STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255312	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Union Co Health And Rehab Center, Inc	**1111 BRATTON ROAD , NEW ALBANY, Mississippi, 38652**

(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 re-certification survey at the facility from 8/12/25 through 8/14/25. During the survey, the SA determined that the facility was not in compliance with the Medicare and Medicaid requirements for participation and cited regulatory deficiency F584. Census at the time of survey was 57 and the facility is licensed for 60.	F0000		
F0584 SS = D	Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7) §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft. §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior; §483.10(i)(3) Clean bed and bath linens that are in good condition;	F0584		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255312	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Union Co Health And Rehab Center, Inc	**1111 BRATTON ROAD , NEW ALBANY, Mississippi, 38652**

(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
F0584 SS = D	Continued from page 1 §483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv); §483.10(i)(5) Adequate and comfortable lighting levels in all areas; §483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and §483.10(i)(7) For the maintenance of comfortable sound levels. This REQUIREMENT is NOT MET as evidenced by: Based on observation, resident and staff interviews, record review and facility policy review, the facility failed to ensure a clean home-like environment as evidenced by dirty wheelchairs for two (2) of fifty-five residents utilizing wheelchairs. Resident #43 and Resident #53 Findings Include Review of the facility policy titled, “Homelike Environment,” undated, revealed, “Residents are provided with a safe, clean, comfortable, and homelike environment.” An observation and interview on 8/12/2025 at 10:25 AM revealed Resident #43 sitting in a wheelchair with a thick grayish substance and food-like particles on the base of the wheelchair. Resident #43 revealed, "I guess they don’t clean it very often, but it sure is dirty." An observation and interview on 8/12/2025 at 10:30 AM revealed Resident #53 sitting in her wheelchair; the spokes and base of the wheelchair have a thick grayish dried substance on it. Resident #53 stated that her wheelchair is dirty, and she didn't know when they last cleaned it. During an interview and observation on 8/13/2025 at 2:00 PM, Certified Nurse Aide (CNA) #1 revealed that the night shift CNAs are responsible for cleaning the wheelchairs. She confirmed that Resident #43 and	F0584		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255312	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Union Co Health And Rehab Center, Inc	**1111 BRATTON ROAD , NEW ALBANY, Mississippi, 38652**

(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
F0584 SS = D	Continued from page 2 Resident #53's wheelchairs were dirty and needed cleaning. An interview on 8/13/2025 at 2:20 PM, Licensed Practical Nurse (LPN) #1 confirmed that the night shift CNAs were responsible for cleaning the residents' wheelchairs. She revealed there was a list that was kept in the nurses' unit that listed which wheelchairs they were responsible for cleaning each night, but she was unsure if the list was still there. During an observation and interview on 8/13/2025 at 2:57 PM, the Director of Nurses (DON) confirmed that Residents #43 and 53's wheelchairs had thick gray substances and food particles on them and needed cleaning. The DON stated, "We talked a while back about cleaning all the wheelchairs." Record review of Resident #43's "Admission Record" revealed the resident was admitted to the facility on 7/18/2024 with medical diagnoses that included Retroperitoneal Fibrosis and Anxiety Disorder. Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of April 22, 2025, revealed a Brief Interview for Mental Status (BIMS) score of 13, indicating Resident #43 is cognitively intact. Record review of Resident #53's "Admission Record" revealed the resident was admitted to the facility on 7/10/2025 with medical diagnoses that included Heart Failure, and Type 2 Diabetes Mellitus. Record review of the MDS with an ARD of July 17, 2025, revealed a BIMS score of 13, indicating Resident #53 is cognitively intact.	F0584		