indicated in Section H Bladder and Bowel resident had an indwelling catheter. A record review of Face Sheet revealed that the facility admitted Resident #2 on 06/09/2022 with a diagnosis of Pressure ulcer of sacral region, Stage 4. Resident #3 Record review of the Order Summary revealed Resident #3 had a physician's order to apply Bilevel Positive Airway Pressure (BiPAP) with settings of 20/12 every night and to fill the tank to the appropriate level with distilled water prior to use. The order indicated the BiPAP was related to a diagnosis of obstructive sleep apnea. During an observation on 08/31/2026 at 10:45 AM, Resident #3's BiPAP mask was observed on the floor and did not have a protective covering. During a subsequent observation on 09/01/2026 at 2:44 PM, Resident #3's BiPAP mask was observed on the resident's nightstand and was not stored in a	F0880					

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255274		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 09/03/2026	
NAME OF PROVIDER OR SUPPLIER HIGHLAND HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 638 HIGHLAND COLONY PARKWAY , RIDGELAND, Mississippi, 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) COMPLETION DATE
F0880 SS = D	Continued from page 32 protective bag. During an observation and interview on 09/01/2026 at 2:59 PM, the DON stated BiPAP masks should be cleaned, dried, and then placed in a bag. The DON confirmed Resident #3's BiPAP mask was not stored in a bag and stated it was the facility's expectation that the mask be cleaned and stored in this manner to reduce the risk of respiratory infection. Record review of the "Face Sheet" revealed the facility admitted Resident #3 on 6/15/2026 with medical diagnoses that included Obstructive Sleep Apnea, Methicillin Resistant Staphylococcus Aureus Infection, and Paraplegia. Record review of the MDS, with an ARD of 6/22/2026, revealed under Section C a BIMS summary score of 15 indicating Resident #3 is cognitively intact. Clean Linen Handling During an observation on 09/02/2026 at 9:17 AM, Housekeeper #1 was observed removing and handling clean linens from a clean-linen cart, when it was observed that clean linens fell from the cart onto the floor. Housekeeper #1 picked the linens up from the floor and returned them to the bottom of the clean-linen cart rather than placing them with the soiled/dirty laundry. During an interview on 09/02/2026 at 9:18 AM, Housekeeper #1 confirmed she returned the linens that had fallen onto the floor to the bottom of the clean-linen cart. The staff member stated, "It's only my second time to do laundry. I put it on the bottom. I thought it was okay." During an interview on 09/02/2026 at 1:30 PM, the DON confirmed the housekeeping staff member should have placed the linens that fell onto the floor into the dirty-laundry bin to help prevent the spread of infection.			F0880			