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 **11/05/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAMAR HEALTHCARE & REHABILITATION CENTER	**6428 US HIGHWAY 11 , LUMBERTON, Mississippi, 39455**

(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-licensure survey at the facility from 11/3/25 to 11/5/25. 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 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: Level II-Isolated Based on observation, interview, record review, and facility policy review, the facility failed to maintain residents' privacy and dignity when staff left medical information in plain view at the bedside for a resident (Resident #9) and failed to ensure a catheter drainage bag was covered while a resident ate in the dining room for (Resident #11) for two (2) of (12) sampled residents. Findings Include: A review of the facility's policy, "Resident Rights," revised February 2021, revealed, "…Employees shall treat all residents with kindness, respect, and dignity. Policy Interpretation and Implementation 1. Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident's right to: a. a dignified existence…" Resident #9 A record review of the "Admission Record" revealed the facility admitted Resident #9 on 6/3/25 with diagnoses including Hemiplegia. A record review of the "Order Summary Report" revealed Resident #9 had a Physician's Order, dated 5/29/25, to "Flush G-tube (Gastrostomy tube) with 300 cubic centimeters (cc) of H2O (water) every 6 (six) hours…" A record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 8/21/25 revealed Resident #9 had a Brief Interview for Mental Status (BIMS) score of 99, which indicated her cognition was severely impaired. On 11/4/25 at 2:35 PM, during an observation and interview with Licensed Practical Nurse (LPN) #2, a Styrofoam cup was observed on Resident #9's bedside nightstand with Percutaneous Endoscopic Gastrostomy (PEG) tube flush information written on the outside. LPN #2 confirmed that the flush amount matched the physician's order and immediately removed the cup, stating that the night shift had likely left it out. She verified that all staff have access to physician orders through the electronic charting system (eChart) and the Kardex.	M0500		

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M0500	Continued from page 4 Resident #11 A record review of the “Transfer/Discharge Report”” revealed the facility admitted Resident #11 on 5/18/25 with diagnoses including obstructive and reflux uropathy, unspecified (urine flow is blocked in the urinary tract). A record review of the “Order Summary Report” revealed Resident #11 had Physician’s Orders, dated 5/30/25, related to catheter care two times a day. A record review of the Quarterly MDS with an ARD of 9/5/25 revealed Resident #11 had a BIMS score of 3, which indicated severe cognitive impairment. On 11/3/25 at 11:49 AM, during an observation of the dining room, Resident #11 was observed eating lunch with an uncovered catheter drainage bag exposed to public view. On 11/4/25 at 2:20 PM, during an observation and interview, Licensed Practical Nurse (LPN) #3 stated that staff are responsible for ensuring catheter drainage bags are covered with privacy bags. LPN #3 acknowledged that staff failed to cover Resident #11’s drainage bag while the resident ate in the dining room and confirmed that Resident #11 was cooperative and would not have refused the cover. On 11/4/25 at 3:09 PM, during an interview with Registered Nurse (RN) #1, she confirmed that facility policy requires staff to place privacy covers over catheter drainage bags to maintain resident dignity. On 11/5/25 at 8:38 AM, during an interview with the Director of Nursing (DON), she confirmed that staff are not permitted to post or leave medical information visible at the bedside and stated that the information written on the cup at Resident #9’s bedside had been written by night shift staff. The DON stated that all staff had received in-service training on confidentiality and dignity during Resident Rights training in August 2025. She further stated that her expectation is for staff to maintain privacy and dignity by providing privacy covering for urinary catheter drainage bags. On 11/5/25 at 1:50 PM, during an interview with the Administrator, she stated that it is her expectation that all staff ensure residents’ medical information is not visible to others and that catheter drainage bags are covered at all times in public areas to protect	M0500		

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M0500	Continued from page 5 resident privacy and dignity.	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: Level II- Isolated Based on observation, interviews and facility policy review, the facility failed to ensure safe food handling practices in the dietary department on one (1) of three (3) survey days. Specifically, the facility failed to remove overly ripe produce four (4) oranges from the refrigerator; failed to repackage, date, and label an opened ten-pound (10-lb) box of cracker crumbs stored in the refrigerator; failed to discard frost-bitten beef patties from the freezer; and failed to repackage and date an opened container of cocoa powder in the dry goods storage area. Findings include: A review of the facility's policy, "Food Storage and Labeling Policy, revised 8/24, revealed, "…The facility will ensure the safety and quality of food by following good storage and labeling procedures…Rotation…a. First In, First Out method is used to rotate fold in all storage areas…iv. Foods stored in storage units will be surveyed routinely to identify and discard foods that have passed their use-by dates…" A review of the "Inservice Sign-in Sheet" dated 8/27/25 revealed dietary staff received education on "Food Storage and Labeling." On 11/3/25 at 10:03 AM, during an observation and interview with the Dietary Manager (DM), there were (4) overly ripe oranges exhibiting visible biological growth and decomposition inside a produce box in the refrigerator. The DM stated it was everyone's responsibility to monitor for overly ripe produce. Further observation revealed an opened and unlabeled (10-lb) box of crushed cracker crumbs with exposed contents stored in the refrigerator. In the freezer, eight (8) beef patties were observed, (4) of which exhibited brown discoloration and freezer burn. The items were not repackaged or labeled with open dates. The DM acknowledged the patties were improperly stored and should have been discarded or repackaged with a date label. During continued observation of the dry	M0815		

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M0815	Continued from page 6 goods storage area, there was an open box of cocoa powder with exposed contents. The DM stated that it was everyone's responsibility to monitor for these issues and acknowledged that staff had been in-serviced on food storage and labeling a few months prior. On 11/5/25, at 1:30 PM, during an interview with the Administrator, she stated it was her expectation for dietary staff to monitor food stock daily and ensure that expired, overly ripe, or freezer-burned items are discarded immediately.	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: Level II- Isolated Based on observation, interview, record review, and facility policy review, the facility failed to follow infection control guidelines by not wearing a gown during care of a resident with an indwelling medical device who was on Enhanced Barrier Precautions (EBP) for one (1) of three (3) resident care observations. Resident #9. Findings Include:	M1570		

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M1570	Continued from page 7 A review of the facility's policy "Enhanced Barrier Precautions," undated, revealed, "Enhanced barrier precautions (EBPs) are utilized to prevent the spread of multi-drug-resistant organisms (MDROs) to residents. Policy Interpretation and Implementation…2. EBPs employ targeted gown and glove use during high contact resident care activities when contact precautions do not otherwise apply…3. Examples of high-contact resident care activities requiring the use of gown and gloves for EBPs include…g. device care or use (…feeding tube…)" On 11/4/25 at 1:27 PM, during an observation of percutaneous endoscopic gastrostomy (PEG) tube care, Licensed Practical Nurse (LPN) #2 provided care for Resident #9 without wearing a gown while cleaning the PEG tube site. Resident #9's nameplate on the door displayed a blue dot, indicating the resident was on Enhanced Barrier Precautions. On 11/4/25 at 1:33 PM, during an interview with LPN #2, she confirmed the blue dot on the resident's door signified that the resident was on Enhanced Barrier Precautions. LPN #2 stated she should have worn a gown while providing care to prevent the spread of infection to the resident. On 11/4/25 at 3:04 PM, during an interview with the Director of Nursing (DON), who also serves as the Infection Preventionist, she stated that a gown should have been worn during PEG tube care to comply with EBP. The DON explained that the precautions were implemented to prevent infection and stated her expectation that staff follow proper infection prevention guidelines to prevent complications such as infections. A record review of the "Admission Record" revealed the facility admitted Resident #9 on 6/3/25 with diagnoses including Hemiplegia. A record review of the "Order Summary Report" revealed Resident #9 had Physician's Orders related to a gastrostomy tube. A record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 8/21/25 revealed Resident #9 had a Brief Interview for Mental Status (BIMS) score of 99, which indicated her cognition was severely impaired.	M1570		