Mississippi State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **08/07/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARE CENTER OF LAUREL	**935 WEST DR , LAUREL, Mississippi, 39440**

(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
M0000	Initial Comments The State Agency (SA) conducted an annual recertification survey at the facility from 8/4/25 to 8/7/25. 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 requirement and cited M500 and M815.	M0000		
M0500	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 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	M0500		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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M0500	Continued from page 1 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; 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	M0500		

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M0500	Continued from page 2 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 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	M0500		

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M0500	Continued from page 3 facility shall encourage and assist in the fullest exercise of these rights. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on observation, staff interview, record review, and facility policy review, the facility failed to ensure a homelike and comfortable environment by failing to address a persistent, unpleasant noise caused by a malfunctioning resident room door for three (3) of four (4) days of the survey and failed to ensure that a resident had trust account funds refunded to their family within the 30 days after death for one (1) of three (3) closed records reviewed. (Resident #91) Findings Include: Home-like Environment: A review of facility policy titled "Resident Environment", dated 9/15/25, “It is the policy of this facility to provide a safe, clean, comfortable and homelike environment…” During observations from 8/4/25 through 8/6/25, multiple times throughout the day, there was a high-pitched, squealing noise heard from the hallway. The noise was very loud and could be heard through the closed door in the training room. The noise occurred multiple times throughout the day of survey and was notably loud and unpleasant. On 8/6/25 at 1:45 PM, during an observation of Percutaneous Endoscopic Gastrostomy (peg) tube care, the wound care nurse closed Resident #53's door to provide privacy during the care. When she closed the door, the metal door rubbed the floor and caused the unpleasant, high-pitched noise that had been heard throughout the survey. On 8/6/25 at 2:32 PM, during interviews with Certified Nurse Aides (CNAs) #1 and #2, both staff were asked to open the door to Room #53 and acknowledged hearing the loud squealing noise caused by the metal door rubbing the floor. The CNAs stated the issue had been ongoing for a while and that they typically left the door open because the residents were nonverbal and the door was only closed during care. They both agreed the sound was unpleasant and could affect residents but admitted they had not reported the issue to maintenance because "no one ever complained."	M0500		

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M0500	Continued from page 4 On 8/6/25 at 2:35 PM, during an interview with Licensed Practical Nurse (LPN) #1, she stated the loud noise from the door had been occurring for several months. She explained she had not submitted a maintenance request because no residents had complained, but agreed the sound was unpleasant and could be disturbing to the residents who are unable to voice their concerns. On 8/6/25 at 2:45 PM, during an interview and observation with the Maintenance Director, the door to Room #53 was closed and it made a loud noise. He stated that typically nurses or CNAs will either submit a work order or notify him verbally of an issue with equipment. He reported that nothing had been brought to his attention regarding the loud, squeaking door. He determined that the problem could be resolved by removing the current kick plate and replacing it. On 8/7/25 at 11:44 AM, in an interview with the Director of Nursing (DON), she stated that any staff who become aware of a problem with functioning equipment should notify the Maintenance Supervisor by submitting a work order. She confirmed that all staff interviewed had been aware of the problem for several months. She stated it is her expectation that staff notify maintenance of such issues so they can be addressed in a timely manner. The DON added that while the resident affected by this problem could not verbally communicate to complain, the noise could have been an irritating stimulus or disrupted the resident's sleep pattern, as the resident is aware of her surroundings but unable to express concerns. Trust Fund Account: A review of the facility's "General Resident Trust Fund Policies", dated 04/25, revealed, "…Conveyance Upon Discharge or Death Upon discharge or in the event of death of a resident with personal funds deposited with the facility, the facility must refund within 30 days the funds and a final accounting of those funds to the resident. In the event of death funds must be refunded to the Estate of or sent to the State Unclaimed Property Division if no heir can be identified within 30 days…" A record review of the "Admission Record" revealed the facility admitted Resident #91 on 9/27/2023 with diagnoses including Amyotrophic Lateral Sclerosis (ALS). A record review of the Discharge Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 5/9/2025	M0500		

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M0500	Continued from page 5 revealed Resident #91was coded for “Death in facility”. A record review of the “Progress Notes” revealed a “Nursing Note”, dated 5/6/25 at 9:31 (AM) indicated Resident #91 expired at the facility. A record review of the “Resident Statement” revealed Resident #91 had a balance of $2.00 that remained in the account at the time of his death. The account was documented as closed on 5/19/2025. A record review of a facility-issued check written to the resident’s family indicated the check was dated 8/7/2025, which was more than 90 days after the resident’s death. On 8/7/2025 at 10:38 AM, during an interview with the Nursing Home Administrator (NHA), he stated he recently started the process of refunding families after the death of residents because he was new to the facility. He further stated that he was unaware of the requirement to return trust fund balances within 30 days of a resident’s death.	M0500		
M0815	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 LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on observation, staff interview, record review, and facility policy review, the facility failed to store, label, and date food items in a sanitary manner and ensure tray line temperatures were consistently documented, for one (1) of two (2) kitchen observations. Findings included: A review of the facility’s policy titled “Storage of Canned and Dry Food” with a revision date of 9/23 revealed, “…Procedure…8. Opened packages are stored in tightly covered containers or Ziploc bags…” A review of the facility’s policy titled “Resident Tray Service and Delivery” with a revision of 05/18 revealed, “…Procedure…g. The temperatures of food is taken with a calibrated thermometer and documented on the Temperature Monitoring Log…” On 8/4/25 at 10:32 AM, during an observation of the kitchen with the Dietary Manager (DM), in the dry	M0815		

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M0815	Continued from page 6 storage room, there was a partially torn pack of hamburger buns with two missing, an opened pack of coffee filters, American cheese wrapped in saran wrap with a hole exposing slices to air, an open 25-pound box of instant thickener, and a brown box of croissant rolls with one pack torn open. In the freezer, several plastic bags were torn open, including a 10-pound box of pork sausage links, a 10-pound box of turkey sausage links, a 10-pound box of sausage patties, a 15-pound box of fried egg patties, and a 20-pound box of chocolate chip dough. In the refrigerator, a clear plastic container of sliced lemons was observed with visible mold, a gallon container of grape Kool-Aid with lemons had no label or date, and a nearly empty gallon container of ranch dressing had no open date. A record review of the “Daily Food Temperature Monitoring Log” revealed missing documentation for dinner temperatures on 7/5, 7/18, 7/19, 7/20, and 7/25. It also revealed missing documentation for lunch on 7/22. On 8/4/25 at 11:08 AM, during an interview with the DM, she stated that all open food items should be sealed or placed in plastic bags to prevent contamination. She explained that unsealed food could cause residents to become sick. She stated it was her responsibility to ensure staff followed proper procedures. She also explained that the final cooking temperatures should be recorded for each meal to confirm that food is cooked and served at appropriate temperatures and to reduce the risk of foodborne illness. On 8/6/25 at 10:57 AM, during an interview with the cook, she stated she always checks tray line temperatures but sometimes forgets to write them down.	M0815		