STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **08/20/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WEBSTER HEALTH SERVICES NURSING FACILTY	**70 MEDICAL PLAZA , EUPORA, Mississippi, 39744**

(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 at facility from 8/18/25 through 8/20/25. 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 M635 and M1570. The census at the time of the survey was 35 and the facility is licensed for 36 beds.	M0000		
M0635	45.21.7 Gastric feeding Gastric feeding. Residents who are eating alone or with assistance are not fed by a gastric tube unless their clinical condition indicates that the use of a gastric feeding tube is unavoidable. The residents who are fed by a gastric tube receive the treatment and services to prevent complications or to restore if possible, normal eating skills. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Level II Based on observation, staff interview, record review, and facility policy review, the facility failed to follow nursing standards of practice for the care of a resident with a feeding tube for one (1) of two (2) residents with a Percutaneous Endoscopic Gastrostomy (PEG) tube. Resident #20 Findings Include: Review of the facility policy titled “Enteral Feeding: Gastrostomy, PEG, Jejunostomy,” unrevised, revealed under “Policy: It is the policy of ‘Proper name of the facility’ that residents unable or unwilling to ingest oral nutrients should be properly provided nutrition and care.” On 8/20/2025 at 12:10 PM, during an observation of a medication pass with Licensed Practical Nurse (LPN) #1,	M0635		

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

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M0635	Continued from page 1 she checked placement of Resident #20's feeding tube and withdrew three and one-half (3 ½) 60 ml (milliliter) syringes of beige-colored gastric residual. She placed the contents into a non-measurable white Styrofoam cup, administered the resident's medication, and discarded the gastric residual by flushing it down the toilet. On 8/20/25 at 12:32 PM, an interview with LPN #1 revealed Resident #20 had 150 cc's (cubic centimeters) of gastric residual and confirmed she did not return the residual contents back to the resident. LPN #1 revealed that Resident #20 received a bolus feeding at 10 AM and acknowledged that failing to return the stomach contents resulted in a lost feeding, which could lead to fluid and nutrient imbalance and possible weight loss. During an interview with the Director of Nursing on 8/20/25 at 12:44 PM, she confirmed Resident #20's gastric residual should have been returned. She acknowledged that failure to do so could result in weight loss or electrolyte imbalance and stated this was a standard of nursing practice. Record review of the "Demographics" revealed the facility admitted Resident #20 on 8/2/24 with medical diagnoses that included Cerebral Infarction due to Unspecified Occlusion, Dysphagia, and Encounter for Attention to Gastrostomy. Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 7/14/25 revealed under section C, a Brief Interview for Mental Status (BIMS) summary score of 13, indicating Resident #20 was cognitively intact.	M0635		
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	M1570		

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M1570	Continued from page 2 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, staff interview, record review, and facility policy review, the facility failed to prevent the possibility of the spread of infection as evidenced by failure to use a barrier with blood glucose monitoring and by cleaning the multiuse glucometer with an agent that was not effective against bloodborne pathogens for three (3) of eight (8) resident care opportunities observed. Resident # 8, Resident #22, and Resident #36 Findings Include: Review of the facility policy titled “Care of Equipment: Cleaning, Disinfecting, and Storage,” revised 1/10/24, revealed under “Cleaning and Disinfecting: Any equipment/devices entering the room or treatment area should be cleaned and disinfected between patient use with the approved disinfectant and according to the manufacturer’s instructions for use (IFU), regardless of whether or not the equipment is visibly soiled. (e.g., glucometer)..." On 8/19/2025 at 3:56 PM, an observation with Certified Nurse Aide (CNA) #1, revealed she entered Resident #22’s room and placed the glucometer on the bedside table without a barrier. After completing the blood glucose reading, she exited the room and briefly wiped the end of the glucometer (at the strip insertion site) with an alcohol prep. CNA #1 then entered Resident #36’s room, placed the glucometer on the bedside table without a barrier while prepping the resident’s finger, and after completing the blood glucose reading, briefly swiped the end of the glucometer with an alcohol pad. Lastly, CNA #1 entered Resident #8’s room and placed the glucometer on the bedside table without a barrier. After obtaining the glucose reading, she again briefly swiped the glucometer with an alcohol wipe. Further observation revealed a bottle of Clorox Disinfecting Wipes available for use on the rolling cart, which was never used.	M1570		

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M1570	Continued from page 3 On 8/19/25 at 4:16 PM, during an interview with CNA #1, she confirmed she did not use a barrier during blood glucose monitoring. She acknowledged the purpose of using a barrier was to prevent cross contamination. She stated she used an alcohol wipe to clean the glucometer and reported that administration told her it was acceptable. CNA #1 explained she had Clorox wipes available but used them only after finishing all glucose checks to disinfect the machine. She admitted that not using a barrier and not cleaning the glucometer with the appropriate disinfecting agent between residents could cause the spread of infection. During an interview with the Director of Nursing on 8/19/25 at 4:27 PM, she revealed the multiuse glucometer should be cleaned with the available Clorox wipes. She stated CNA #1 had been trained on using and properly disinfecting the machine. The Director of Nursing also confirmed a barrier should be used to prevent cross contamination and the spread of infection. Record review of the “Demographics” revealed the facility admitted Resident #8 on 4/28/22 with a medical diagnosis that included Type 2 Diabetes Mellitus. Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 6/23/25 revealed under section C, a Brief Interview for Mental Status (BIMS) summary score of 13, indicating Resident #8 was cognitively intact. Record review of the “Demographics” revealed the facility admitted Resident #22 on 11/1/21 with a medical diagnosis that included Type 2 Diabetes Mellitus with Stage 4 Chronic Kidney Disease. Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 7/2/25 revealed under section C, a Brief Interview for Mental Status (BIMS) summary score of 99, indicating Resident #22 could not complete the interview. Record review of the “Demographics” revealed the facility admitted Resident #36 on 11/18/24 with a medical diagnosis that included Type 2 Diabetes Mellitus Without Complications. Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 8/4/25 revealed under section C, a Brief Interview for Mental Status (BIMS) summary score of 6, indicating Resident #36 was severely cognitively impaired.	M1570		

Mississippi State Department of Health

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M1570		M1570		