STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **09/17/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHADWICK NURSING AND REHABILITATION CENTER LLC	**1900 CHADWICK DRIVE , JACKSON, Mississippi, 39204**

(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 Complaint Investigations (CI) MS #2561750, CI MS #2600576, and CI MS #2568526 from 9/15/25 to 9/17/25. CI MS #2568526 was investigated related to discharge; CI MS #2561750 was investigated related to abuse and peri care. CI MS #2600576 was investigated related to neglect. 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 M620 and M1570 related to CI MS# 2600576. There were no citations related to CI MS#2568526 or CI MS # 2561750.	M0000		
M0620	45.21.4 Urinary incontinence Urinary incontinence. Residents with urinary incontinence shall be assessed for need of bladder retraining program. An indwelling catheter will not be used unless the resident ' s clinical condition indicates that catheterization is necessary. These residents shall receive treatment and services to prevent urinary tract infections. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on observation, interviews, record reviews and facility policy review the facility failed to provide perineal (peri-care) according to acceptable standards for one (1) of two (2) observations. Resident #4. Findings Include: A record review of the facility's "Incontinent Care" dated 07/12 revealed "…10. Wash the resident's entire perineal area, and all areas affected by incontinence with a washcloth, soap, warm water, peri-wash or wipes. 11. When washing perineal area, wash the entire perineal, wash the entire area…" On 09/16/25 at 4:03 PM, in an observation, Certified Nursing Assistant #1 (CNA) provided perineal care for Resident #4. CNA #1 placed the feeding pump on hold. He used three wipes and wiped front to back in the groin area on the right side. He then folded the wipe and	M0620		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **09/17/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHADWICK NURSING AND REHABILITATION CENTER LLC	**1900 CHADWICK DRIVE , JACKSON, Mississippi, 39204**

(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
M0620	Continued from page 1 wiped the same area again. He retrieved three (3) more wipes and wiped the left side front to back. He picked up the remaining wipes and wiped down the center of the vagina front to back one time. He turned resident on her left side to remove soiled brief. He placed soiled brief on the bed and placed a clean brief on the resident. CNA#1 did not separate the labia and wipe down each side and the center. He did not clean the rectal area. On 9/16/25 at 4:16 PM, during an interview CNA #1 stated he had been trained to place the feeding pump on hold during care. He confirmed that he did not perform perineal care correctly. He stated he was nervous and forgot to follow proper procedure. CNA #1 acknowledged that his actions could cause Resident #4 to develop an infection. On 9/16/25 at 4:21 PM, during an interview Registered Nurse (RN) #2/ Unit Manager for the B Unit confirmed that CNA #1 did not provide care properly. She stated CNAs are not permitted to operate feeding pumps and that only nurses are authorized to do so On 9/16/25 at 5:08 PM, during an interview the Executive Director (ED) stated that the State Agency (SA) “should have picked anyone other than him to do peri care.” She further stated all CNAs should be able to perform care correctly. On 9/17/25 at 11:35 AM, during an interview the Director of Nursing (DON) stated CNA #1 should have informed the nurse so she could place the feeding pump on hold, as CNAs are not permitted to operate feeding pumps. The DON stated the pump could malfunction and cause harm to the resident if not handled properly. The DON further stated CNA #1 should have performed perineal care correctly, including applying clean gloves before providing care to the buttocks and skin folds. She stated CNA #1 did not provide care correctly. The DON stated her expectation is for CNAs to provide quality care and to follow proper procedures when giving care. A record review of Resident #4’s “Admission Record” revealed the facility admitted the resident on9/27/18 with diagnoses including Hemiplegia and Hemiparesis following unspecified cerebrovascular disease affecting the right side, Dysphasia following unspecified cerebrovascular disease, Aphasia following unspecified cerebrovascular disease, and Gastroesophageal Reflux Disease without esophagitis. A record review of Resident #4’s Minimum Data Set (MDS)	M0620		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **09/17/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHADWICK NURSING AND REHABILITATION CENTER LLC	**1900 CHADWICK DRIVE , JACKSON, Mississippi, 39204**

(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
M0620	Continued from page 2 with an Assessment Reference Date (ARD) of 8/18/25 revealed a Brief Interview for Mental Status (BIMS) score of 00, which indicated the resident was unable to complete the interview.	M0620		
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 observation, interview, record review, and facility policy review, the facility failed to provide perineal care in a manner that would prevent the possible spread of infection for one (1) of two (2) residents observed for perineal care (Resident #4). Findings include: A record review of the facility's "Hand Washing" policy, with a history of 9/19 revealed "POLICY: Staff will use proper handwashing technique to prevent the spread of infection…" A record review of the facility's Enhanced Barrier Precautions (EBP) policy, with a history of 4/24 revealed "… 2. Enhanced Barrier Precautions only require use of gown/gloves when performing high contact resident…f. Changing briefs or assisting with	M1570		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **09/17/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHADWICK NURSING AND REHABILITATION CENTER LLC	**1900 CHADWICK DRIVE , JACKSON, Mississippi, 39204**

(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
M1570	Continued from page 3 toileting..." A record review of the Enhanced Barrier Precautions (EBP) signage revealed that everyone must clean their hands, including before entering and when leaving the room. The signage further revealed that providers and staff must wear gloves and gowns for high-contact resident care activities, including changing briefs, assisting with toileting..." On 9/16/25 at 4:03 PM, observed signage on Resident #4's door that revealed that Resident #4 was on Enhanced Barrier Precautions (EBP). Personal protective equipment (PPE) was observed outside of the resident's room. CNA #1 gathered supplies consisting of a brief, perineal wipes, and gloves. He entered the room with the supplies in hand and explained the care procedure to Resident #4. CNA #1 placed the brief and wipes directly on the table without a barrier in place. He applied gloves, placed the enteral feeding pump on hold, and used the bed control to adjust the bed in preparation for care. CNA #1 removed 10 perineal wipes from the pack and placed them on top of the pack on the table. He used three wipes to clean the right groin area front to back, folded the wipe, and wiped the same area again. He retrieved three additional wipes and cleaned the left groin area front to back. He then used the remaining wipes to clean the center of the vaginal area front to back one time and placed the soiled wipes on the bed. CNA #1 turned Resident #4 onto her left side to remove the soiled brief, placed the soiled brief on the bed, and applied a clean brief. CNA #1 did not wash his hands before, during, or after providing care. He did not wear a gown or change gloves during care. CNA #1 did not separate the labia to clean each side and the center individually and did not clean the rectal area. After completing care, CNA #1 removed one glove and adjusted the bed, picked up the soiled brief and gloves, disposed of them in the garbage can, removed his final glove, and exited the room without washing or sanitizing his hands. On 9/16/25 at 4:16 PM, an interview was conducted with CNA #1. CNA #1 stated he had been trained to place the feeding pump on hold during care. He confirmed that he did not wear a gown and did not wash his hands at any point during care. He confirmed that he did not perform perineal care correctly. CNA #1 stated he was nervous and forgot to follow procedure. He stated he should have had a bag for the soiled brief and acknowledged that his actions could cause Resident #4 to develop an infection. On 9/16/25 at 4:21 PM, an interview was conducted with	M1570		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **09/17/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHADWICK NURSING AND REHABILITATION CENTER LLC	**1900 CHADWICK DRIVE , JACKSON, Mississippi, 39204**

(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
M1570	Continued from page 4 Registered Nurse (RN) #2, Unit Manager for the B Unit. RN #2 confirmed that CNA #1 did not provide care properly and did not wear a gown before providing care. She stated CNA #1's actions constituted cross-contamination and exposed the resident to pathogens. On 9/16/25 at 5:08 PM, during an interview, the Executive Director (ED) stated she had heard about the perineal care provided by CNA #1. She stated the State Agency (SA) "should have picked anyone other than him to do care." The NHA further stated all CNAs should be able to perform care correctly. On 9/17/25 at 11:35 AM, during an interview the Director of Nursing (DON) stated CNA #1 should have followed EBP guidelines by wearing a gown. She stated CNA #1 should have used a barrier for supplies and performed hand hygiene before, during, and after care. The DON stated CNA #1 should not have touched the bed controls while wearing contaminated gloves. She further stated CNA #1 should have placed the soiled brief and wipes into a clear bag instead of on the bed, changed gloves, performed hand hygiene, and applied clean gloves before performing perineal care on the buttocks area and skin folds. The DON stated EBP is implemented to protect residents and staff from infection, and CNA #1's actions placed the resident at risk for numerous infections, including urinary tract infection. She stated her expectation is that all CNAs provide quality care and follow proper procedures when providing resident care. On 9/18/25 at 8:12 AM, during a post-survey telephone interview, Registered Nurse (RN) #3, Infection Preventionist (IP), stated CNA #1 should have washed his hands before, during, and after providing care. She stated staff are trained in EBP and should wear gowns when providing care to high-risk residents. She stated CNA #1 should have followed infection control training. RN #3 stated she has conducted several in-service trainings on infection control and EBP, and that these trainings are conducted to prevent the spread of infection and are expected to be followed. A record review of Resident #4's "Admission Record" revealed the facility admitted the resident on9/27/18 with diagnoses including Hemiplegia and Hemiparesis following unspecified cerebrovascular disease affecting the right side, Dysphasia following unspecified cerebrovascular disease, Aphasia following unspecified cerebrovascular disease, and Gastroesophageal Reflux Disease without esophagitis.	M1570		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **09/17/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHADWICK NURSING AND REHABILITATION CENTER LLC	**1900 CHADWICK DRIVE , JACKSON, Mississippi, 39204**

(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
M1570	Continued from page 5 A record review of Resident #4's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 8/18/25 revealed a Brief Interview for Mental Status (BIMS) score of 00, which indicated the resident was unable to complete the interview.	M1570		