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 **09/10/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STARKVILLE MANOR HEALTH CARE AND REHABILITATION CE	**1001 HOSPITAL ROAD , STARKVILLE, Mississippi, 39759**

(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 an annual re-certification survey with two (2) complaint investigations (CIs), CI MS #482439 and CI MS #482443 at the facility from 9/08/25 through 9/10/25. 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, M610 and M625. The SA investigated CI MS #482439, a facility reported incident (FRI) related to resident-to resident sexual abuse and CI MS #482443 related to quality of care with no deficiencies cited. The census at the time of the survey was 106 and the facility is licensed for 119 beds.	M0000		09/22/2025
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 practitioner/physician assistant of his medical	M0500	Root Cause Analysis was conducted by Quality Assurance Performance Improvement (QAPI) Committee on 9/10/2025 and based on findings the facility failed to ensure the dignity of a resident that needed supervision and/or assistance with meals during dining for resident #4. Resident #4 received assistance on 9/9/2025 at next scheduled meal. Quality Review was initiated on 9/9/2025 by the Director of Nursing (DON) and Assistant Director of Clinical Services (ADCS) to review current residents to identify anyone with similar deficits requiring supervision or assistance during mealtimes. All residents have the potential to be affected by this deficient practice. No other residents were identified. Education initiated on 9/9/2025 with current Certified Nursing Assistants and current Licensed nurses by Director of Clinical Services (DCS) and Assistant Director of Clinical Services (ADCS) on this regulation to ensure the dignity of all residents that need supervision and/or assistance with meals during dining. All new hires will receive education upon hire.	10/08/2025

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

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M0500	Continued from page 1 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 restraints shall be used for medical conditions that	M0500	Continued from page 1 Quality Assurance Improvement QAPI) meeting was held on 9/10/2025 to ensure the dignity of all residents that need supervision and/or assistance with meals during dining. Director of Clinical Services (DCS) and Assistant Director of Clinical Services (ADCS) began monitoring on 9/9/2025 and will conduct ongoing Quality Monitoring to ensure the dignity of all residents that need supervision and/or assistance with meals during dining four times weekly for four weeks, then three times weekly for three weeks, then weekly for four weeks, then monthly for six months to ensure all solutions are sustained. On 9/30/2025, a QAPI meeting will be held to review our findings from our Quality Monitoring. We will review all findings from our Quality Monitoring on the last Tuesday of each month during the QAPI meeting by the QAPI Committee in the monthly meeting for six months to ensure our solutions are sustained.	

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M0500	Continued from page 2 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 his/her spouse; if both are inpatients in the facility,	M0500		

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M0500	Continued from page 3 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: Level II Based on observation and staff interview, the facility failed to ensure the dignity of a resident that needed supervision and/or assistance with meals for one (1) of five (5) residents reviewed during dining. Resident #4 Findings Include During an observation of the lunch tray pass in the dining room on 9/8/25 at 11:52AM, Resident #4 received his lunch tray from staff as he was sitting in his wheelchair at the table. This observation revealed the resident had no use of his right upper extremity. The meal that was provided included chicken stir-fried rice, a roll, watermelon in a small bowl, and a glass of tea. The resident was observed attempting to feed himself with a fork using his left hand. He repeatedly dropped his fork, had difficulty scooping food from the plate to his mouth, and began using his left fingers to eat. Food was observed spilling onto his clothing and the floor and when he picked up his tea glass, his hand was shaking which caused the tea to spill on his t-shirt and pants. He also had difficulty setting the tea glass back on the table and instead rested it on his leg. There was no observed assistance from the five staff members present in the dining room at the time. After attempting to eat with his left hand, he ate only a few bites and left the table by self-propelling himself down the hall with his left hand. An interview on 9/08/25 at 12:10 PM with the Certified Nurse Aide (CNA) #1 confirmed that staff were responsible for supervising residents during mealtimes and acknowledged that if a resident had trouble feeding themselves, staff should help. An interview on 9/09/25 at 1:34 PM with the Rehab Director confirmed that if Resident #4 had trouble feeding himself then staff should have stepped in and	M0500		

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M0500	Continued from page 4 assisted. An interview with the Certified Occupational Therapy Assistant (COTA) on 9/9/25 at 1:50 PM revealed that with Resident #4 having to eat with his hands, it was a dignity concern. An interview with the Administrator on 9/09/25 at 2:42 PM revealed that it was her expectation for staff to provide supervision and assistance at mealtimes for residents who required it. A record review of the “Admission Record” revealed the facility admitted Resident #4 on 9/21/20 with medical diagnoses including Hemiplegia and Hemiparesis following Cerebral Infarction affecting the Right Dominant Side, and Need for Assistance with Personal Care. A record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 9/05/25 revealed, under section C, a Brief Interview for Mental Status (BIMS) summary score of 6, indicating Resident #4 had severely impaired cognition. Section GG revealed the resident had upper extremity impairment in range of motion on one side.	M0500		
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: Level II Pattern Based on observation, interview, record review and facility policy review, the facility failed to provide assistance with meals (Resident #4) and failed to provide personal hygiene and grooming for a dependent	M0610	Root Cause Analysis was conducted by Quality Assurance Performance Improvement (QAPI) Committee on 9/10/2025 and based on findings, the facility failed to provide assistance with meals (Resident #4) and failed to provide personal hygiene and grooming for a dependent resident (Resident #29). Resident #4 received assistance on 9/9/2025 at next scheduled meal and resident #29 received ADL care on 9/9/2025. Quality Review was initiated on 9/9/2025 by the Director of Nursing (DON) and Assistant Director of Clinical Services (ADCS) to review current residents to identify anyone with similar deficits requiring supervision or assistance during mealtimes. Quality Review was initiated on 9/9/2025 by the Director of Clinical Services (DCS) and the Interdisciplinary Team (IDT) to ensure all dependent residents were provided Activities of Daily Living (ADL) care. All residents have the potential to be affected by this deficient practice. Education initiated on 9/9/2025 with current Certified Nursing Assistants and current Licensed nurses by Director of Clinical Services (DCS) and Assistant Director of Clinical Services (ADCS) on providing	10/08/2025

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M0610	Continued from page 5 resident (Resident #29) for two (2) of 106 residents residing in the facility. Resident #4 and Resident #29. Findings Include: Review of the facility policy "Activities of Daily Living (ADLs)" dated 06/01/25 revealed, "...Care and services will be provided for the following activities of daily living: 1. Bathing, dressing, grooming and oral care....4. Eating to include meals and snacks...." Resident #4 An observation on 9/8/25 at 11:52AM in the dining room revealed Resident #4 sitting in his wheelchair at the table, with no use of his right upper extremity. He was provided a meal of chicken stir-fried rice, a roll, watermelon in a small bowl, and a glass of tea. The resident was observed attempting to feed himself with a fork using his left hand. He repeatedly dropped his fork, had difficulty scooping food from the plate to his mouth, and began using his left fingers to eat. Food was observed spilling onto his clothing and the floor and when he picked up his tea glass, his hand was shaking which caused the tea to spill on his t-shirt and pants. He also had difficulty setting the tea glass back on the table and instead rested it on his leg. There was no observed assistance from the five staff members present in the dining room at the time. After attempting to eat with his left hand, he ate only a few bites and left the table by self-propelling himself down the hall with his left hand. An observation and interview with Resident #4 on 9/08/25 at 12:05 PM revealed he was sitting in his wheelchair and propelling himself toward his room. When asked whether he got enough to eat, the resident shook his head “No.” An interview on 9/08/25 at 12:10 PM with the Certified Nurse Aide (CNA) #1 confirmed that staff were responsible for supervising residents during mealtimes and acknowledged that if a resident had trouble feeding themselves, staff should help. She stated that Resident #4 could feed himself. An interview on 9/09/25 at 1:34 PM with the Rehab Director confirmed that Resident #4 had returned from the hospital recently with a physical decline and admitted that he was on the occupational therapy caseload. She explained that he had positioning concerns due to his stroke. The Rehab Director stated	M0610	Continued from page 5 assistance with meals and providing personal hygiene and grooming for dependent residents. All new hires will receive education upon hire. Quality Assurance Improvement QAPI) meeting was held on 9/10/2025 to ensure assistance is provided with meals and that personal hygiene and grooming is provided for dependent residents. Director of Clinical Services (DCS) and Assistant Director of Clinical Services (ADCS) began monitoring on 9/9/20252 and will conduct ongoing Quality Monitoring to ensure assistance is provided with meals and that personal hygiene and grooming is provided for dependent residents four times weekly for four weeks, then three times weekly for three weeks, then weekly for four weeks, then monthly for six months to ensure all solutions are sustained. On 9/30/2025, a QAPI meeting will be held to review our findings from our Quality Monitoring. We will review all findings from our Quality Monitoring on the last Tuesday of each month during the QAPI meeting by the QAPI Committee in the monthly meeting for six months to ensure our solutions are sustained.	

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M0610	Continued from page 6 the resident should be allowed to feed himself, but if he had trouble, staff should step in and assist. She confirmed the resident could lose weight if he missed meals and stated the dining room staff should have intervened. An interview with the Administrator on 9/09/25 at 2:42 PM acknowledged Resident #4 could lose weight if staff failed to assist if he was having trouble. She revealed that it was her expectation for staff to provide supervision and assistance at mealtimes for residents who required it. A record review of the “Admission Record” revealed the facility admitted Resident #4 on 9/21/20 with medical diagnoses including Hemiplegia and Hemiparesis following Cerebral Infarction affecting the Right Dominant Side, and Need for Assistance with Personal Care. A record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 9/05/25 revealed, under section C, a Brief Interview for Mental Status (BIMS) summary score of 6, indicating Resident #4 had severely impaired cognition. Section GG revealed the resident had upper extremity impairment in range of motion on one side. Resident #29 On 09/09/25 at 8:05 AM during an observation and interview with Resident #29'and her Resident Representative (RR), the resident was sitting in her wheelchair, and the RP was using a comb with a pan of soapy water to comb through the resident’s hair. The RR stated that it had been a while since the staff had brushed or washed her (Resident #29) hair. She revealed that Resident #29's hair was dirty and matted up and stated, "they need to do better." An observation of Resident #29’s hair confirmed there was a large amount of a thick light brown crusty substance to the resident’s scalp, over her entire head and throughout her hair with matted knots of hair. The RR revealed she was trying to comb out the knots and remove the brown substance from her hair and stated, "She has beautiful hair and I'm thinking about cutting it because of this." The RR then revealed that this was not the first time this had happened and admitted that she had given them the opportunity to wash her hair, but they did not. She revealed that when she reports this to the staff, they take care of it for a moment and then it gets back like it was.	M0610		

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M0610	Continued from page 7 An observation and interview on 09/09/25 at 8:20 AM with CNA #2 she stated, "Her daughter will let me know when she wants it done." She admitted that it had been two weeks since she had washed Resident #29's hair. She then confirmed that Resident #29's hair was matted up and had a large amount of brown crusty substance on her scalp and throughout her hair and admitted that it should be washed and brushed more often. An observation of Resident #29 and interview with the Assistant Director of Nursing (ADON) on 9/9/25 at 9:00 AM confirmed the resident had a thick brown crusty substance on her scalp and throughout her hair and that her hair was matted. She stated, "This is not okay". She admitted that the crusty buildup on Resident #29's head could cause itching and the skin to break down. She also revealed that hair washing should be completed during bath or shower time as part of her grooming needs. Record review of Resident #29's "Admission Record" revealed an admission date of 07/15/21 and that she had diagnoses that included Unspecified Dementia, Parkinson's Disease, and Need for Assistance with Personal Care. Record review of Resident #29's MDS with an ARD of 07/30/25 under Section C, revealed a BIMS score of 03 which indicated that she had severe cognitive deficits and under Section GG revealed that she was dependent on staff to provide personal hygiene.	M0610		
M0625	45.21.5 Range of motion Range of motion. Residents with limited range of motion shall receive treatment and services to increase range of motion or prevent further decline in range of motion. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Level II Based on observation, record review, and staff interview, the facility failed to ensure a resident with a contracture received the necessary treatment and services to prevent a decline in range of motion (ROM), as evidenced by the failure to apply a physician-ordered hand splint for one (1) of four (4) residents reviewed for ROM. Resident #4	M0625	Root Cause Analysis was conducted by Quality Assurance Performance Improvement (QAPI) Committee on 9/10/2025 and based on findings, the facility failed to ensure a resident with a contracture received the necessary treatment and services to prevent a decline in range of motion (ROM), as evidenced by the failure to apply a physician-ordered hand splint (Resident #4). Resident #4 splinting device was applied on 9/9/2025. Quality Review was initiated on 9/9/2025 by the Director of Nursing (DON) and Assistant Director of Clinical Services (ADCS) to ensure that residents with a contracture receive the necessary treatment and services to prevent a decline in range of motion (ROM) and physicians' orders are followed. All residents have the potential to be affected by this deficient practice.	10/08/2025

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M0625	Continued from page 8 Findings Include: The facility provided a statement on letterhead dated 9/10/25 and signed by the Administrator, “We do not have a specific policy related to splints.” Record review of Resident #4’s September 2025 “Treatment Administration Record (TAR)” revealed an order dated 4/15/25: “Resting right hand splint 4 (four) hours daily. CNA (Certified Nurse Aide) to apply and remove, nurse to check. Monitor right hand daily for s/s (signs and symptoms) of skin breakdown before and after splint removal every day shift” and was documented that the splint was applied at 9:00 AM on 9/8/25 and 9/9/25. An observation of Resident #4 on 9/08/25 at 11:52 AM and again on 9/09/25 at 10:32 AM revealed he was sitting in his wheelchair without a hand splint. An interview with CNA #3 on 9/09/25 at 1:31 PM revealed she was assigned to Resident #4 today. She stated the resident had not been wearing a hand splint and she was not aware she was supposed to apply one. An interview with the Rehab Director on 9/09/25 at 1:38 PM revealed Resident #4’s hand splint was ordered during a previous therapy session to prevent his right-hand contracture from worsening. She explained that the occupational therapist (OT) had trained and educated staff on how to apply the splint before the resident’s therapy discharge. She confirmed that if the resident was not wearing the splint, his contracture could worsen. Record review of Resident #4’s “Therapy Follow-Up Recommendation” dated 4/10/25 confirmed under “Overall Goals: Prevent contractures in right hand and place hand in optimal functional position.” Documentation revealed that the occupational therapist conducted a staff in-service training on applying the hand splint, with staff signatures recorded. An interview with Licensed Practical Nurse (LPN) #1 on 9/09/25 at 2:00 PM confirmed he did not apply Resident #4’s hand splint on 9/8 or 9/9. He acknowledged signing the treatment administration record (TAR) and explained there was miscommunication regarding who was responsible for applying the splint. He confirmed that not applying the splint as ordered could cause worsening contractures.	M0625	Continued from page 8 Education initiated on 9/9/2025 with current Certified Nursing Assistants and current Licensed nurses by Director of Clinical Services (DCS) and Assistant Director of Clinical Services (ADCS) on ensuring that residents with a contracture receive the necessary treatment and services to prevent a decline in range of motion (ROM) and physicians’ orders are followed. Quality Assurance Improvement QAPI) meeting was held on 9/10/2025 to ensure that residents with a contracture receive the necessary treatment and services to prevent a decline in range of motion (ROM) and physicians’ orders are followed. Director of Clinical Services (DCS) and Assistant Director of Clinical Services (ADCS) began monitoring on 9/9/2025 and will conduct ongoing Quality Monitoring to ensure that residents with a contracture receive the necessary treatment and services to prevent a decline in range of motion (ROM) and physicians orders are followed four times weekly for four weeks, then three times weekly for three weeks, then weekly for four weeks, then monthly for six months to ensure all solutions are sustained. On 9/30/2025, a QAPI meeting will be held to review our findings from our Quality Monitoring. We will review all findings from our Quality Monitoring on the last Tuesday of each month during the QAPI meeting by the QAPI Committee in the monthly meeting for six months to ensure our solutions are sustained.	

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M0625	Continued from page 9 An interview with the Administrator on 9/09/25 at 2:42 PM revealed her expectation was for splinting devices to be applied according to physician orders. Record review of the “Admission Record” revealed the facility admitted Resident #4 on 9/21/20 with medical diagnoses including Hemiplegia and Hemiparesis following a Cerebral Infarction affecting the right dominant side, and Need for Assistance with Personal Care. Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 9/05/25 revealed under Section C, a Brief Interview for Mental Status (BIMS) summary score of 6, indicating Resident #4 had severely impaired cognition. Section GG also revealed upper extremity impairment in range of motion on one side.	M0625		