MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	47CI	A. BUILDING: _____ B. WING _____	06/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLLY SPRINGS REHABILITATION AND HEALTHCAR	1315 HIGHWAY 4 EAST HOLLY SPRINGS, MS 38635

(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) COMPLETE DATE
M 000	Initial Comments The State Agency (SA) conducted an annual re-certification survey with one (1) complaint investigation (CI), a facility reported incident, CI MS# 29326 at the facility from 6/16/25-6/19/25. During the survey, the SA determined the facility was not in compliance with the Minimum Standards for Institutions for the Aged or Infirm, state licensure requirements and cited , M500, M610, M815, M970, and M1570. The SA investigated CI MS #29326 and no deficiencies were cited for the CI. The census at the time of the survey was 85 and the facility is licensed for 120 beds.	M 000		
M 500	45.17.2 Residents' Rights Residents' Rights. The residents' rights policies and procedures ensure that each resident admitted to the facility: 1. is fully informed, as evidenced by the resident's written acknowledgment, prior to or at the time of admission and during stay, of these rights and is given a statement of the facility's rules and regulations and an explanation of the resident's responsibility to obey all reasonable regulations of the facility and to respect the personal rights and private property of other residents; 2. is fully informed, and is given a written statement prior to or at time of admission and during stay, of services available in the facility, and of related charges including any charges for services covered by the facility's basic per diem rate; 3. is assured of adequate and appropriate medical care, is fully informed by a physician or	M 500		7/18/25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	47CI	A. BUILDING: _____ B. WING _____	06/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLLY SPRINGS REHABILITATION AND HEALTHCAR	1315 HIGHWAY 4 EAST HOLLY SPRINGS, MS 38635

(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) COMPLETE DATE
M 500	Continued From page 1 nurse practitioner/physician assistant of his medical conditions unless medically contraindicated (as documented by a physician or nurse practitioner/physician assistant in his medical record), is afforded the opportunity to participate in the planning of his medical treatment, to not be limited in his/her choice of a pharmacy or pharmacist provider in accordance with state law, as referenced in House Bill 1439, which states that the facility shall not limit a resident ' s choice of pharmacy or pharmacy provider if that provider meets the same standards of dispensing guidelines required of long term care facilities, to refuse to participate in experimental research, and to refuse medication and treatment after fully informed of and understanding the consequences of such action; 4. is transferred or discharged only for medical reasons, or for his welfare or that of other residents, or for nonpayment for his stay (except as prohibited by sources of third-party payment), and is given a two weeks advance notice in writing to ensure orderly transfer or discharge. A copy of this notice is maintained in his medical record; 5. is encouraged and assisted, throughout his period of stay, to exercise his rights as a resident and as a citizen, and to this end may voice grievances, has a right of action for damages or other relief for deprivations or infringements of his right to adequate and proper treatment and care established by an applicable statute, rule, regulation or contract, and to recommend changes in policies and services to facility staff and/or to outside representatives of his choice, free from restraint, interference, coercion, discrimination, or reprisal;	M 500		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	47CI	A. BUILDING: _____ B. WING _____	06/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLLY SPRINGS REHABILITATION AND HEALTHCAR	1315 HIGHWAY 4 EAST HOLLY SPRINGS, MS 38635

(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) COMPLETE DATE
M 500	Continued From page 2 6. may manage his personal financial affairs, or is given at least a quarterly accounting of financial transactions made on his behalf should the facility accept his written delegation of this responsibility to the facility for any period of time in conformance with State law; 7. is free from mental and physical abuse; 8. is free from restraint except by order of a physician or nurse practitioner/physician assistant, or unless it is determined that the resident is a threat to himself or to others. Physical and chemical restraints shall be used for medical conditions that warrant the use of a restraint. Restraint is not to be used for discipline or staff convenience. The facility must have policies and procedures addressing the use and monitoring of restraint. A physician order for restraint must be countersigned within 24 hours of the emergency application of the restraint; 9. is assured security in storing personal possessions and confidential treatment of his personal and medical records, and may approve or refuse their release to any individual outside the facility, except, in the case of his transfer to another health care institution, or as required by law of third-party payment contract; 10. is treated with consideration, respect, and full recognition of his dignity and individuality, including privacy in treatment and in care for his personal needs; 11. is not required to perform services for the facility that are not included for therapeutic purposes in his plan of care; 12. may associate and communicate privately	M 500		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	47CI	A. BUILDING: _____ B. WING _____	06/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLLY SPRINGS REHABILITATION AND HEALTHCAR	1315 HIGHWAY 4 EAST HOLLY SPRINGS, MS 38635

(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) COMPLETE DATE
M 500	Continued From page 3 with persons of his choice, may join with other residents or individuals within or outside of the facility to work for improvements in resident care, and send and receive his personal mail unopened, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 13. may meet with, and participate in activities of, social, religious and community groups at his discretion, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 14. may retain and use his personal clothing and possessions as space permits, unless to do so would infringe upon rights of other residents, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 15. if married, is assured privacy for visits by his/her spouse; if both are inpatients in the facility, they are permitted to share a room, unless medically contraindicated (as documented by the attending physician or nurse practitioner/physician assistant in the medical record); and 16. is assured of exercising his civil and religious liberties including the right to independent personal decisions and knowledge of available choice. The facility shall encourage and assist in the fullest exercise of these rights. This Statute is not met as evidenced by: Based on observation, staff interview, record review and facility policy review, the facility failed	M 500	Facility failed to ensure dignity was maintained for 1 of 41 sampled residents	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	47CI	A. BUILDING: _____ B. WING _____	06/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLLY SPRINGS REHABILITATION AND HEALTHCAR	1315 HIGHWAY 4 EAST HOLLY SPRINGS, MS 38635

(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) COMPLETE DATE
M 500	Continued From page 4 to ensure a resident's dignity was maintained as evidenced by a resident wearing a visibly soiled shirt and pants hanging below the hips, exposing undergarments for one (1) of 41 sampled residents. Resident #44 Findings Include: Review of the facility policy titled "Dignity," revised 2/2021, revealed under "Policy Statement: Each resident shall be cared for in a manner that promotes and enhances his or her sense of well-being, satisfaction with life, and feelings of self-worth and self-esteem..." An observation of Resident #44 on 6/16/25 at 10:29 AM revealed he was sitting in his recliner in his room with the door open. He was wearing a soiled shirt with yellow orange smeared food and five circular stains the size of nickels and quarters, resembling spilled liquids. His pants were pulled down past his hips, exposing his protective underwear. A staff member was observed changing the resident's linen but did not interact with or provide care to the resident. During an observation and interview with Licensed Practical Nurse (LPN) #4 on 6/16/25 at 10:41 AM, she confirmed that Resident #44's shirt was soiled, and his underwear was exposed. She stated, "Yes, it looks bad." She acknowledged this was a dignity issue and stated the resident's clothes should be changed when soiled. An interview with Certified Nurse Aide (CNA) #3 on 6/16/25 at 10:50 AM, she revealed she was assigned to Resident #44 and was aware his shirt was soiled. She stated, "I saw it after breakfast, but I got busy with another resident and never	M 500	as evidenced by a soiled shirt and pants hanging below the hips, exposing residents brief. Licensed Practical Nurse (LPN) #4 and Certified Nursing Assistant (CNA) #3 addressed the observations made by the surveyor on 6/16/25. LPN #4 and CNA #3 were in-serviced by the Staff Development Coordinator on 6/20/2025. At the time of the survey, 83 residents had the potential to be affected by the deficient practice. Nurse Supervisors rounded to ensure compliance with the dignity policy 6/19/25. No negative findings were noted. Administrator, Director of Nursing (DON), and Staff Development Coordinator (SDC) reviewed the Dignity Policy 6/19/25 to ensure accuracy. No negative findings were noted. SDC initiated staff in-services on 6/17/25 that includes maintaining the dignity of residents. These will be completed for current staff by 7/17/25 and will be ongoing for new staff members during orientation. Starting 6/23/25 the Nurse Supervisors, DON, Assistant Director of Nursing (ADON), and SDC will begin observing Resident #44 for soiled clothing and to ensure the clothes fit properly. A sample of (10) ten other residents will be observed for soiled and properly fitting clothing. This will occur (3) three times per week for (4) four weeks and (1) one time monthly thereafter for (3) three months. Negative findings will be addressed immediately, and results of the audits will be brought to two quarterly Quality Assurance Meetings by DON, SDC, ADON or Nurse	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	47CI	A. BUILDING: _____ B. WING _____	06/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLLY SPRINGS REHABILITATION AND HEALTHCAR	1315 HIGHWAY 4 EAST HOLLY SPRINGS, MS 38635

(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) COMPLETE DATE
M 500	Continued From page 5 returned." CNA #3 acknowledged this was a dignity concern. An interview with the Administrator on 6/19/25 at 8:50 AM revealed his expectation was that staff should address Resident #44's needs as soon as they were identified. Record review of the "Admission Record" revealed the facility admitted Resident #44 on 8/24/24 with a diagnosis of Unspecified Dementia. Record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 5/13/25 indicated in section C, a Brief Interview for Mental Status (BIMS) score of 11, indicating moderate cognitive impairment. Level II Based on observation, staff interview, record review and facility policy review, the facility failed to ensure a resident's dignity was maintained as evidenced by a resident wearing a visibly soiled shirt and pants hanging below the hips, exposing undergarments for one (1) of 41 sampled residents. Resident #44 Findings Include: Review of the facility policy titled "Dignity," revised 2/2021, revealed under "Policy Statement: Each resident shall be cared for in a manner that	M 500	Supervisors, beginning on 7/10/25.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	47CI	A. BUILDING: _____ B. WING _____	06/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLLY SPRINGS REHABILITATION AND HEALTHCAR	1315 HIGHWAY 4 EAST HOLLY SPRINGS, MS 38635

(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) COMPLETE DATE
M 500	Continued From page 6	M 500		

promotes and enhances his or her sense of well-being, satisfaction with life, and feelings of self-worth and self-esteem..."

An observation of Resident #44 on 6/16/25 at 10:29 AM revealed he was sitting in his recliner in his room with the door open. He was wearing a soiled shirt with yellow orange smeared food and five circular stains the size of nickels and quarters, resembling spilled liquids. His pants were pulled down past his hips, exposing his protective underwear. A staff member was observed changing the resident's linen but did not interact with or provide care to the resident.

During an observation and interview with Licensed Practical Nurse (LPN) #4 on 6/16/25 at 10:41 AM, she confirmed that Resident #44's shirt was soiled, and his underwear was exposed. She stated, "Yes, it looks bad." She acknowledged this was a dignity issue and stated the resident's clothes should be changed when soiled.

An interview with Certified Nurse Aide (CNA) #3 on 6/16/25 at 10:50 AM, she revealed she was assigned to Resident #44 and was aware his shirt was soiled. She stated, "I saw it after breakfast, but I got busy with another resident and never returned." CNA #3 acknowledged this was a dignity concern.

An interview with the Administrator on 6/19/25 at 8:50 AM revealed his expectation was that staff should address Resident #44's needs as soon as they were identified.

Record review of the "Admission Record" revealed the facility admitted Resident #44 on 8/24/24 with a diagnosis of Unspecified

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	47CI	A. BUILDING: _____ B. WING _____	06/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLLY SPRINGS REHABILITATION AND HEALTHCAR	1315 HIGHWAY 4 EAST HOLLY SPRINGS, MS 38635

(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) COMPLETE DATE
M 500	Continued From page 7 Dementia. Record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 5/13/25 indicated in section C, a Brief Interview for Mental Status (BIMS) score of 11, indicating moderate cognitive impairment.	M 500		
M 610	45.21.2 Activities of daily living Activities of daily living. Each resident shall receive assistance as needed with activities of daily living to maintain the highest practicable well being. These shall include, but not be limited to: 1. Bath, dressing and grooming; 2. Transfer and ambulate; 3. Good nutrition, personal and oral hygiene; and 4. Toileting. This Statute is not met as evidenced by: Level II Based on observation, resident and staff interviews, record reviews, and facility policy review, the facility failed to provide activities of daily living (ADL) care for residents who are dependent on staff assistance for five (5) of 83 residents reviewed for ADLs. (Residents #11, #30, #41, #43, and #78) The scope for this deficiency was increased to "E" due to a previous citation of F677 on the last annual recertification survey completed on 1/4/24.	M 610	Resident #11 was observed with a brown substance underneath fingernails and toenails were observed to be long. The nurse Supervisor cleaned fingernails and trimmed toenails 6/17/25. Resident #11 also received a shower on 6/17/25. Resident #43 was observed 6/16/25 with long fingernails and a brown substance underneath. 6/17/25, the Nurse Supervisor trimmed resident #43 nails, and a shower aide gave resident a shower. On 6/16/25 Resident #30 was observed with long jagged and dirty fingernails. The Nursing Supervisor trimmed and cleaned resident #30	7/18/25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	47CI	A. BUILDING: _____ B. WING _____	06/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLLY SPRINGS REHABILITATION AND HEALTHCAR	1315 HIGHWAY 4 EAST HOLLY SPRINGS, MS 38635

(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) COMPLETE DATE
M 610	Continued From page 8 Findings include: Review of the facility policy titled "Activities of Daily Living (ADL) with a revision date of March 2018, revealed the following: "Policy Statement: Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming and personal and oral hygiene ...4. If residents with cognitive impairment or dementia resist care, staff will attempt to identify the underlying cause of the problem and not just assume the resident is refusing or declining care. Approaching the resident in a different way or at a different time or having another staff member speak with the resident may be appropriate..." Resident #11 On 6/17/25 at 8:15 AM, an observation and interview with Resident #11 revealed that he had dirty fingernails with a brown substance under each nail bed. Resident #11 stated had not received a bath since his admission and thought it had been a month. On 6/17/25 at 1:30 PM, an observation and interview with Resident #11 revealed he had received a bath today for the first time since he got to the facility, but an observation of his fingernails revealed no change in appearance and his toenails were long with a brown substance underneath them. During an interview with Registered Nurse (RN) #1 at 6/17/25 at 2:03 PM, she confirmed that Resident #11 had not had a bath, shower, or nail care since being admitted. She stated he has not had these things because he always refuses.	M 610	fingernails on 6/17/25. Resident #41 was observed 6/16/25 to have hair on his chin, cheeks, and upper lip. On 6/17/25 the shower aid shaved and showered resident #41. Resident #78 was observed on 6/16/25 to have hair on her chin. On 6/17/25 the shower aide showered and shaved Resident #78. 83 residents had the potential to be affected at the time of survey. 6/17/25 Director of Nursing (DON), Assistant Director of Nursing (ADON), Nurse Supervisor made rounds on residents to identify Activities of Daily Living (ADL) concerns that needed to be addressed. Any findings were immediately corrected. Staff Development Coordinator (SDC) initiated in-services for nursing staff on following Activities of Daily Living (ADL) care plan for dependent residents on 6/18/25. Resident refusals will be monitored in the daily Stand-Up meetings beginning 6/23/25 by Nurse Supervisors, DON, and ADON. Residents who refuse will be discussed to determine a different approach to achieving ADL care. DON, ADON, Nurse Supervisors will make walking rounds to ensure ADL care has been completed on (30) thirty residents (3) three times per week for (4) four weeks and (1) one time monthly for (3) three months thereafter to ensure compliance with ADLs. Results of the audits will be brought to the quarterly quality assurance meeting by DON beginning 7/10/25 for two quarters.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	47CI	A. BUILDING: _____ B. WING _____	06/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLLY SPRINGS REHABILITATION AND HEALTHCAR	1315 HIGHWAY 4 EAST HOLLY SPRINGS, MS 38635

(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) COMPLETE DATE
M 610	Continued From page 9 Record reviews do not reveal any progress notes or documentation of Resident #11 refusing a bath, shower, or nail care. During an interview with the Director of Nursing (DON), she stated that the residents should get a bath and have their nails cleaned and trimmed. She confirmed that not being clean would increase the risk of infection in Resident # 11. Record review of Resident #11's "Admission Record" revealed the resident was admitted 5/09/2025 with diagnosis of End Stage Renal Disease. Record review of Resident #11's Minimum Data Set (MDS), Section C, with an Assessment Reference Date (ARD) of 5/23/25, revealed a Brief Interview for Mental Status (BIMS) score of 13, indicating Resident #11 is cognitively intact. Resident #43 On 6/16/25 at 10:45 AM, an observation and interview with Resident #43 revealed long fingernails and a brown substance underneath. When asked if she wanted her nails trimmed, the resident states, "Yes, I would like them trimmed." During an interview with Licensed Practical Nurse (LPN) #1 at Resident #43's bedside, on 6/17/25 at 1:48 PM, she confirmed that the resident's fingernails were long and had a brown substance under them and stated, "Her fingernails should be cleaned and trimmed." During an interview on 6/17/25 at 2:04 PM with RN #1, she stated that her (Resident #43) fingernails should be kept clean and trimmed. If	M 610		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	47CI	A. BUILDING: _____ B. WING _____	06/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLLY SPRINGS REHABILITATION AND HEALTHCAR	1315 HIGHWAY 4 EAST HOLLY SPRINGS, MS 38635

(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) COMPLETE DATE
M 610	Continued From page 10	M 610		

she had a break in her skin, her dirty nails could lead to an infection.

During an interview with the DON on 6/17/25 at 3:00 PM, she stated that, "The expectation is that a resident's nails be kept clean and trimmed.

Record review of Resident #43's "Admission Record" revealed the resident was admitted 4/01/2025 with diagnoses of Chronic Systolic (Congestive) Heart Failure and Dementia.

Record review of Resident #43's MDS, Section C, with an ARD of 4/11/2025, revealed a BIMS score of 9, which indicates the resident is severely cognitively impaired.

Resident #30

An observation and interview on 6/16/25 at 11:17 AM with Resident #30 revealed his fingernails were long and jagged. Resident #30 recalled that it had been a while since anyone had provided nail care. He then admitted that he does not like his nails this long.

An interview and observation on 6/17/25 at 9:25 AM, Resident #30 revealed that no one had come to do his fingernails and stated that he wanted them cut. His fingernails remain long and jagged, measuring approximately three-fourths (3/4) inch past the tips of the fingers.

During an observation and interview on 6/17/25 at 2:23 PM, RN #1 confirmed Resident #30's fingernails were long and jagged and needed to be cut. She revealed that with his fingernails being this long and jagged, he could scratch himself and create a skin tear. RN #1 asked Resident #30 if he wanted his fingernails cut, and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	47CI	A. BUILDING: _____ B. WING _____	06/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLLY SPRINGS REHABILITATION AND HEALTHCAR	1315 HIGHWAY 4 EAST HOLLY SPRINGS, MS 38635

(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) COMPLETE DATE
M 610	Continued From page 11	M 610		

Resident #30 replied, "Yes."

On 6/17/25 at 2:58 PM, the DON revealed that the resident (Resident #30) sometimes refuses to have his fingernails trimmed, but we are still responsible for assessing the resident's fingernails each month and documenting his nail care, as well as any refusals. She confirmed that his long and jagged fingernails could cause skin breakdown.

A record review of the "Admission Record" for Resident #30 revealed he was admitted to the facility on 9/6/2024 with diagnoses that included Type 2 Diabetes Mellitus, Hemiplegia, and Hemiparesis following Cerebral Infarction affecting the Left Non-Dominant side.

A record review of the MDS with an ARD of March 31, 2025, revealed Resident #30 had a BIMS score of 15, indicating the resident was cognitively intact.

Resident #41

During an observation on 6/16/25 at 11:22 AM, Resident # 41 was noted to have approximately half an inch of facial hair on his chin, cheeks and upper lip. In an interview, he expressed a desire to be shaved and indicated he needed a shower. He stated that he did not remember for sure the last time he got a shower but knows that it has been a long time.

During a follow-up observation and interview on 6/17/25 at 3:00 PM with Certified Nursing Assistant (CNA) #2, she confirmed that Resident #41 needed both shaving and a shower. She stated that he often refuses personal care but

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	47CI	A. BUILDING: _____ B. WING _____	06/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLLY SPRINGS REHABILITATION AND HEALTHCAR	1315 HIGHWAY 4 EAST HOLLY SPRINGS, MS 38635

(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) COMPLETE DATE
M 610	Continued From page 12	M 610		

typically gets shaved when he takes a shower. CNA #2 emphasized the staff's responsibility to ensure that residents are maintained in a neat and clean condition. She also expressed concern that neglecting personal care could lead to a decline in the residents' health.

Record review of Resident #41's personal hygiene tasks record indicated that he only refused care three (3) times in the past 30 days.

Record review of the "Admission Record" revealed Resident #41 was admitted to the facility on 7/24/24 with medical diagnoses that included Chronic Obstructive Pulmonary Disease, Unspecified.

Record review of the MDS with an ARD of 4/24/25 revealed, under Section C revealed Resident #41 had a BIMS score of 12, which indicated the resident had moderate cognitive impairment.

Resident #78

During an observation on 6/16/25 at 11:33 AM for Resident #78, the resident was noted to have curly, coarse hair on her chin.

On 6/17/25 at 1:16 PM, an observation and interview with RN #1, revealed that Resident #78 often refuses to allow staff to shave her.

Record review of Resident #78's personal hygiene tasks record indicated that Resident #78 only refused care once in the past 30 days.

During an interview on 6/17/25 at 4:22 PM with the DON expressed her expectations for

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	47CI	A. BUILDING: _____ B. WING _____	06/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLLY SPRINGS REHABILITATION AND HEALTHCAR	1315 HIGHWAY 4 EAST HOLLY SPRINGS, MS 38635

(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) COMPLETE DATE
M 610	Continued From page 13 residents to be shaved, if needed, during their showers. She emphasized the importance of maintaining personal grooming, particularly for female residents, noting that having facial hair can significantly affect a resident's dignity and may lead to feeling of embarrassment and lower self-esteem. She acknowledged that the resident may not fully understand the implications of having facial hair but underscored that this does not lessen the importance of addressing the issue. Record review of the "Admission Record" revealed Resident #78 was admitted to the facility on 3/3/25 with medical diagnoses that included Dementia. Record review of the MDS with an ARD of 5/22/25 revealed, under Section C revealed, a BIMS score of 00, which indicated the resident had severe cognitive impairment.	M 610		
M 815	45.29.1 Safe Food Handling Procedures Safe Food Handling Procedures. Food shall be prepared, held, and served according to current Mississippi State Department of Health Food Code Regulations. This Statute is not met as evidenced by: Level II Widespread Based on observations, staff interviews, record review, and facility policy review, the facility failed to: 1) label and store food properly and maintain the kitchen and the equipment in a clean and sanitary	M 815	Facility failed to label and store food properly and maintain the kitchen equipment in clean and sanitary condition. The Dietary Manager disposed of all unlabeled items noted by surveyor on 6/16/25. The Dietary Manager, Cooks, and Maintenance assistant cleaned dirty equipment noted by surveyor on 6/16/25.	7/18/25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	47CI	A. BUILDING: _____ B. WING _____	06/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLLY SPRINGS REHABILITATION AND HEALTHCAR	1315 HIGHWAY 4 EAST HOLLY SPRINGS, MS 38635

(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) COMPLETE DATE
M 815	Continued From page 14 condition for two (2) of three (3) kitchen tours, and 2) prevent the potential for foodborne illness as evidenced by meal trays left in rooms for a prolonged time (Resident #24, #52, #68, #83) for one (1) of four (4) survey days. Findings Include: Review of facility policy titled, "Food Storage: Dry Goods" dated 2/2023 revealed, "...All packaged and canned food items will be kept clean, dry, and properly sealed..." Review of facility policy titled, "Food Storage: Cold Foods" dated 2/2023 revealed, "...All foods will be stored wrapped or in covered containers, labeled and dated, and arranged in a manner to prevent cross contamination..." Review of facility policy titled, "Environment" revised date 9/2017 revealed, "Policy Statement: All food preparation areas, food service areas, and dining areas will be maintained in a clean and sanitary condition..." Review of facility policy titled, "Environment" revised date 9/2017 revealed, "Policy Statement: All foodservice equipment will be clean, sanitary, and in proper working order..." Review of facility training titled, "Glove Usage - Term 2 - 2025" revealed, "Our policy requires kitchen staff to be educated on proper glove usage including how to properly put on gloves, activities where gloves are required, when to change gloves, and how to properly remove gloves..." Review of facility training titled, "Glove Usage	M 815	Maintenance was informed of broken frier in kitchen by Administrator on 6/16/25. Maintenance Director called local repair company to repair fryer 6/18/25. Depending on the diagnosis it will either be repaired or removed by 7/18/25 by Maintenance Director. Flies were exterminated by Maintenance Staff and Kitchen staff 6/16/25. Maintenance Director checked the fly bait station and light in kitchen on 6/17/25 to ensure it was working correctly. No negative findings were noted. Pest Control came to spray for flies on 6/23/25. 83 residents had the potential to be affected at the time of the survey. Dietary Manager and kitchen staff were in-serviced on 6/16/25 by the District Dietary Manager on maintaining a clean/sanitary environment, following infection control practices with glove usage and washing hands, testing and documenting dish machine temperatures to ensure they're in normal range, and storing and labeling foods. Staff Development Coordinator (SDC) initiated in-services to staff 6/18/25 on picking trays up in a timely manner and returning them back to the kitchen for processing. SDC initiated in-services to nursing and support staff on 6/23/25 on how to input maintenance concerns, broken items and pests, in the internal notification system. The Administrator, Dietary Manager, Cooks, and District Dietary Manager will conduct audits in the kitchen to ensure items are labeled correctly, equipment	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	47CI	A. BUILDING: _____ B. WING _____	06/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLLY SPRINGS REHABILITATION AND HEALTHCAR	1315 HIGHWAY 4 EAST HOLLY SPRINGS, MS 38635

(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) COMPLETE DATE
M 815	Continued From page 15 In-service" revealed, "...When to change or remove your gloves: When they are dirty, torn, damaged, discolored or contaminated; Before taking ONE STEP away from your work area..." During the initial kitchen tour with the Dietary Manager (DM) on 6/16/25 at 10:14 AM, several observations were made regarding food storage practices. In the reach-in cooler number one (1), several items, including orange juice, tomato juice, ham, shredded cheddar cheese, bell peppers, sliced tomatoes, tomato paste, spaghetti sauce, lettuce, a sliced onion, cold slaw, sliced pears, parmesan cheese, and BBQ sauce were present without dates indicating when they were opened or when they expired. The prep table located next to the reach-in cooler revealed multiple seasonings with open lids, an open cup of salt with no lid, an open bag of bacon bits without an "opened" date, a five (5) pound container of peanut butter, a container of mixed peanut butter and jelly sitting out, without a date indicating when it was made or when it would expire. An additional prep table in the middle of the workspace area contained a cardboard box on the bottom shelf with gnats flying around inside it. Upon further investigation, several potatoes were found inside the box. The DM remarked, "That box is garbage because the garbage can was full and overflowing." Furthermore, flies were observed flying around in the kitchen prep and cook area. The return vent located to the left of the stove was heavily covered with dust. Additionally, five (5) lids for the steam table containers located on the bottom shelf of the steam table that were covered with grease and food crumbs. Three (3) fry baskets on top of the deep fryer contained old grease and crumbs.	M 815	clean and in good working condition, proper infection control practices with handwashing and wearing gloves are enforced, dishwashing temperatures are in normal range, trays are returned timely and fly prevention. These audits will occur (3) three times per week for (4) four weeks and once monthly for (3) three months thereafter until compliance is achieved. Dietary manager and Administrator will bring results of the audits to the Quarterly Quality Assurance Committee meeting beginning 7/10/2025 for two quarters.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	47CI	A. BUILDING: _____ B. WING _____	06/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLLY SPRINGS REHABILITATION AND HEALTHCAR	1315 HIGHWAY 4 EAST HOLLY SPRINGS, MS 38635

(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) COMPLETE DATE
M 815	Continued From page 16 During an interview on 6/16/25 at 10:30 AM with the DM, she confirmed that no open food items should be stored without an open date. She further emphasized that this practice is unacceptable as it could lead to foodborne illnesses. Additionally, she confirmed the maintenance supervisor was supposed to clean the return vent every other weekend and that it could cause food contamination when it is that dirty. Concerning the lids for the steam table, the DM stated, "those were from last night." She further stated that the three (3) fry baskets were used yesterday to cook lunch and that they were supposed to be cleaned daily, if used. The DM verbalized that one of the deep fryers didn't work and hasn't been in working condition for two to three months now. She confirmed that she submitted a work order with TELS (maintenance work request program) two to three months ago. During a second observation of the kitchen on 6/16/25 at 2:41 PM, two (2) half gallon pitchers of tea and lemonade were revealed sitting out on the drink station without a date. Additionally, the stove top was covered with old grease and food buildup. During an interview on 6/16/25 at 2:52 PM, the District Dietary Manager confirmed that the facility policy mandates that all open food items be labeled with an open date for safety and organization. An interview with the District Dietary Manager and the Administrator on 6/16/25 at 3:34 PM revealed that no entries had been made in the TELS system regarding the deep fryer that was out of order. During an observation on 6/18/25 at 11:02 AM	M 815		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	47CI	A. BUILDING: _____ B. WING _____	06/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLLY SPRINGS REHABILITATION AND HEALTHCAR	1315 HIGHWAY 4 EAST HOLLY SPRINGS, MS 38635

(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) COMPLETE DATE
M 815	Continued From page 17 with DM focused on dish washing and sanitation practices, the low-temp dishwasher temperature reading was 110 degrees Fahrenheit, which is below the acceptable range of 120 to 140 degrees Fahrenheit necessary for effective sanitation. Review of facility's "Dish Machine Log" dated June 25 revealed "Wash and Rinse" temperatures for Lunch were not documented for June 1-16 and they were not documented for Dinner for June 2-17. An observation on 6/18/25 at 11:10 AM noted that the dietary cook walked away from her station and into the office, where she placed her hands in her personal bag. She then returned to the steam table to perform temperature checks without changing her gloves or washing her hands. An interview on 6/18/25 at 11:15 AM with the DM confirmed that gloves should be changed any time staff leave the line, get dirty or become torn, and emphasized the importance of washing hands and re-gloving to maintain hygiene standards. During an interview with the District Dietary Manager on 6/18/25 at 1:00 PM, she confirmed that the dishwasher temperatures should be checked during each meal cleanup, affirming that these records had not been documented. She stressed that maintaining proper temperature readings is essential to ensure that dishes are sanitized effectively. Record review of the facility's infection log revealed no indications of any food-borne illnesses.	M 815		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	47CI	A. BUILDING: _____ B. WING _____	06/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLLY SPRINGS REHABILITATION AND HEALTHCAR	1315 HIGHWAY 4 EAST HOLLY SPRINGS, MS 38635

(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) COMPLETE DATE
M 815	Continued From page 18 Resident #24, #52, #68, and #83 Meal Trays The facility provided a statement on letterhead that read, "Currently, we do not have a specific policy in place which is implemented on time frames for picking up food trays." An observation of Resident #24 on 6/16/25 at 10:24 AM revealed she was lying in bed, verbal, and confused. Her breakfast tray was in front of her on an overbed table and contained grits, a sausage patty, and French toast. The resident was not eating and stated she was done. On 6/16/25 at 11:18 AM, an observation and interview with Resident # 83, who was found lying in bed with a breakfast tray placed on the bedside table. The tray contained a bowl of oatmeal, which the resident confirmed was from breakfast. An observation of Resident #52 on 6/17/25 at 10:37 AM revealed he was lying in bed with his eyes closed. The breakfast tray had not been removed and was still sitting on the overbed table beside his bed. An observation of Resident #68 on 6/17/25 at 12:11 PM revealed she was lying in bed, verbal, and confused. Her breakfast tray was placed on a chair beside the bed and contained leftovers of French toast and a sausage patty. During an interview with the Infection Preventionist (IP) on 6/17/25 at 3:26 PM, she stated there was no excuse for the breakfast trays not to be picked up in a timely manner and certainly should not be left in the resident rooms until lunchtime. She confirmed leaving the breakfast tray out for long periods of time could make someone sick.	M 815		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	47CI	A. BUILDING: _____ B. WING _____	06/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLLY SPRINGS REHABILITATION AND HEALTHCAR	1315 HIGHWAY 4 EAST HOLLY SPRINGS, MS 38635

(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) COMPLETE DATE
M 815	Continued From page 19 An interview with the Administrator on 6/19/25 at 8:56 AM revealed meal trays should be removed from the rooms when the residents were done eating and confirmed that someone could get sick from eating leftover food. Record review of the "Admission Record" revealed the facility admitted Resident #24 on 5/02/25 with a medical diagnosis of Unspecified Dementia. Record review of the Admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 5/12/25 revealed under section C, a Brief Interview for Mental Status (BIMS) score of 9, indicating Resident #24 was moderately cognitively impaired. Record review of the "Admission Record" revealed the facility admitted Resident #52 on 5/08/25 with a medical diagnosis of Unspecified Dementia. Record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 5/29/25 revealed under section C, a Brief Interview for Mental Status (BIMS) score was not conducted for Resident #52 due to cognitive skills for daily decision making was severely impaired. Record review of the "Admission Record" revealed the facility admitted Resident #68 on 1/04/24 with a medical diagnosis of Major Depressive Disorder. Record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 3/26/25 revealed under section C, a	M 815		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	47CI	A. BUILDING: _____ B. WING _____	06/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLLY SPRINGS REHABILITATION AND HEALTHCAR	1315 HIGHWAY 4 EAST HOLLY SPRINGS, MS 38635

(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) COMPLETE DATE
M 815	Continued From page 20 Brief Interview for Mental Status (BIMS) score of 14, indicating Resident #68 was cognitively intact. Record review of the "Admission Record" revealed Resident #83 was admitted to the facility on 5/8/25 with medical diagnoses that included Dementia. Record review of the MDS with an ARD of 5/17/25 revealed, under Section C revealed, Resident #83 had a BIMS score of 6, which indicated severe cognitive impairment.	M 815		
M 970	45.33.4 Control of insects, rodents, etc. Control of insects, rodents, etc. The facility shall be kept free of ants, flies, roaches, rodents, and other insects and vermin. Proper methods for their eradication and control shall be utilized. This Statute is not met as evidenced by: Level II Pattern Based on observation, staff interview, and facility policy review, the facility failed to ensure they had an effective pest control as evidenced by multiple sightings of flies in resident's rooms and kitchen and gnats observed in the kitchen for two (2) of four (4) survey days. Findings include: The facility provided a statement on letterhead that read, "Currently, we do not have a specific policy in place which is implemented on Pest Control." Review of facility policy titled, "Environment"	M 970	1. On 6/18/25 Maintenance checked the facility's fly devices throughout the building to ensure they were baited and the lights worked correctly. The exterior door fans were also checked to ensure they were operating correctly. No negative findings were noted. On 6/18/25 the Maintenance Director notified the pest control company of the flies and scheduled another treatment. Pest control treated the building for flies and insects 6/23/25. 2. 83 residents had the potential to be affected by the deficient practice at the time of survey. 3. Staff Development Coordinator (SDC) initiated in-services 6/23/25 on reporting	7/18/25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	47CI	A. BUILDING: _____ B. WING _____	06/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLLY SPRINGS REHABILITATION AND HEALTHCAR	1315 HIGHWAY 4 EAST HOLLY SPRINGS, MS 38635

(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) COMPLETE DATE
M 970	Continued From page 21 revised date 9/2017 revealed, "Policy Statement: All food preparation areas, food service areas, and dining areas will be maintained in a clean and sanitary condition..." During the initial kitchen tour with the Dietary Manager (DM) on 6/16/25 at 10:14 AM, a prep table in the middle of the workspace area contained a cardboard box on the bottom shelf with gnats flying around inside it. Upon further investigation, several potatoes were found inside the box. The DM remarked, "That box is garbage because the garbage can was full and overflowing." Furthermore, flies were observed flying around in the kitchen prep and cook area. Resident #15 An observation on 6/16/25 at 11:44 AM with Resident #15 revealed a fly in his room and a fly swatter on his bedside table. Resident #24 An observation of Resident #24 on 6/16/25 at 10:24 AM revealed she was lying in bed, verbal but confused with two visible flies flying over her bed. Her overbed table was pulled across her bed with a remaining breakfast tray uncovered with left over food and the flies were attempting to land on the food tray. Resident #52 An observation of Resident #52 on 6/17/25 at 10:37 AM revealed he was lying in bed with his eyes closed and two flies were flying around his bed and attempting to land on the table beside his bed that had a left over breakfast tray. Resident #70	M 970	pests to the Maintenance Director, keeping doors/windows closed, picking up food timely, and other interventions to decrease the amount of flies in the building. 6/19/25 Maintenance Director purchased fly traps from the local hardware store to install outside in high opportunity areas. 4. Maintenance Associates will monitor pest sightings (3) three times per week for (4) weeks and monthly for three months thereafter beginning 6/23/25. Maintenance Director will coordinate with Pest Control Service on extra treatments if necessary. Maintenance Director will report findings to the quarterly Quality Assurance Committee beginning 7/10/25 for two quarters.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	47CI	A. BUILDING: _____ B. WING _____	06/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLLY SPRINGS REHABILITATION AND HEALTHCAR	1315 HIGHWAY 4 EAST HOLLY SPRINGS, MS 38635

(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) COMPLETE DATE
M 970	Continued From page 22 An observation of Resident #70 on 6/16/25 at 12:22 PM revealed he was lying in bed with multiple flies (3-5) flying around his room, circling over the resident and landing on his covers. An interview with Maintenance on 6/17/25 at 3:51 PM confirmed flies had been a problem for months despite everything they had tried. He admitted that there is a pest control company that visits twice monthly. He revealed that flies could be entering residents opened windows because some screens were damaged. He stated he had been in the process of replacing the damaged screens. An interview with the Administrator (ADM) on 6/17/25 at 9:05 AM confirmed that flies were a concern in the facility despite pest control coming to the facility even recently. He admitted he had not contacted anyone or explored additional pest control services. He additionally revealed leaving the meal trays in the residents' rooms could attract insects. Review of the "Proper Name of Pest Control Work Order" revealed a visit date of 6/9/25 which targeted flies. Record review of the "Admission Record" revealed Resident #15 was admitted to the facility on 12/20/21 with medical diagnoses that included Complete Traumatic Amputation at Right Hip Joint, Subsequent and Adult Failure to Thrive. Record review of the "Admission Record" revealed the facility admitted Resident #24 on 5/02/25 with a medical diagnosis of Unspecified Dementia. Record review of the "Admission Record"	M 970		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	47CI	A. BUILDING: _____ B. WING _____	06/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLLY SPRINGS REHABILITATION AND HEALTHCAR	1315 HIGHWAY 4 EAST HOLLY SPRINGS, MS 38635

(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) COMPLETE DATE
M 970	Continued From page 23 revealed the facility admitted Resident #52 on 5/08/25 with a medical diagnosis of Unspecified Dementia. Record review of the "Admission Record" revealed the facility admitted Resident #70 on 6/26/24 with a diagnosis of Post Traumatic Seizures.	M 970		
M1570	48.58.1 Infection Control The following infection control standards shall be met: 1. The facility must maintain and document an effective infection control program that protects patients, families, visitors, and facility personnel by preventing and controlling infections and communicable diseases. 2. The facility must have an active surveillance program that includes specific measures for prevention, early detection, control, education, and investigation of infections and communicable diseases in the facility. There must be a mechanism to evaluate the effectiveness of the program(s) and take corrective action when necessary. The program must include implementation of nationally recognized systems of infection control guidelines to avoid sources and transmission of infections and communicable diseases. 3. The facility must follow accepted standards of practice to prevent the transmission of infections and communicable diseases, including the use of standard precautions. This Statute is not met as evidenced by:	M1570		7/18/25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	47CI	A. BUILDING: _____ B. WING _____	06/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLLY SPRINGS REHABILITATION AND HEALTHCAR	1315 HIGHWAY 4 EAST HOLLY SPRINGS, MS 38635

(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) COMPLETE DATE
M1570	Continued From page 24 Level II Based on observation, staff interviews, record review, and facility policy review, the facility failed to the spread of infection, as evidenced by failure to practice Enhanced Barrier Precautions (EBP) (Resident #32, #62, #64) during care for three (3) of four (4) resident care observations. Findings Include: Review of the facility policy titled "Infection Prevention and Control Program" with a revision date of 3/18/25 revealed under, "Policy Statement: An infection prevention and control program (IPCP) is established and maintained to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections." Record review of the facility policy "Enhanced Barrier Precautions" dated 4/1/2024, revealed "Enhanced Barrier Precautions", (EBP) refer to an infection control intervention designed to reduce transmission of multidrug-resistant organisms that employ targeted gown and glove use during high contact resident care activities. EBP are indicated for residents with any of the following: Wounds and/or indwelling medical devices ..." Resident #32 An observation on 6/18/25 at 9:05 AM revealed Licensed Practical Nurse (LPN) #3 entering Resident #32's room to provide medications through a Percutaneous Endoscopic Gastrostomy (PEG) tube. Resident #32 had an EBP signage located on her door that instructed staff to wear a	M1570	Facility failed to practice Enhanced Barrier Precautions (EBP) for three of four resident care observations. Licensed Practical Nurse (LPN) #3, Certified Nursing Assistant (CNA) #1, and Wound Care Nurse were in-serviced on the EBP policy 6/18/25 by Staff Development Coordinator (SDC)/Infection Preventionist. All residents had the potential to be affected by EBP during the survey. SDC/Infection Preventionist initiated in-services for the facility staff and Agency staff on EBP 6/18/25. 6/19/2025, Director of Nursing (DON) initiated a training binder for new Agency staff to utilize for training on EBP before taking the floor. New associates will be trained by SDC/Infection Preventionist on EBP policy during initial orientation. Agency staff will be trained by SDC/Infection Preventionist, DON, Assistant Director of Nursing (ADON), or Nurse Supervisor before taking on an assignment. Beginning 6/23/25 Nurse Supervisor, DON, ADON, SDC/Infection Preventionist will observe EBP practices on 10 residents that are on EBP, (3) three times per week for (4) four weeks and (1) one time monthly for (3) three months thereafter to ensure compliance. DON will present the results of the audits at the Quarterly Quality Assurance meeting beginning 7/10/25 for two quarters.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	47CI	A. BUILDING: _____ B. WING _____	06/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLLY SPRINGS REHABILITATION AND HEALTHCAR	1315 HIGHWAY 4 EAST HOLLY SPRINGS, MS 38635

(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) COMPLETE DATE
M1570	Continued From page 25	M1570		

gown and gloves during high-contact resident care activities. LPN #3 administered the resident's medications through the PEG tube but did not wear a gown.

During an interview on 6/18/25 at 9:30 AM, LPN #3 confirmed that Resident #32 was on EBP because she has a PEG tube. She further revealed that wearing the proper protective equipment is to protect both ourselves and the residents from the possible spread of infection. She confirmed that she did not wear a protective gown and revealed that she should have.

Record review of the "Order Summary Report" for Resident #32 revealed an order for EBP related to Peg tube every shift with an order date of 04/14/2025.

Record review of Resident #32's "Admission Record" revealed an admission date of 06/26/2024 with medical diagnoses that included Gastrostomy status.

Resident #64

On 6/17/25 at 1:30 PM, the Wound Care Nurse and Certified Nurse Aide (CNA) #1 were observed entering Resident #64's room to provide wound care. Resident #64 had an EBP signage located on his room door, instructing staff to wear a gown and gloves during high-contact resident care activities. The Wound Care Nurse and CNA #1 were observed performing hand hygiene. Then, CNA #1 assisted Resident #64 with the sit-to-stand lift, unfastened his brief, and then assisted the Wound Care Nurse during the provision of his wound care. The Wound Care Nurse and CNA #1 did not wear a gown.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	47CI	A. BUILDING: _____ B. WING _____	06/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLLY SPRINGS REHABILITATION AND HEALTHCAR	1315 HIGHWAY 4 EAST HOLLY SPRINGS, MS 38635

(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) COMPLETE DATE
M1570	Continued From page 26 A record review of the "Order Summary Report" for Resident #64 revealed an order for EBP related to chronic wound every shift with an order date 4/14/2025. Record review of the "Admission Record" revealed the facility admitted Resident #63 on 6/26/2023. Resident #62 During an observation and interview on 6/18/25 at 10:00 AM with the Wound Care Nurse during PEG site care for Resident #62, the Wound Care Nurse did not adhere to the EBP that was required for this procedure. There was appropriate signage posted outside of Resident #62's door indicating the need for EBP. A cart containing Personal Protective Equipment (PPE) supplies was readily available across the hall. While reading the EBP sign aloud during the observation, the nurse acknowledged that she should have worn a gown and gloves for the PEG site care. The nurse articulated the purpose of using EBP, which includes protecting both the resident and staff from infections and preventing the transfer of infection between residents. Record review of the "Admission Record" revealed Resident #62 was admitted to the facility on 1/17/25. Record review of the MDS with an ARD of 4/7/25 revealed, under Section C revealed, a BIMS score of 9, which indicated the resident had moderate cognitive impairment. During an interview on 6/18/25 at 10:17 AM, the Infection Preventionist (IP) revealed education	M1570		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	47CI	A. BUILDING: _____ B. WING _____	06/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLLY SPRINGS REHABILITATION AND HEALTHCAR	1315 HIGHWAY 4 EAST HOLLY SPRINGS, MS 38635

(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) COMPLETE DATE
M1570	Continued From page 27 has been provided to the nursing staff regarding EBP, and Personal Protective Equipment (PPE) is kept outside the resident's door. She confirmed that Residents #32, #62, and #64 were supposed to have EBP used, and the staff should have worn the protective equipment, which includes a gown. She revealed that wearing the PPE protects not only the staff but also the residents from the potential spread of any infections.	M1570		