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 **08/21/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEADVILLE CONVALESCENT HOME	**300 HWY 556/ROUTE 2 BOX 66 , MEADVILLE, Mississippi, 39653**

(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 8/19/25 to 8/21/25. 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, M655 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	M0500		

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

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M0500	Continued from page 1 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; 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	M0500		

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M0500	Continued from page 2 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 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	M0500		

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M0500	Continued from page 3 decisions and knowledge of available choice. The facility shall encourage and assist in the fullest exercise of these rights. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on observation, interviews, facility policy review and record review the facility failed to respect a resident's dignity, as evidenced by leaving a feeding pump exposed in a public area for one (1) of two (2) residents receiving Percutaneous Endoscopic Gastrostomy feedings. Resident #34. Findings Include: Record review of the facility policy “Our Residents’ Rights, reviewed 05/18/2021, revealed, “…Right to a Dignified Existence: Be treated with consideration, respect, and dignity, recognizing each resident’s individuality…” On 08/19/2025 at 12:54 PM, during an observation Resident #35 was observed in the hallway by the hair salon door, with a peg tube formula flowing at 50 milliliters/hour (ml/hr). There was not a privacy covering over the feeding pump. On 08/20/2025 at 10:53 AM, Resident #34 was observed sitting on the front porch in her wheelchair with the peg feeding formula exposed and flowing. There was not a privacy cover on the feeding pump. On 08/20/25 at 10:56 AM, during an interview, the transportation aide stated Resident #34’s feeding pump is always exposed. She stated the only time she has seen it covered is when the resident goes to a physician appointment. On 08/21/2025 at 1:59 PM, in an interview the Director of Nursing (DON) stated she had spoken to management about covering peg tube feedings and was told that they did not make a cover to keep the peg feeding bag from being exposed. She confirmed it should be covered and it's a dignity issue. She stated they will put something in place to cover it. A record review of Resident #34 "Admission Record" revealed an admission date of 3/1/24 with diagnoses that included Dysphagia Oropharyngeal Phase and other developmental Disorders of speech and language. A record review of Resident #34's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 6/05/25 revealed a Brief Interview for Mental Status	M0500		

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M0500	Continued from page 4 (BIMS) score of 15 which indicates Resident #34 was cognitively intact.	M0500		
M0655	45.21.11 Special needs Special needs. Each resident with special needs shall receive proper treatment and care. These special needs shall include, but are not limited to injections; parenteral and enteral fluids; colostomy, ureterostomy, ileostomy care; tracheostomy care; tracheal suction; respiratory care; foot care; and prostheses. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on observations, interviews, and facility policy, the facility failed to ensure that respiratory care was provided in accordance with professional standards of practice for one (1) of (13) residents sampled. Resident #7. Specifically, an "Oxygen in Use" sign was not posted on Resident #7s door who was receiving oxygen therapy. Findings include: Record review of the facility policy “Oxygen…” revised 06/14/2023 revealed, “…2c. Precautionary signs readable from five (5) feet must be maintained on the door or gate where oxygen is stored…” On 08/19/2025 at 11:50 AM, during an observation, Resident #7 was seated in a wheelchair at his bedside receiving oxygen via nasal cannula at a flow rate of two (2) liters per minute. There was no "Oxygen in Use" signage on the door to alert staff and visitors of active oxygen therapy. On 08/18/2025 at 12:00 PM, during a follow-up observation, Licensed Practical Nurse (LPN) #3 confirmed that there was no "Oxygen in Use" sign posted. LPN#3 immediately posted the appropriate signage on the door and agreed that a sign should have been placed for safety. The Director of Nursing (DON) was also made aware at this time of the lack of signage posted and agreed that a sign should be on the door for safety. A record review of the “Telephone/Verbal Order Signature Details” for order date range 5/18/25 to 6/27/25 revealed a physician's order dated 6/26/25 “O2@ (at) 2L (liters) via NC (nasal cannula) as needed r/t (related to) SOB (shortness of breath)/COPD. A record review of the “Admission Record” revealed the resident was admitted on 05/09/2025 with diagnoses that	M0655		

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M0655	Continued from page 5 included Other Specified Chronic Obstructive Pulmonary Disease (COPD), Acute and Chronic Respiratory Failure with Hypoxia, and unspecified Asthma, Uncomplicated.	M0655		
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, interviews, and facility policy review the facility failed to ensure expired nutritional supplements were removed from a storage area for one (1) of (1) observation. Findings include: A review of the facility policy, "Medication Storage" revised 4/26/23 revealed "... is the facility's policy... housed on our premises will be stored appropriately according to the manufacturer's recommendations and sufficient to ensure proper sanitation, temperature, light, ventilation, moisture control, segregation and security..." On 08/20/2025 at 3:30 PM, an observation of the medication storage room, where the nutritional supplements were stored, conducted with Licensed Practical Nurse (LPN) #1 revealed (11) cartons of Med Pass 2.0 Fortified Nutritional Shake, (32) ounces each. Nine (9) cartons expired on 08/11/25, and two (2) expired on 07/29/25. During this time, the State Agency (SA) interviewed LPN #1, who stated that all nurses are responsible for checking the storage room for expired items. She noted that administering expired Med Pass can cause stomach issues and may lead to hospitalization. At 2:06 PM on 08/21/25, during an interview, the Director of Nursing (DON) stated that night nurses are responsible for checking for expired items stored in the medication room. She explained that expired products could be spoiled and may cause gastrointestinal (GI) issues for residents who consume them.	M0815		