Mississippi State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 949	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COPIAH LIVING CENTER	**806 WEST GEORGETOWN STREET , CRYSTAL SPRINGS, Mississippi, 39059**

(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 a Complaint Investigation (CI) MS# 2585733 at the facility from 9/24/25 through 9/25/25. CI MS# 2585733 was investigated related to quality of care and abuse. 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 M500.	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 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	M0500		

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

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M0500	Continued from page 1 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 emergency application of the restraint;	M0500		

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M0500	Continued from page 2 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 16. is assured of exercising his civil and religious	M0500		

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M0500	Continued from page 3 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, record review, facility policy review and interviews, the facility failed to ensure resident right to respectful, dignified care as evidenced by staff failed to position themselves at the resident's side while assisting the resident with eating for one (1) of four (4) sampled residents. Resident #2 Findings included: Record review of the facility policy, “Tray Setup for Resident Who Will Dine Independently” with Latest Review Date 01/24 (January 2024) “PURPOSE To ensure that the resident obtains sufficient nourishment and fluids…7. Provide beverage from meal tray. 8. Be attentive to resident’s needs during the meal: offer appropriate assistance as needed…” Record review of the facility policy revealed, “Feeding the Dependent Resident” with latest review date 01/24 (January 2024) revealed the policy stated, “PURPOSE To ensure adequate nutrition for resident who are unable to feed themselves…PROCEDURE…Ensure that resident is seated comfortable in upright position”. Record review of the facility policy “Resident’s Rights Policy” with latest review date 03/24 (March 2024) revealed "Every resident in this facility has the right to… 12. Be treated courteously, fairly and with the fullest measure of dignity.” On 9/25/25 at 12:45 PM, observation revealed Resident #2 in his bed with his lunch tray in front of him on the over-the-bed table and Licensed Practical Nurse (LPN) #1 standing at the bedside with a spoon assisting the resident to eat. On 9/25/25 at 12:48 PM, observation revealed the Staff Development Nurse provided correction to LPN #1 regarding resident’s rights to include sitting at the resident’s side to assist with eating/feeding the resident. On 9/25/25 at 1:00 PM, observation and interview with Resident #2 revealed he was usually able to feed himself, but he nonverbally indicated that he was not feeling well on 9/25/25.	M0500		

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M0500	Continued from page 4 On 9/25/25 at 1:55 PM, interview with the Staff Development Nurse revealed she stated that the facility policy and current standards of practice for resident meal service included sitting beside the resident while assisting to eat or feeding them. She confirmed that she had observed LPN #1 attempting to assist Resident #2 to eat while standing at his bedside. On 9/25/25 at 2:30 PM, during an interview the Director of Nurses (DON) confirmed that the policy of the facility and current standards of practice included to sit beside the residents when assisting with meals/feeding residents. Record review of the “Admission Record” for Resident #2 revealed the facility admitted the resident on 10/18/22 and the resident had diagnoses that included chronic kidney disease, diabetes and cerebral palsy. Record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD)of 5/20/25 revealed a Brief Interview for Mental Status (BIMS) score of 99 which indicated the resident was unable to complete the interview. with documentation that the resident was unable to complete the interview. Long- and short-term memory was coded “OK”. Resident #2 had modified independence with cognitive skills for daily decision making. Section GG indicated the resident required set-up assistance for eating.	M0500		