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 **10/30/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE VIEW HEALTH AND REHABILITATION CENTER	**1304 WALNUT ST , WAYNESBORO, Mississippi, 39367**

(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 recertification survey at the facility from 10/27/25 to 10/30/25. 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, M815, and M1570.	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	M0500		

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

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M0500	Continued from page 1 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 emergency application of the restraint; 9. is assured security in storing personal possessions	M0500		

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M0500	Continued from page 2 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 16. is assured of exercising his civil and religious liberties including the right to independent personal	M0500		

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M0500	Continued from page 3 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 observation, interviews, record review, and facility policy review, the facility failed to ensure a resident's right to privacy and confidentiality for one (1) of (16) sampled residents (Resident #2). Findings include: A review of the facility's policy, "Resident Rights", dated 6/1/25, revealed, "…The resident has a right to a dignified existence…7. Privacy and confidentiality. The resident has the right to personal privacy and confidentiality of his or her personal and medical records. a. Personal privacy includes accommodations, medical treatment…" A record review of the "Admission Record" revealed the facility admitted Resident #2 on 7/13/223 with current diagnoses of Neurocognitive Disorder with Lewy Bodies. A record review of the Annual Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 9/12/25 revealed Resident #2 had a Brief Interview for Mental Status (BIMS) score of 15 which indicated she was cognitively intact. A record review of the "Order Summary Report" revealed Resident #2 had a Physician's Order, dated 1/17/25 to elevate the head of the bed 30-45 degrees except when providing care. On 10/27/25, at 11:26 AM, in an observation, Resident #2 was lying in bed and there was signage above the head of the bed indicating, "Keep head of bed elevated at 40 degrees at all times." Resident #2 shares a room with another resident. On 10/27/25 at 11:36 AM, in an interview and observation, Certified Nursing Aide (CNA #1), acknowledged the signage above Resident #2's bed and confirmed it had been placed there by staff. CNA #1 stated this information is located in the resident's electronic charting system (eChart) and the Kardex. On 10/29/25 at 10:59 AM, during a follow-up observation and interview with the Unit Manager/Registered Nurse (RN) #1 observed the signage posted above Resident #2's bed. RN #1 stated that the signage was intended to remind staff not to lower the head of the bed. RN#1	M0500		

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M0500	Continued from page 4 confirmed staff had access to the residents' plan of care in the eChart system, which had the same information. RN #1 stated that posting this information could be a breach of confidentiality or a violation of resident rights. On 10/29/25, at 2:58 PM, in an interview with the Administrator, he agreed that the posting represented privacy and dignity concerns, particularly because Resident #2 shares a room and visitors could easily view the posted information. The Administrator stated his expectation that no signage containing medical information be posted in resident rooms.	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, interviews, record review and facility policy review, the facility failed to ensure safe food handling practices in the dietary department. Specifically, the facility failed to monitor, and discard outdated canned food items, failed to remove overly ripe produce from the refrigerator, and failed to date and label opened packages of chicken tenders in the freezer for one (1) of four (4) days of survey. Findings include: A review of the facility's policy, "Food Safety Requirements", 10/14/25 revealed, "…Policy Explanation and Compliance Guidelines: 1. Food safety practices shall be followed throughout the facility and the entire food handling process...3. Facility staff shall inspect all food, food products, and beverages for safe transport and quality upon delivery/receipt and ensure timely and proper storage…c. Refrigerated storage…Practices to maintain safe refrigerated storage include…iv. Labeling, dating, and monitoring refrigerated foods…" On 10/27/25, at 10:38 AM, during an observation of the kitchen and interview with the Dietary Manager (DM), in Refrigerator #1, there was (1) five-pound opened container of sour cream from a case containing three (3) five-pound containers with expiration dates of 10/6/25. The DM confirmed the items were expired. In the fresh-produce cooler, there was (1) case of red bell peppers, three (3) of which were overly ripe. The DM explained that it was her responsibility to check	M0815		

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M0815	Continued from page 5 dates and remove overly ripe produce. In Freezer #1, there was (1) opened package of chicken tenders that was neither dated nor repackaged. In the dry-goods storage area, there was (1) industrial-sized can of crushed pineapples with an expiration date of 7/25/24. The DM confirmed the item was expired and acknowledged it should have been removed from stock. She stated that it is the responsibility of all dietary staff to monitor and rotate canned goods to ensure expired products are promptly discarded. On 10/29/25, at 2:58 PM, in an interview with the Administrator, he stated that it was his expectation for dietary staff to consistently monitor and document dates on all food products and to routinely inspect refrigerated and stored food items. He further stated that any expired or outdated items must be promptly removed and discarded. A review of the facility's "Inservice Training Report" revealed that dietary staff received an in-service on labeling on 2/2/25, and another on 8/5/25, addressing dating inventory, boxes, and storage practices.	M0815		
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 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:	M1570		

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M1570	Continued from page 6 Based on observation, staff interview, and facility policy review, the facility failed to ensure infection prevention and control practices were maintained when an uncovered laundry cart containing clean laundry was transported down the hallway with clean clothes stored on top of the cart and a staff member allowed clean laundry to touch her clothes for one (1) of four (4) days of survey. Findings include: A review of the facility's policy, "Handling Clean Linen", Reviewed/Revised 10/14/25, revealed, "…Policy Explanation and Compliance Guidelines…4. Clean linens must be transported by methods than ensure cleanliness and protect from dust and soil during…transport and unloading, such as…b. covering the cart...5…a…Clean linen shall be delivered to resident care units on covered linen carts with overs down. Nothing shall be kept on top of linen carts…6. Carry clean linen with clean hands away from your body…" On 10/27/25 at 11:25 AM, during an observation and interview with the Housekeeper, she was transporting the clean laundry cart down the hallway with the covering flipped over the cart, leaving the laundry exposed, as well as clean laundry items stacked on top of the cart. The Housekeeper repeatedly took laundry from the cart and held it against her clothing as she delivered the items to residents' rooms. The Housekeeper acknowledged the laundry cart was uncovered, and had laundry stacked on top of the cart. She also acknowledged that the clean laundry was not kept away from her body and noted the housekeeping staff were responsible for taking the laundry from the laundry room to the halls and delivering it to the residents' rooms. The Housekeeper stated she was responsible for making sure the laundry was covered before leaving the laundry room. The Housekeeper reported that the importance of keeping the clothes covered is to prevent cross contamination. On 10/27/25 at 11:33 AM, during an interview with the Housekeeping Supervisor, she stated the laundry must be covered to maintain infection control. The Housekeeping supervisor reported she expects the staff to do more to follow sanitary practices. On 10/29/25 at 11:58 AM, during an interview with the Laundry Worker she acknowledged allowing an uncovered	M1570		

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M1570	Continued from page 7 laundry cart to leave the laundry room on 10/27/25. The Laundry Worker reported the laundry staff are responsible for making sure the laundry cart is covered before leaving the laundry room and going into the facility. The Laundry Worker stated the reason for having the cart covered is to maintain sanitation of the laundry. On 10/30/25 at 8:11 AM, during an interview with the Administrator, he stated the purpose of keeping the cart covered is to keep the laundry clean. The Administrator reported that the individual operating the cart is responsible for making sure it is covered. The Administrator noted that his expectation is that the laundry carts will be covered.	M1570		