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 **10/08/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHEARER-RICHARDSON MEMORIAL NURSING HOME	**512 ROCKWELL DRIVE PO BOX 604, OKOLONA, Mississippi, 38860**

(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 the facility from 10/06/25 through 10/08/25. During the survey, the SA determined that the facility was not compliance with the Minimum Standards for Institutions for Aged or Infirm, state licensure requirements and cited M1210 and M1230.	M0000		
M1210	45.40.7 Walls and Ceilings Walls and Ceilings. All walls and ceilings shall be of sound construction with an acceptable surface and shall be maintained in good repair. Generally the walls and ceilings should be painted a light color. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on observation, resident and staff interview, record review and facility policy review, the facility failed to ensure a resident had a safe and homelike environment as evidenced by a broken bathroom wall tile and a broken towel holder in the bathroom for one (1) of 67 residents' rooms observed. Resident #55 Level II Findings include: Review of the facility's policy titled, "Safe and Homelike Environment" dated 7/29/25, revealed, "In accordance with residents' rights, the facility will provide a safe, clean comfortable and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. This includes ensuring that the residents can receive care and services safely and that the physical layout of the facility, both inside and outside, maximizes resident independence and does not pose a safety risk. ... 'Environment' refers to any environment in the facility that is frequented by residents, including (but not limited to) the residents' rooms, bathrooms, hallways, dining areas, lobby, outdoor patios, therapy areas and activity areas. ... 'Orderly' is defined as an	M1210		

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

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M1210	Continued from page 1 uncluttered physical environment that is neat and well-kept..." During an interview and observation on 10/6/25 at 10:44 AM, Resident #55 stated her towel holder had been broken since she moved in the room, and she would like to be able to use it. An observation revealed the left side of the towel holder was partially out of the wall and the tile was broken. The right side was secured in place, but there was no bar between the ends. An interview and observation on 10/7/25 at 2:45 PM, with the Director of Nursing (DON) revealed that it was her expectation that every area of the facility be in good repair and not a safety risk. She confirmed the facility failed to maintain the towel rack adequately and the broken tile was sharp and could cause an injury. During an interview on 10/7/25 at 2:50 PM, the Administrator confirmed that facility failed to maintain the resident's bathroom towel rack in safe and functioning condition. Record review of the "Admission Record" for Resident #55 revealed the facility admitted the resident on 6/24/24 with diagnoses that included Hypertensive Chronic Kidney Disease and weakness. Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 7/1/25 revealed Resident #55 had a Brief Interview for Mental Status (BIMS) score of 12 which indicated a moderate cognitive impairment.	M1210		
M1230	45.40.11 Call System Call System. A call system shall be in place at the nurses' station to receive resident calls through a communication system to include audible and visual signals from bedrooms, toilets, and bathing facilities. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on observation, resident and staff interview, and facility policy review, the facility failed to ensure a resident had a functioning call light system in the bathroom for one (1) of 67 residents' rooms observed. Resident #55 Level II Findings include:	M1230		

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M1230	Continued from page 2 Review of the facility's policy titled, "... Call Lights: Accessibility and Timely Response" dated 5/21/25, revealed, "The purpose of this policy is to assure the facility is adequately equipped with a call light at each residents' bedside, toilet, and bathing facility to allow residents to call for assistance. Call lights will directly relay to a staff member or centralized location to ensure appropriate response. ... 7. The call system must be accessible to the residents at each toilet and bath or shower facility. The call system should be accessible to a resident lying on the floor. 8. Staff will report problems with a call light or the call system immediately to the supervisor and/or maintenance director and will provide immediate or alternative solutions until the problem can be remedied..." During an observation and interview on 10/6/25 at 10:44 AM, Resident #55 revealed that when she pulls the cord on the call light in her bathroom, it does not activate the call light system. She stated that she took her phone into the bathroom with her, so that she had a way to call for assistance if needed. An observation of the bathroom call light system confirmed that the cord was not able to be pulled to activate the call system. On 10/7/25 at 2:45 PM, during an observation and interview, the Director of Nursing (DON) confirmed that the call light system in Resident #55's bathroom could not be activated with the pull cord. Resident #55 informed the DON that she took her phone in the bathroom with her in case assistance was needed. The DON confirmed that each call light in resident's room and bathroom was required to function properly to alert the staff if needed. She confirmed the facility failed to ensure a call light in a resident's bathroom was functioning properly. During an interview on 10/7/25 at 2:50 PM, the Administrator revealed it was her expectation that each resident's room and bathroom have a call light system to alert staff of the need for assistance. She confirmed the facility failed to provide a functioning call light in Resident #55's bathroom. Record review of the "Admission Record" for Resident #55 revealed the facility admitted the resident on 7/6/25 with diagnoses that included Hypertensive Chronic Kidney Disease and weakness. Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 7/1/25 revealed Resident #55 had a Brief Interview for Mental Status (BIMS) score of 12 which indicated a moderate cognitive	M1230		

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M1230	Continued from page 3 impairment.	M1230		