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 **09/11/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COLUMBIA REHABILITATION AND HEALTHCARE CENTER	**1506 NORTH MAIN STREET , COLUMBIA, Mississippi, 39429**

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M0000	Initial Comments The State Agency (SA) conducted an annual recertification survey and Complaint Investigations (CIs), MS #2594514 and CI MS #491498 at the facility from 09/08/2025 through 09/11/2025. CI MS #491498 was investigated for quality of care and there were no citations related to this complaint. CI MS #2594514 was investigated for environment related to air-conditioning and there were no citations related to this complaint. 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 M610, M855 and M1570.	M0000		
M0610	45.21.2 Activities of daily living Activities of daily living. Each resident shall receive assistance as needed with activities of daily living to maintain the highest practicable well being. These shall include, but not be limited to: 1. Bath, dressing and grooming; 2. Transfer and ambulate; 3. Good nutrition, personal and oral hygiene; and 4. Toileting. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, record review, and facility policy review, the facility failed to provide daily oral care for over three weeks for a resident who was totally dependent on staff for personal hygiene and oral care. This failure resulted in visible plaque buildup and placed the resident at risk for oral infection, discomfort, and diminished quality of life for one (1) of five (5) residents reviewed for	M0610		

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

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M0610	Continued from page 1 activities of daily living (ADLs). Resident #43. Findings include: A record review of the facility policy "Activities of Daily Living (ADL) Supporting" revised 3/2018 revealed, "Policy Statement...Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming and personal and oral hygiene...." On 9/8/25 at 1:07 PM, during an observation and interview with Resident #43, he communicated that it had been over three weeks since his teeth had last been brushed. He communicated a desire to have his teeth brushed at least once per day and revealed that he required staff assistance to complete this task. Observation revealed significant plaque buildup on both his upper and lower teeth. On 9/9/25 at 8:59 AM, during a follow-up observation and interview with Resident #43, he communicated that his oral care had still not been provided. Observation revealed plaque remained visibly built up on both his upper and lower teeth. On 9/9/25 at 2:38 PM, an interview and in-room observation were conducted with the Registered Nurse (RN) Supervisor #1, who confirmed the resident's teeth appeared as though they had not been brushed in some time. She stated that oral care should be provided daily as part of the resident's assigned ADL care. On 9/9/25, at 2:41 PM, the RN Supervisor, State Agency (SA), and Certified Nursing Assistant (CNA) #1 entered the resident's room. CNA #1 acknowledged that she was assigned to Resident #43 on both the current and previous day. She admitted that she had not brushed the resident's teeth on either day and confirmed that daily oral care was required as part of her responsibilities, given the resident's inability to perform the task independently. During an interview with the Director of Nursing (DON) on 9/11/25 at 1:41 PM, she explained that oral care is a part of the daily ADL care that the CNAs perform and that she expects them to perform it as required. A record review of the Admission Record revealed the resident was admitted on 2/14/25 with diagnoses including Hemiplegia and Hemiparesis following cerebral infarction affecting the left non-dominant side and Aphasia.	M0610		

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M0610	Continued from page 2 A record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 7/15/25 revealed a Brief Interview for Mental Status (BIMS) score of 11, indicating the resident had moderate cognitive impairment. Section GG "Oral Care" indicated the resident was totally dependent on one staff member for all personal hygiene and oral care tasks.	M0610		
M0855	45.30.7 Food Preparation Food Preparation. Foods shall be prepared by methods that conserve optimum nutritive value, flavor, and appearance. Also, the food shall be acceptable to the individuals served. A file of tested recipes shall be maintained to assure uniform quantity and quality of products. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, and facility policy review the facility failed to ensure that food was palatable, attractive, and served at a safe and appetizing temperature for five (5) of (5) sampled food items. Specifically, the facility failed to ensure that meals were maintained at appropriate temperatures prior to service, which had the potential to affect the taste, safety, and nutritional value of meals served to residents. Findings include: A record review of the facility policy titled “Food: Quality and Palatability,” dated 2/2023, revealed "...Food will be prepared by methods that conserve nutritive value, flavor, and appearance. Food will be palatable, attractive, and served at a safe and appetizing temperature…Definitions…Proper (safe and appetizing) temperature. Food should be at the appropriate temperature as determined by the type of food to ensure resident’s satisfaction…” On 9/8/25 at 11:49 AM, temperatures of food items on the steam table were recorded as follows: chicken breast 109° Fahrenheit (F), pureed noodles 100°F, pureed peas 101°F, and pureed chicken 119°F. Only the chopped chicken reached a temperature of 148°F. On 9/8/25 at 12:01 PM, during an observation conducted with the Dietary Manager (DM), food items were observed being placed from the oven onto the steam table. The dietary staff then plated the food, placed it onto carts, and served it to residents in the dining hall at the temperatures documented above. The DM acknowledged that steam table foods should reach and maintain at	M0855		

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M0855	Continued from page 3 least 135°F to ensure proper holding temperature. She further confirmed that the kitchen window air conditioning unit blows directly over the steam table, contributing to premature cooling of the food items. Despite knowing this, she stated the facility had not implemented any corrective action or reliable protocol to maintain safe, warm, and appetizing food temperatures prior to meal service. On 9/9/25 at 7:47 AM, observation revealed the window air conditioning unit was again running and blowing directly onto the steam table. Temperature checks at that time revealed scrambled eggs at 108°F and pureed eggs at 100°F. The State Agency (SA) observed during this time food being plated, placed onto carts and being served to residents in the dining hall.	M0855		
M1570	48.58.1 Infection Control The following infection control standards shall be met: 1. The facility must maintain and document an effective infection control program that protects patients, families, visitors, and facility personnel by preventing and controlling infections and communicable diseases. 2. The facility must have an active surveillance program that includes specific measures for prevention, early detection, control, education, and investigation of infections and communicable diseases in the facility. There must be a mechanism to evaluate the effectiveness of the program(s) and take corrective action when necessary. The program must include implementation of nationally recognized systems of infection control guidelines to avoid sources and transmission of infections and communicable diseases. 3. The facility must follow accepted standards of practice to prevent the transmission of infections and communicable diseases, including the use of standard precautions. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on observations, interviews, record reviews and facility policy review, the facility failed to administer medication in a manner to prevent infection for one (1) of four (4) medication administrations observed. Resident #99.	M1570		

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M1570	Continued from page 4 Findings Include: A record review of the facility's "Infection Prevention and Control Program" with a revision date of 6/30/25 revealed "An infection prevention and control program (IPCP) is established and maintained to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infection..." On 09/10/25 at 8:25 AM, revealed Licensed Practical Nurse (LPN)#1 administered morning medication consisting of: Renvela Oral Tablet 800 milligrams (mg), Aspirin Enteric Coated (EC) Tablet Delayed Release 81 mg, B-Complex/Folic Acid/Vitamin C Oral Tablet Extended Release (B-Complex w/ C & Folic Acid),Clopidogrel Bisulfate Tablet 75 MG, Hydralazine HCl Oral Tablet 100 MG by mouth and Combigan Ophthalmic Solution 0.2-0.5 % (Brimonidine Tartrate-Timolol Maleate) one drop in each eye. LPN#1 gathered the medications and entered Resident #99's room. Resident #99 poured his medication on the overbed table and picked up one pill at time and placed it in his mouth. Resident #99's breakfast tray was still on the table and three pills rolled under his tray. LPN#1 moved the tray back and picked up the pills with her bare hands and placed them back on Resident #99's overbed table. Resident #99 continued to take the medications one at a time. LPN #1 sanitized her hands and applied gloves and administered Resident #99's eye drops. LPN#1 removed her gloves and the resident stated "You put the gloves on too late. You should have put them on before picking my pills up in your hands." On 09/10/25 at 8:45 AM, in an interview with LPN #1 she confirmed she was not supposed to pick up pills with her bare hands. She stated it is an infection control issue. A record review of Resident #99's "Order Summary Report" revealed physician orders for Renvela Oral Tablet 800 mg, Aspirin EC tablet delayed release 81 MG, B-Complex/Folic Acid/Vitamin C Oral Tablet Extended Release (B-Complex w/ C & Folic Acid),Clopidogrel Bisulfate Tablet 75 MG, Hydralazine HCl Oral Tablet 100 MG, all the above medications were by mouth and Combigan Ophthalmic Solution 0.2-0.5 % (Brimonidine Tartrate-Timolol Maleate) one drop each eye. A record review of Resident #99 "Admission Record" revealed an admission date of 9/5/25 with diagnoses that included Peripheral Vascular Disease, Unspecified Anemia, Chronic Kidney Disease, and Primary open-angle Glaucoma, bilateral severe stage.	M1570		

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M1570	Continued from page 5 On 09/11/25 at 1:27 PM, in an interview Registered Nurse (RN) #3/ Infection Preventionist/Assistant Director of Nursing (IP/ADON) revealed LPN #1 should not have touched the medication with her bare hands. She should have let the resident pick them up by moving tray so the resident could get the medication. She stated that it is an infection control issue. On 09/11/25 at 1:35 PM, in an interview the Director of Nursing (DON) stated that LPN #1 should have washed her hands before picking up pills with her bare hands off the table. She stated that it is infection control issue.	M1570		