

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255297		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 08/28/2025	
NAME OF PROVIDER OR SUPPLIER BEDFORD CARE CTR-MONROE HALL				STREET ADDRESS, CITY, STATE, ZIP CODE 300 CAHAL STREET , HATTIESBURG, Mississippi, 39401			
(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 and Complaint Investigations (CIs), MS #504951, CI MS #504949, CI MS #504942, CI MS #504939, CI MS #504935, and CI MS #504953, at the facility from 8/25/25 through 8/28/25. CI MS #504951 was investigated for an allegation that Certified Nurse Aides (CNAs) were rude, delayed providing incontinence care for hours, and were overheard laughing and talking outside a resident's room. CI MS #504949 was investigated for an allegation that shower aides were rude and disrespectful to residents during shower day. CI MS #504942 was investigated for an allegation that a housekeeping staff member sexually harassed a resident at her doorway. CI MS #504939 was investigated for an allegation that a resident was left unchanged for hours while her call light remained unanswered. CI MS #504935 was investigated for an allegation that CNAs were verbally and physically abusive to a resident during incontinence care and that facility administration did not respond appropriately when the allegation was reported. CI MS #504953 was investigated for an allegation that a resident's room was unsanitary and not cleaned regularly by housekeeping staff. There were no citations related to the CIs. During the survey, the SA determined the facility was not in compliance with the requirements of participation in Medicare and Medicaid and cited F550 and F812. The facility held a license for 80 beds, with a census of 71.		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		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 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. §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, interview record review and facility policy review, the facility failed to assure the resident's dignity in accordance with professional standards as evidenced by staff were standing while assisting a resident with feeding for one (1) of 20 residents sampled. Resident #6 Findings include: A review of the facility's policy, Assisting with Meals", revised 8-2-22, revealed "Policy Statements Residents shall receive assistance with meals in a manner that meets the individual needs of each resident...Policy Interpretation and Implementation...3. Residents Requiring Full Assistance...c. Residents who cannot feed themselves will be fed with attention to...dignity, for example: (1) Not standing over residents while assisting them	F0550					

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F0550 SS = D	Continued from page 2 with meals..." On 08/25/2025 at 11:59 AM, during an observation from the hallway, Resident #6 was in his room, being assisted with feeding by the Infection Preventionist (IP). The IP was standing while feeding Resident #6 and was positioned above or over the resident who was lying in bed. The door to the room was open to the hallway, and several people passed by the residents' room. On 08/25/2025 at 12:30 PM, an interview with the IP, she acknowledged assisting Resident #6 with feeding while standing over him. The IP nurse revealed she was aware that this was a violation of the resident's dignity and explained that she had instructed other staff to sit while assisting with feedings and should have known better. On 08/27/2025 at 3:20 PM, during an interview, the Director of Nursing (DON) affirmed that this was a violation of the resident's dignity. The DON stated that the staff will be in-serviced on the proper way to assist residents with feeding, and she expects all staff to position themselves properly when assisting with feeding. A record review of the facility's "Admission Record" revealed the facility admitted Resident #6 on 1/11/23 with diagnoses including Alzheimer's Disease. A record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 7/30/25 revealed Resident #6 had a Brief Interview for Mental Status (BIMS) score of 8 indicating severe cognitive impairment.		F0550				
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		F0812				

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F0812 SS = D	Continued from page 3 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 observations, interviews, and policy reviews, the facility failed to ensure food safety on one (1) of four (4) survey days. Specifically, the facility failed to remove out-of-date grape juice from the reach-in cooler, failed to remove (34) four-ounce containers of expired yogurt from the refrigerator, and failed to prevent the service of expired food items to residents. Findings Include:A review of the facility's policy, "Food Safety Requirements", revised 11/21/22, revealed, "...Food will be served in accordance with professional standards for food service safety...Policy Interpretation and Implementation...8c. Additional strategies to prevent foodborne illness include...iv. Labeling, dating, and monitoring refrigerated foods so it is used by the use-by date or discarded..." A review of the facility's policy, "Food Receiving and Storage", reviewed 10/3/22, revealed, "Food shall be stored in a manner that complies with safe food handling practices...Policy Interpretation and Implementation...14...The manufacturer's code will be used when available and may include a manufactured-on date, a best buy date, or an expiration date..."On 8/25/25, at 10:07 AM, observation during the initial kitchen tour with the Dietary Manager, revealed there was one (1) container of grape juice in Reach-In Cooler #1 with an expiration date of 5/19/25. The Dietary Manager confirmed the finding and acknowledged the grape juice had been served at breakfast that morning. On 8/25/25 at 10:15 AM, there were (34) four-ounce containers of light vanilla yogurt in the refrigerator with a use-by date of 8/18/25. The Dietary Manager confirmed the finding and stated the yogurt had last been distributed during lunch on Sunday, 8/24/25.	F0812					

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F0812 SS = D	Continued from page 4 On 8/26/25 at 12:27 PM, during an interview with the Registered Dietitian Consultant, she stated her expectation is for the dietary department to check expiration dates and discard food prior to the use-by date, in accordance with policy and federal food service guidelines. On 8/27/25, at 3:45 PM, the Director of Nursing (DON) stated her expectation is for dietary staff to ensure residents are not served expired food and to follow food safety standards. She reported there had been no complaints of diarrhea or other foodborne illnesses in the past six months. On 8/28/25 at 11:56 AM, the Administrator confirmed awareness of the findings and stated his expectation is for dietary staff to check food dates consistently. He reported there had been no outbreaks of foodborne illness in the facility within the last six months.			F0812			