STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255213	(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
F0000	INITIAL COMMENTS The State Agency (SA) conducted an annual recertification survey at the facility from 8/19/25 through 8/21/25. During the survey, the SA determined the facility was not in compliance with the requirements of participation in Medicare and Medicaid and cited F550, F656, F693, F695 and F812. The facility had a census of 42 and was licensed for 58 beds.	F0000		
F0550 SS = D	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. §483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.	F0550		

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

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F0550 SS = D	Continued from page 1 §483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility. §483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This 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.	F0550		

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F0550 SS = D	Continued from page 2 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 (BIMS) score of 15 which indicates Resident #34 was cognitively intact.	F0550		
F0656 SS = D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv)In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the	F0656		

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F0656 SS = D	Continued from page 3 resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. §483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (iii) Be culturally-competent and trauma-informed. This REQUIREMENT is NOT MET as evidenced by: Based on observation, interviews and record review and facility policy review, the facility failed to follow the care plan while providing Percutaneous Endoscopic Gastrostomy (peg) tube care for one (1) of four (4) observations. Resident #34. Findings include: A review of the facility policy, "Comprehensive Plan of Care" revised 2/17/25, reveals, "It is the policy of this facility to develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights, that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental psychosocial needs and ALL services that are identified in the resident's comprehensive assessment and meet professional standards of quality...." A record review of the “Care Plan Report” revealed a care plan “Focus: The resident has an alteration in gastrointestinal status (PEG STATUS) … with an initiation date of 3/1/24…Interventions/Task…Clean peg site with NS (normal saline), pat dry, apply drain sponge...” On 08/20/25 at 1:40 PM, in an interview with Licensed Practical Nurse (LPN) #4, who is responsible for the Minimum Data Set (MDS) and care plans, she stated that the care plan is used by all staff and informs them of the residents’ needs. She emphasized that the best course of action is to follow the care plan and warned that residents may suffer serious consequences if it is not followed. On 08/20/2025 at 2:43 PM, during an observation of peg site care with LPN#2 wound care nurse, revealed LPN #2 cleaned the peg site and applied a dressing. She did	F0656		

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F0656 SS = D	Continued from page 4 not dry site prior to applying dressing. On 08/20/2025 at 4:10 PM, in an interview LPN #2, confirmed that she did not dry the peg site. She stated that she should have dried the site to prevent infection. She added that residents can experience skin irritation at the site if it is not dried before applying the dressing. On 08/21/2025 2:05 PM, in an interview with Director of Nursing (DON) stated LPN #2 should have dried the site to prevent the possibility of bacteria. "It should be dried to prevent the site from harboring bacteria." She stated she expects staff to follow the care plan at all times. A record review of Resident #34's "Care Profile" revealed a physician order dated 8/20/25, "Clean peg site with NS (normal saline), pat dry, apply drain sponge, change daily and monitor for s/sx (signs and symptoms) of infection." 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 Minimum Data Set (MDS) with Assessment Reference Date (ARD) 6/15/25 revealed a Brief Interview of Mental Status (BIMS) score of 15, which indicates Resident #34 is cognitively intact.	F0656		
F0693 SS = D	Tube Feeding Mgmt/Restore Eating Skills CFR(s): 483.25(g)(4)(5) §483.25(g)(4)-(5) Enteral Nutrition (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident- §483.25(g)(4) A resident who has been able to eat enough alone or with assistance is not fed by enteral methods unless the resident's clinical condition demonstrates that enteral feeding was clinically indicated and consented to by the resident; and §483.25(g)(5) A resident who is fed by enteral means receives the appropriate treatment and services to	F0693		

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F0693 SS = D	Continued from page 5 restore, if possible, oral eating skills and to prevent complications of enteral feeding including but not limited to aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers. This REQUIREMENT is NOT MET as evidenced by: Based on observations, interviews, record review, and facility statement review the facility failed to provide follow physician orders when providing peg site care for one (1) of two (2) residents who require peg site care. Resident #34. Findings Include: Record review of a typed statement on facility letterhead, undated, and signed by the Director of Nursing (DON) revealed “We do not have a policy on peg care.” During an observation on 08/20/2025 at 2:43 PM, revealed LPN #2 cleaned the peg site using a Q-tip with normal saline. She cleaned site back and forward three times in a circular motion without rotating Q-tip, then applied a dressing. She did not dry site prior to applying dressing. In an interview on 08/20/2025 at 4:10 PM, LPN #2 confirmed she did not rotate the Q-tips while cleaning the peg site and did not dry the peg site before applying the cover dressing. She stated she should have cleaned and dried the site as ordered by the physician. She stated Resident #34 could have "skin irritation" at the site due to not being dried before applying the dressing and get an infection from method she used cleaning the site. On 08/21/2025 2:05 PM, in an interview the Director of Nursing (DON) stated LPN #2 should have used a Q-tip, went around site one time and disposed of the Q-Tip. She should have used a new Q-tip each time. She stated it is done to prevent the spread of infection. The further stated the peg site should be dried to prevent the site from harboring bacteria. A record review of Resident #34’s “Care Profile” revealed a physician order dated 8/20/25 “Clean peg site with NS (normal saline), pat dry, apply drain sponge, change daily and monitor for s/sx (signs and symptoms) of infection." A record review of Resident #34 "Admission Record" revealed an admission date of 3/1/24 with diagnoses	F0693		

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F0693 SS = D	Continued from page 6 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 6/5/25 revealed a Brief Interview of Mental Status (BIMS) score of 15, which indicated Resident #34 is cognitively intact.	F0693		
F0695 SS = D	Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i) § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. This 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	F0695		

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F0695 SS = D	Continued from page 7 signage posted and agreed a sign should have been 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 included Other Specified Chronic Obstructive Pulmonary Disease (COPD), Acute and Chronic Respiratory Failure with Hypoxia, and unspecified Asthma, Uncomplicated.	F0695		
F0812 SS = D	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This 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:	F0812		

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F0812 SS = D	Continued from page 8 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.	F0812		