

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 08/19/2025	
NAME OF PROVIDER OR SUPPLIER BRUCE COMMUNITY LIVING CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 176 HIGHWAY 9 SOUTH BOX 1280 , BRUCE, Mississippi, 38915			
(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		M0000				
	The State Agency (SA) conducted a Complaint Investigation (CI MS # 2561208) at the facility on 8/19/25. During the survey the SA determined the facility was not in compliance with the requirements of the Mississippi Regulations for Minimum Standards for Institutions for the Aged or Infirm and cited M 500. The SA investigated Abuse/ Neglect and Resident Rights. The facility held a license for 35 beds, with a census of 31.						
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		M0500				

Office of Primary Care and Health Systems Management

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

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 08/19/2025	
NAME OF PROVIDER OR SUPPLIER BRUCE COMMUNITY LIVING CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 176 HIGHWAY 9 SOUTH BOX 1280 , BRUCE, Mississippi, 38915			
(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	
M0500	Continued from page 1 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 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	M0500					

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 08/19/2025	
NAME OF PROVIDER OR SUPPLIER BRUCE COMMUNITY LIVING CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 176 HIGHWAY 9 SOUTH BOX 1280 , BRUCE, Mississippi, 38915			
(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	
M0500	Continued from page 2 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 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		M0500				

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 08/19/2025	
NAME OF PROVIDER OR SUPPLIER BRUCE COMMUNITY LIVING CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 176 HIGHWAY 9 SOUTH BOX 1280 , BRUCE, Mississippi, 38915			
(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	
M0500	Continued from page 3 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: Level II Based on observation, resident and staff interviews, record review, and facility policy review, the facility failed to ensure residents' rights to dignity and failed to accommodate their needs when staff did not honor resident care preferences and did not ensure call lights and frequently used items were maintained within reach. This deficient practice was observed for three (3) of four (4) residents reviewed for dignity and accommodation of needs (Residents #1, #2, and #3). Findings include: Review of the facility policy titled "Resident Rights," last revised November 28, 2016, revealed: "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. 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." ... Review of the facility policy titled "Call Light, Use Of," last revised August 2014, revealed: "Procedure: When providing care to residents be sure to position the call light conveniently for the resident to use." ... Resident #1 During an interview with Resident #1 on 8/19/25 at 3:35 PM, she stated that on the evening of 6/23/25, Certified Nursing Assistant (CNA) #1 would not clean her back with a washcloth as she requested. She stated CNA #1 mumbled something, and she told her, "If you can't do it the way I want, then just leave." She further stated Licensed Practical Nurse (LPN) #1 then came into her room and told her that if she did not let CNA #1 change her, she would have to wait and lay there wet until someone came back. Resident #1 also stated her call light and phone were not in reach, leaving her unable to call for help. An observation of Resident #1 on 8/19/25 at 5:30PM	M0500					

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 08/19/2025	
NAME OF PROVIDER OR SUPPLIER BRUCE COMMUNITY LIVING CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 176 HIGHWAY 9 SOUTH BOX 1280 , BRUCE, Mississippi, 38915			
(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	
M0500	Continued from page 4 revealed her call light lying under the bed with no clip attached, and her phone was also on the floor, leaving her unable to summon help. An observation of the room on 8/19/25 at 5:30 PM with CNA #1 confirmed the call light was on the floor and not within reach. An interview with CNA #1 on 8/19/25 at 5:23 PM she stated that the night of 6/23/25 Resident #1 asked her to clean her back with a warm wet washcloth, but what she had on hand was wet wipes. CNA #1 stated she did not think at the time of just going get a washcloth as the resident asked and confirmed there were washcloths on the linen cart. In an interview with the Administrator on 8/19/25 at 6:34 PM, she confirmed this was a dignity concern. She stated CNA #1 should have provided care using a washcloth as requested and acknowledged that failing to do so could make the resident feel her voice was not heard. Record review of the Admission Record revealed Resident #1 was admitted on 4/05/24 with chronic obstructive pulmonary disease. The Quarterly Minimum Data Set (MDS) dated 6/26/25 revealed a Brief Interview for Mental Status (BIMS) score of 12, indicating the resident was moderately cognitively impaired. Resident #2 On 8/19/25 at 3:32 PM, Resident #2 stated she needed to be changed but could not reach her call light, which was attached to the top of the bed rail. She was observed attempting to reach it without success. On 8/19/25 at 4:34 PM, CNA #2 confirmed the call light was not in reach and stated the residents' needs may go unmet if unable to call for help. Record review of the Admission Record revealed Resident #2 was admitted on 4/14/25 with bilateral osteoarthritis. Review of the Quarterly MDS dated 7/17/25 revealed a BIMS score of 12, indicating moderate cognitive impairment. Resident #3 On 8/19/25 at 3:48 PM, Resident #3's call light was	M0500					

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 08/19/2025	
NAME OF PROVIDER OR SUPPLIER BRUCE COMMUNITY LIVING CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 176 HIGHWAY 9 SOUTH BOX 1280 , BRUCE, Mississippi, 38915			
(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
M0500	Continued from page 5 observed on a nightstand across the room, out of reach. He stated that if he needed it, he would crawl across the bed or wheel into the hallway for help, which he said was difficult to do. On 8/19/25 at 5:36 PM, CNA #1 confirmed the call light was not in reach and stated this could put residents at risk of falls or unmet needs. Record review of the Admission Record revealed Resident #3 was admitted on 6/02/22 with a cerebral infarction. Review of the Quarterly MDS dated 6/24/25 revealed a BIMS score of 15, indicating the resident was cognitively intact. On 8/18/25 at 5:37 PM, LPN #2 stated that if a resident's call light was not in reach, the resident would not be able to call for help in an emergency. During an interview with the Administrator on 8/18/25 at 6:34 PM, she confirmed that call lights and phones should always be within reach and acknowledged that failing to do so placed residents at risk of not being able to summon needed assistance.			M0500			