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 **07/29/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARE CENTER OF ABERDEEN	**505 JACKSON ST , ABERDEEN, Mississippi, 39730**

(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 three (3) Complaint Investigations (CI MS #2570650, CI MS #2570913, and CI MS #2573259) at the facility from 7/28/25 through 7/29/25. During the survey, the SA determined that the facility was not in compliance with the Mississippi Regulations for Minimum Standards for Institutions for the Aged or Infirm. The SA investigated CI MS #2570650 related to abuse/neglect, quality of care related to psychotropic medication, and physical environment, and CI MS #2573257 related to staffing. There were no citations related to those complaints. The SA investigated CI MS #2570913 related to resident rights and cited M550. The census at the time of the survey was 95 with a license for 105 beds.	M0000		08/18/2025
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	M0500	The Social Services Designee was educated by the Administrator on July 28, 2025, regarding the policy on "Room Changes" and the form "Room/Room Mate Change Notification. Resident #1 was assessed by a Registered Nurse (RN) on July 28, 2025, with no adverse effects observed from not having a written notification of a room change, including the reason for the change on September, 2024. All residents have the potential to be affected by this deficient practice of failing to honor the resident's right to receive written notification of a room change before the room is changed. Beginning on July 29, 2025, Licensed Nurses and Social Service Staff will be educated by the Administrator on the policy "Room Changes" on ensuring written notification of a room change is done, including the reason for the change, along with the form "Room/Room Mate Change Notification, before the resident's room or roommate is changed. Newly hired Licensed Nurses and Social Services Staff will be educated upon hire by Administrative Assistant on policy "Room Changes" and the form "Room/Room Mate Change Notification".	08/18/2025

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

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M0500	Continued from page 1 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 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	M0500	Continued from page 1 On July 29, 2025, an initial Quality Assurance and Performance Improvement (QAPI) Meeting was held and a Root Cause Analysis was conducted by the Interdisciplinary Team (IDT) regarding room changes. Beginning on July 29, 2025, the Administrator started auditing to ensure that room changes are completed per policy " Room Changes" and with the form "Room/Room Mate Change Notification completed before the resident's room or roommate in the facility is changed. This audit will be documented for five (5) residents per week for four-weeks and then 5 residents monthly for three- months until compliance is achieved. The QAPI Committee will convene on August 15, 2025, to discuss further recommendations as needed and then once monthly for three- months or until substantial compliance is achieved. Additional training and/or action will be considered as warranted. Compliance date: 8/18/25	

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M0500	Continued from page 2 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 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	M0500		

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M0500	Continued from page 3 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 staff interviews, record review, and facility policy review, the facility failed to honor the resident's right to receive written notification, including the reason for the change, before the resident's room in the facility was changed for one (1) of three (3) residents reviewed. Resident #1 Findings include: Record review of facility policy titled, “Room Changes” dated 11/17, revealed, “The Social Service Designee/Social Worker, in conjunction with the DON (Director of Nursing), will facilitate that each resident is assigned a room suited to his/her needs. …4. The resident or resident representative, when applicable, will receive written notice to include the reason for the change before the resident’s room or roommate in the facility is changed”. During an interview on 7/28/25 at 2:45 PM, the Social Service Director stated that she and Resident #1’s representative had discussed moving the resident closer to the nurses’ station and this was done in August 2024. When another room became available in September 2024, she moved the resident and did not notify the resident’s representative. She confirmed it was her responsibility to notify the resident and/or representative about room changes, and she failed to provide the notification for that move. An interview with the Administrator on 7/29/25 at 10:50 AM, revealed that it was each resident’s right to be informed of a room change and a reason for the room change. She confirmed the facility failed to notify Resident #1’s representative of the room change and the reason for the room change in September 2024. Record review of “Admission Record” revealed Resident #1 was admitted to the facility on 10/3/22. Diagnoses	M0500		

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M0500	Continued from page 4 included Dementia. Record review of Resident #1's Minimum Data Set (MDS) Section C dated 6/26/25, revealed a Brief Interview for Mental Status (BIMS) score of 6 which indicated the resident had a severe cognitive impairment.	M0500		