Mississippi State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 1202	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEDFORD CARE CENTER OF PICAYUNE	**2797 COOPER ROAD , PICAYUNE, Mississippi, 39466**

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M0000	Initial Comments The State Agency (SA) conducted a licensure survey at the facility from 10/20/25 to 10/23/25. 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 and M815.	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 House Bill 1439, which states that the facility shall not limit a resident ' s choice of pharmacy or pharmacy	M0500		

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

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M0500	Continued from page 1 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; 9. is assured security in storing personal possessions and confidential treatment of his personal and medical	M0500		

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M0500	Continued from page 2 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 liberties including the right to independent personal decisions and knowledge of available choice. The	M0500		

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M0500	Continued from page 3 facility shall encourage and assist in the fullest exercise of these rights. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, record review, and facility policy review, the facility failed to ensure residents' rights to privacy and dignity were maintained when medical information was posted above a resident's bed (Resident #5) and when staff failed to assist a dependent resident with feeding in a respectful manner (Resident #6) for two (2) of (16) sampled residents. Findings Include: A review of the facility's policy, "Resident Rights," revised 10/2/22, revealed, "…It is the policy of this facility to uphold and comply with Resident Rights as stated in this policy…Policy Explanation and Compliance Guidelines: Resident Rights: The resident has the right to a dignified existence… 2. Planning and implementing care…b. The right to participate in the planning process…iv. The right to receive services and/or items included in the plan of care…4. Respect and dignity…c. The right to…receive services in the facility with reasonable accommodation of resident needs…" Resident #5 A record review of the "Admission Record" revealed the facility admitted Resident #5 on 4/18/25 with diagnoses including Hemiplegia and Hemiparesis following Cerebral Infarction affecting the left non-dominant side. A record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 7/26/25, revealed Resident #5 had a Brief Interview for Mental Status (BIMS) score of 13, which indicated she was cognitively intact. On 10/20/25 at 12:05 PM, during an observation, Resident #5 was seated in a chair eating lunch with a visitor present. A sign was posted above the resident's bed that indicated, "Turn every two (2) hours." On 10/21/25 at 1:30 PM, during an interview with Resident #5, she stated she had not been asked for permission to post the sign above her bed and had not noticed it until it was brought to her attention. On 10/21/25 at 1:33 PM, during an observation and interview with the Social Services Director (SSD) #1, the same signage remained posted above the resident's	M0500		

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M0500	Continued from page 4 bed. SSD #1 confirmed the sign contained the resident's turning schedule and stated that such information was accessible through the electronic health record (EHR). On 10/21/25 at 3:35 PM, during an interview with Registered Nurse (RN) #1, Resident Care Coordinator, she explained that Certified Nurse Aides (CNAs) have access to each resident's plan of care and Kardex information and stated that staff had previously been reminded to remove posted signage containing resident information to ensure compliance with privacy and dignity standards. On 10/21/25 at 4:08 PM, during an interview with CNA #1, she demonstrated how the electronic kiosk identifies residents with turning schedules by highlighting their names when a task is due and explained that the system also tracks incomplete turns, eliminating the need for posting written reminders in resident rooms. On 10/22/25 at 9:38 AM, during an interview with the Director of Nursing (DON), stated her expectation was that staff will not post any signage in resident rooms containing or exposing medical or personal health information and that such information must instead be documented in the resident's medical record. On 10/23/25 at 11:55 AM, during an interview with the Administrator, he stated his expectation was for staff to ensure that no medical record information was posted on resident-room walls and that residents' rights to privacy were maintained at all times. Resident #6 A record review of the "Admission Record" revealed the facility admitted Resident #6 on 7/8/22 with diagnoses including Type 2 Diabetes Mellitus. A record review of the Quarterly MDS with an ARD of 7/30/25 revealed Resident #6 had a BIMS score of 0, which indicated she had severe cognitive impairment. A record review of the "Order Summary Report" revealed Resident #6 had Physician's Order, dated 3/25/25 for "Mechanical Soft texture, Regular consistency, up for all meals/hand feeder/assist with all meals." A record review of the "Care Plan Report" revealed Resident #6 had a "Problem" of "Impaired Nutrition" with "Interventions" including "Monitor eating environment."	M0500		

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M0500	Continued from page 5 On 10/20/25 at 12:10 PM, during an observation, Resident #6 was lying in bed with her lunch tray out of reach and no staff present. The resident was observed struggling to extend her arms to reach items on the tray and was unsuccessful. The tray contained beverages with straws that still had paper wrappers intact. On 10/20/25 at 12:20 PM, during an interview with Certified Nurse Aide (CNA) #2, she acknowledged that Resident #6 could not access her food and stated that the resident should have been seated in the dining room and receiving total assistance with feeding. On 10/20/25 at 12:25 PM, during an observation and interview with the Director of Nursing (DON), she entered the resident's room to assist with feeding and acknowledged that Resident #6 should have been up in the dining room and required full assistance with feeding. The DON was observed standing over the resident while assisting her and acknowledged she should have been seated to provide feeding assistance. The DON stated her expectation was for staff to follow the resident's care plan and for all staff to review care information prior to providing care.	M0500		
M0815	45.29.1 Safe Food Handling Procedures Safe Food Handling Procedures. Food shall be prepared, held, and served according to current Mississippi State Department of Health Food Code Regulations. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on observation, interview and facility policy review, the facility failed to maintain food quality and hygienic practices in accordance with professional standards for food safety related to overly ripened produce, improperly stored food, scoops stored in ice and in bins, undated food, expired food and staff handling food with their hands, and poor hand hygiene for three (3) of (3) kitchen observations. Findings include: A review of the facility's policy, "Handwashing Guidelines for Dietary Employees", dated 10/04/22, revealed, "Policy Statement...Handwashing is necessary to prevent the spread of pathogens that may cause foodborne illnesses…Policy Interpretation and Implementation 1. Dietary employees will keep their hands…clean…5. Frequency of Handwashing: Dietary employees will clean their hands…immediately before engaging in food preparation, including working with exposed food, clean equipment and utensils…in the	M0815		

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M0815	Continued from page 6 following situations…b. After hands have touched anything unsanitary i.e.…soiled utensils/equipment…j. After engaging in any activity that may contaminate the hands…." A review of the facility's policy, "Food Receiving and Storage", dated 10/03/22" revealed, "…Policy Interpretation and Implementation…7. All foods in the refrigerator… will be covered, labeled and dated…14. Shelf stable foods will be stored based on acceptable guidelines for the individual foods..." On 10/20/25 at 10:12 AM, during an observation and interview with the Dietary Manager (DM), Refrigerator #5 revealed one (1) unopened bag of spinach with a facility date of 9/30/25 with brown liquid pooled at the bottom of the bag, one (1) overly ripe tomato with black biological growth, (1) pan of fruit cocktail covered in plastic wrap with no date on the pan, 20 unopened pint sized chocolate lactose free milk cartons with manufacturer's "Best by" date of October 15 and October 16, (1) bell pepper with black biological growth. An observation of refrigerator #7 revealed (3) unopened bags of chopped lettuce with a manufacturer's "Packed Date" of 9/27/25, with the lettuce brown and liquified, (14) overly ripe cucumbers containing white biological growth, (1) grocery store produce bag containing cilantro that was brown. An observation of the ice bin revealed a scoop left in the bin and not stored separately. A review of the dry bins revealed a scoop stored in the bin of red beans. A review of the Pantry revealed (1) opened container of beef flavored base with manufacturer's instructions to "Keep refrigerated for best quality", (1) opened gallon sized bottle of teriyaki sauce with manufacturer's instructions to "Refrigerate after opening", (1) opened gallon bottle of steak sauce with manufacturer's instructions to "Refrigerate after opening", (1) opened gallon sized bottle of lemon juice with manufacturer's instructions to "Refrigerate after opening". The DM acknowledged the overly ripe produce, undated and expired foods, and the scoops left in the ice and red beans. The DM stated she will increase her monitoring of food storage and in-service the staff on labeling and food safety. On 10/21/25 at 7:15 AM, during a second observation of the kitchen with the DM and interview with the staff revealed, observed Dietary assistant (DA)#1 standing at the pureed food service station, going back and forth between resting her gloved hands flat on the counter, adjusting her clothes and laying her hands flat in the residents plates as she waited for the food to arrive.	M0815		

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M0815	Continued from page 7 An observation of the breakfast services revealed on the Cook sitting the thermometer on the food line counter with the prong touching the counter and picking it up to check food temperatures without sanitizing the thermometer prong. Further observation of the Cook revealed her picking up a paper towel from the floor and without sanitizing her hands picked up a pan of sausage, picking up sausage and biscuits with her hands and placing them on resident's plates and accepting a plate in her hand from a Certified Nursing Assistant (CNA) back across the food service line after it had been in the dining room. An observation of the DM revealed her sitting a thermometer on the food preparation counter with the prong touching the counter and picking it up to check food temperatures without sanitizing the thermometer prong. DA #1 acknowledged the table and her clothes and sitting her hands on the food placement area of the residents' plates. DA #1 noted the importance of maintaining sanitation in the kitchen is to prevent contamination. DA #1 stated she knew she should have kept her hands sanitary because she previously worked in restaurants. DA #1 stated she started working for the facility last week but recalled being in-serviced on food safety. An interview with the Cook revealed she acknowledged picking up the food with her hands, allowing the thermometer to touch the counter and not sanitizing it, picking up the paper towel from the floor, and handling a pan of sausage without sanitizing her hands and accepting the plate back across the line. The Cook stated her rushing was the cause of not maintaining sanitary practices. The Cook noted that the reason for maintaining sanitary practices in the kitchen is to keep people from getting sick. The Cook reported the staff are in-serviced monthly on food safety. On 10/21/25 at 11:17 AM, during an observation and interview, DA #2 was on the food line and the scoop used for peas fell into the peas and the Cook reached into the pan with her hand submerged into the peas and retrieved the scoop. DA #2 acknowledged the errors in food handling. DA #2 noted the staff are in-serviced monthly on food safety. The DM acknowledged allowing the thermometer prong to touch the counter and continuing to use it without sanitizing it. The DM affirmed that the facility does have alcohol wipes for the thermometer. The DM acknowledged the unsanitary practices by the staff during these observations. The DM stated the importance of maintaining food safety is to cut down on cross contamination. The DM noted the staff are in-serviced once a month.	M0815		

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M0815	Continued from page 8 On 10/21/25 at 11:42 AM, during an interview with the Administrator, he acknowledged he was made aware of the overly ripe produce, improperly stored foods, scoops left in foods, undated foods and unsanitary practices by staff. The Administrator stated the Dietary Manager is responsible for maintaining food quality and safety in the kitchen. The Administrator affirmed that he expects the kitchen staff to follow the policies for food safety.	M0815		