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 **10/02/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OXFORD HEALTH & REHAB CENTER	**1301 BELK BOULEVARD , OXFORD, Mississippi, 38655**

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M0000	Initial Comments The State Agency (SA) conducted two (2) Complaint Investigations (CI MS #2582659 and CI MS #2594516) at the facility from 10/1/25 through 10/2/25. During the survey, the SA determined the facility was not in compliance with the Minimum Standards for Institutions for Aged or Infirm, state licensure requirements. The SA investigated CI MS #2582659 for neglect and quality of care and cited no citations for that complaint. The SA investigated CI MS #2594516 and cited M500 for right to receive pain management.	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	M0500		

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

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M0500	Continued from page 1 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 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	M0500		

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M0500	Continued from page 2 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, 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	M0500		

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M0500	Continued from page 3 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 resident representative and staff interview, record review, and facility policy review, the facility failed to ensure pain management was provided for a resident that had diagnoses that included pain and chronic pain for one (1) of six (6) residents sampled. Resident #1 Findings include: Record review of facility policy titled, “Pain Management” with a revised date of 3/10/25, revealed, “The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents’ goals and preferences...” During a phone interview on 10/1/25 at 12:17 PM, Resident #1’s representative revealed the resident had multiple wounds and was on antibiotics and was admitted to the facility from the hospital late in the evening on 7/25/25 and was sent back to the hospital on 8/6/25 and passed away on 8/25/25. She stated when the resident returned to the hospital it was determined that she had a decreased blood supply to her lower body and this caused excruciating pain. She stated that during the facility stay, the resident requested her pain medication and several times she did not receive it at all, or it was given long after it was requested. She stated it was unacceptable for the resident to have been in such severe pain and to not have the ordered medication given to her timely. A phone interview with Licensed Practical Nurse (LPN) #1 on 10/2/25 at 8:30 AM, revealed she was the nurse that admitted Resident #1 to the facility. She stated the resident had multiple wounds and complained of severe pain on admission, but she did not have pain medication available to administer to the resident. She confirmed she did not follow the process of obtaining pain medications for a resident with pain and she did not contact the pharmacy or the physician. She revealed a pain scale score was not checked or documented, but the resident had “significant pain” during part of her shift, and when the medication arrived around 3:00 AM,	M0500		

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M0500	Continued from page 4 the resident was asleep. She stated the resident's condition was “a sad situation” and “she had pain from the moment she was admitted till she left that shift”. An interview with the Director of Nursing (DON) on 10/1/25 at 2:30 PM and 10/2/25 at 9:35 AM, revealed Resident #1 was admitted to the facility with multiple wounds and cellulitis of the perineum. She stated the facility had a system in place to allow medications to be obtained any time day or night through their medication dispensing system which could be accessed prior to medications delivered by their pharmacy. She acknowledged if a pain medication was needed, the on-call pharmacy provided a code for the narcotic to be obtained from the dispensing system. If no prescription was available, the provider would be notified to send a hard copy of prescription to the pharmacy so the staff could obtain the needed medication for the residents. After Resident #1’s admission "Health Status Note" by LPN #1 which indicated the resident was having pain and medications were not available, was reviewed by the DON, she acknowledged this should not have occurred since the medication was available in their dispensing system. She acknowledged that a pain level score was not documented by LPN #1, but the nurse had documented in the progress note that the resident was experiencing pain. She acknowledged that each resident has the right to receive the care necessary and it was her expectation that each staff member follows the process to obtain the needed medications for each resident. She confirmed the nurse, therefore the facility, failed to follow the procedure for obtaining medication for a resident experiencing pain. Record review of Resident #1’s “Health Status Note” dated 7/25/25 at 9:30 PM, revealed, “Resident is complaining of pain at this time, but no medications are on hand for her.” This was signed by LPN #1. Record review of Resident #1’s “Order Summary Report” revealed an order dated 7/25/25 for Hydrocodone-Acetaminophen Tablet 5-325 milligram (mg) give one tablet by mouth every 8 hours as needed for pain. Record review of the Electronic Medication Administration Record (EMAR) revealed Resident #1 did not receive the ordered pain medication on 7/25/25. Record review of facility’s “Inventory” list for medications in the dispensing system revealed that Resident #1’s ordered medication, Hydrocodone/Acetaminophen 5-325 mg was available in the facility's medication dispensing system.	M0500		

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M0500	Continued from page 5 Record review of Resident #1's "Admission Record" revealed an admission date of 7/25/25, with diagnoses that included cellulitis of perineum, pressure ulcer, pain, and chronic pain. Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 8/1/25 revealed a Brief Interview for Mental Status (BIMS) score of 13 indicating Resident #1 was cognitively intact.	M0500		