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 **08/28/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEDFORD CARE CTR-MONROE HALL	**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
M0000	Initial Comments The State Agency (SA) conducted an annual recertification survey with Complaint Investigations (CIs), MS #504951, MS #504949, MS #504942, MS #504939, MS #504935, and MS #504953, at the facility from 8/25/25 through 8/28/25. 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. MS #504949 was investigated for an allegation that shower aides were rude and disrespectful to residents during shower day. MS #504942 was investigated for an allegation that a housekeeping staff member sexually harassed a resident at her doorway. MS #504939 was investigated for an allegation that a resident was left unchanged for hours while her call light remained unanswered. 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. 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 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	M0500		

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

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M0500	Continued from page 1 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 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	M0500		

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M0500	Continued from page 2 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 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	M0500		

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M0500	Continued from page 3 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 facility shall encourage and assist in the fullest exercise of these rights. This LICENSURE 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 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.	M0500		

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M0500	Continued from page 4 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 residents' dignity and explained that she had instructed other staff to sit while assisting with feeding 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.	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 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	M0815		

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M0815	Continued from page 5 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. 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.	M0815		