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
	25CP	A. BUILDING: _____ B. WING _____	C 07/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPERE NH INC	865 NORTH STREET JACKSON, MS 39202

(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 recertification survey and Complaint Investigation (CI) MS #29043, at the facility from 06/30/25 through 07/02/25. The SA investigated CI MS #29043 for resident neglect, medications, and quality of care and there were no citations related to the complaint. 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 M610 and M815.	M 000		
M 610 SS=D	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, interview, record review, and facility policy review, the facility failed to ensure a resident who is unable to carry out activities of daily living (ADLs) receives the necessary services to maintain good grooming and personal hygiene for one (1) of eighteen (18) sampled residents, Resident #34. Findings included:	M 610	M610 Resident #34 was shaved on July 1, 2025. Certified Nursing Assistant(CNA) #1 was educated on proper activities of daily living(ADL) care on July 1, 2025 by Registered Nurse Supervisor(RN). All residents were observed for facial hair by Director of Nursing(DON) on July 1, 2025.	8/1/25

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M 610	Continued From page 1 A review of the facility's policy titled "Resident Rights," undated, revealed, "... Residents' rights, policies, and procedures shall insure that each resident admitted to the center... 9. Is treated with consideration, respect, and full recognition of his dignity and individuality, ... in care of his personal needs..." On 6/30/25 at 10:55 AM, Resident #34 was observed to have noticeable long, white hairs on her chin. During the initial interview, she shared that she would like them shaved but mentioned it had not been done in quite some time. On 7/1/25 at 11:01 AM, in a follow-up observation and interview, Resident #34 still had long gray hair on her chin. The resident expressed that she wished to have it removed and shared that her Certified Nurse Aide (CNA) had not offered to assist with grooming during the earlier care visit. On 7/1/25 at 11:19 AM, during an interview with CNA #1, she confirmed she was currently assigned to Resident #34 and acknowledged seeing the gray hair on the resident's chin. She stated she would return to take care of it. CNA #1 explained that when helping female residents with their ADLs, it is important to include trimming facial hair to help maintain their dignity. On 7/1/25 at 1:46 PM, during an interview with the Director of Nursing (DON), she stated it is the CNA's responsibility to trim their assigned residents' facial hair when providing ADL care. She added that when CNA #1 saw Resident #34 had hair on her face, she should have trimmed it immediately. A record review of Resident #34's "Admission Record" revealed the facility admitted her on	M 610	All residents have the potential to be affected by this deficient practice. Nursing Staff were in-service by DON between 7/7/2025 and 7/10/2025 on proper ADL care for residents with a focus on facial hair. The Staff Development Nurse or RN Supervisor will observe four(4) residents three(3) times weekly times four(4) weeks then monthly for two(2) months to ensure proper ADL care is provided beginning July 7, 2025. Findings will be brought to the Quality Assurance Committee monthly times three(3) months to ensure continued compliance and revised as needed beginning on July 31, 2025.	

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M 610	Continued From page 2 7/25/23 with diagnoses including Muscle Weakness and Unspecified Lack of Coordination. A record review of Resident #34's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 4/8/25 revealed a Brief Interview for Mental Status (BIMS) score of 12, which indicated the resident's cognition was moderately impaired.	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 observation, staff interview, record review, and facility policy review, the facility failed to maintain food quality in accordance with professional standards for food safety related to overly ripe produce, exposed foods, undated and unlabeled foods, and expired foods and unsanitary meal preparation for two (2) of three (3) days of survey. Findings included: A review of the facility's policy titled, "Food Storage Labeling," dated 3/24, revealed, "...The facility will ensure the safety and quality of food by following good storage and labeling procedures ...Procedure ...2. All food items that are not in their original containers must be labeled with the common name of the food and the use by date. 3. Foods that are prepared and stored for later	M 815	On June 30, 2025, all unlabeled, undated and expired food items were disposed of by the Dietary Manager. On July 1, 2025, kitchen scoop was cleaned. All residents that eat food from the Dietary Department have the potential to be affected by this deficit practice. The Dietary Manager was in-serviced on proper food storage labeling, first in first out policy, storage and inspection of foods and cross-contamination. by the Administrator on July 7, 2025. Cook #1 and Cook #2 were in-serviced individually on cross-contamination on July 7, 2025 by the Dietary Manager. All dietary staff employees were in-serviced on proper food storage labeling first in first	8/1/25

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M 815	Continued From page 3 service must be labeled and dated ...8. Rotation a... iv. Foods stored in storage units will be surveyed routinely to identify and discard foods that have passed its manufacturer use-by date or expiration date...10. Product Placement Food is stored in containers ...that are ...tightly sealed or covered and labeled ..." On 6/30/25 at 10:06 AM, during an observation and interview in the kitchen with the Certified Dietary Manager (CDM), in Refrigerator #1 there were two (2) beverage cups with sippy lids attached, containing a clear liquid and a brown liquid, without date labels or identifying information. The CDM identified them as thickened water and thickened tea. Refrigerator #2 contained two (2) unopened bags of chopped cabbage showing browning and liquefaction with manufacturer use-by dates of 6/22/25 and 6/24/25. Freezer #2 contained one personal-sized bowl of food covered with plastic wrap, lacking a label or date, and the CDM could not identify its contents. In the pantry, 19 overly ripe bananas with open skins and five (5) bottles of dry seasoning with open lids were observed. The CDM acknowledged the presence of expired, undated, and exposed food items and stated he was responsible for food quality and safety. He reported he conducts regular in-services on food safety and planned to begin making daily rounds to ensure compliance. On 7/1/25 at 11:17 AM, during an observation and interviews with the CDM, Cook #1, and Cook #2, Cook #1 was observed preparing food trays while placing the scoop for pureed bread flat into the food, with the scoop handle touching the food item and then repeatedly using it. During this process, Cook #1 asked Cook #2-who was actively washing pots in the three-compartment	M 815	out policy, storage and inspection of foods and cross-contamination policies on July 7, 2025 by the Dietary Manager. The Dietary Manager will make rounds twice a week for one(1) month and then weekly for two(2) months to monitor and ensure that food is being stored and labeled properly and observe tray lines to ensure cross-contamination does not happen beginning July 7, 2025 The Dietary Manager will bring the results of the rounds to the Quality Assurance Committee monthly for three months beginning July 31, 2025 to assure continued compliance.	

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M 815	Continued From page 4 sink-to use a towel to wipe a spill on a resident's plate. The plate was then placed on the food cart. Cook #2 acknowledged she used a soapy towel from the dishwashing area and confirmed that dish soap is a chemical. Cook #1 acknowledged the entire scoop, including the scoop handle, was touching the food while preparing meals. She also confirmed she had asked Cook #2 to wipe a plate with a soapy towel, which was inappropriate. She affirmed her responsibility for food prep sanitation. The CDM acknowledged observing both infractions and stated he would conduct additional in-service training on food safety, noting that he typically oversees tray preparation to ensure food handling standards are met. On 7/2/25 at 9:08 AM, during an interview with the Administrator, he acknowledged he was made aware of the issues involving undated and unlabeled food, overly ripe and expired produce, and the unsanitary practices observed. He stated that the CDM is responsible for kitchen sanitation and food quality and noted his own expectation is for food safety to be maintained.	M 815		