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 **11/18/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEAKESVILLE REHABILITATION AND NURSING CENTER, INC	**1300 MELODY LANE , LEAKESVILLE, Mississippi, 39451**

(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 09/22/2025 through 09/25/2025. 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 the call light system accommodated the needs of a resident with contracted hands for one (1) of four (4) survey days that affected Resident #5. Findings include: A review of the facility's policy, "Call Lights: Accessibility and Timely Response," dated 10/21/24, revealed, "…Policy Explanation and Compliance Guidelines…3. Each resident will be evaluated for unique needs and preferences to determine any special accommodations that may be needed in order for the resident to utilize the call system…" A record review of the "Admission Record" revealed the facility admitted Resident #5 on 2/13/23 with current diagnoses including Hemiplegia and Hemiparesis and Contractures of Right and Left Arms and Legs. A record review of the "Skilled Evaluation" dated 8/29/25, revealed Resident #5 had "Impairment on both sides" regarding upper and lower extremity range of motion and indicated he had contractures. A record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 8/29/25 revealed Resident #5 had a Brief Interview for Mental Status (BIMS) score of 05, which indicated he had severe cognitive impairment. Section GG revealed impairment to his upper and lower extremities. On 9/22/25 at 12:35 PM, during an observation and interview, Resident #5 was yelling for help. Upon entering the room, the resident explained he needed a nurse. The resident's call light was observed to be a push-button type with the cord wrapped around the bed rail. Resident #5 explained he could not grasp the call light due to his contracted hands. On 9/22/25 at 12:45 PM, during an interview with Licensed Practical Nurse (LPN) #2, she confirmed that the push-button call light was not adequate for Resident #5 because he was unable to press the button. On 9/23/25 at 3:10 PM, during an interview with the Administrator, she explained she was unaware of who	M0500		

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M0500	Continued from page 4 determined which residents should be provided with alternative call lights. She believed an assessment should have been completed upon admission by clinical nursing staff.	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, staff interviews and facility policy review, the facility failed to ensure food items were dated, labeled, stored, and maintained in a sanitary manner in accordance with facility policy and manufacturer instructions for one (1) of four (4) days of survey. Findings include: A review of the facility's policy, "Food Receiving and Storage," revised July 2014, revealed, "…Foods shall be received and stored in a manner that complies with safe food handling practices…Policy Interpretation and Implementation…6. All foods stored in refrigerator freezer should be covered labeled and dated…9…Wrappers of frozen food must stay intact until thawing..." On 9/22/2025 at 10:36 AM, during an observation of the kitchen and interview with the Dietary Manager (DM), there was (1) gallon of Italian dressing stored in the refrigerator opened and undated. In the produce cooler, three (3) overly ripe cucumbers, (1) overly ripe head of lettuce beginning to deteriorate, (1) cucumber cut in half and left exposed/unwrapped, and three (3) green bell peppers overly ripe and beginning to dry were observed. The DM stated the green bell peppers had been used four (4) days earlier during meal preparation and confirmed she is responsible for checking produce daily. In Freezer #1, there was (1) bag of mini corn dogs opened, undated, and not repackaged, and (1) bag of beef fried steaks opened, undated, and not repackaged. In the dry goods room, observed (1) opened container of grape jelly stored on the shelf despite manufacturer instructions to refrigerate after opening. Additionally, a scoop was observed stored inside a container of cornmeal. The DM confirmed and acknowledged the findings and stated that produce is to be checked daily by the supervisor. On 9/24/2025 at 9:23 AM, during an interview with the Dietary Consultant, he stated his expectations for the	M0815		

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M0815	Continued from page 5 dietary department are to ensure all food items are dated and labeled according to policy, that produce is monitored daily, and that established procedures are consistently followed. On 9/25/2025 at 12:45 PM, during an interview with the Administrator, she stated her expectation was for the Dietary Department to follow facility policy by repackaging and dating all opened food items and to follow manufacturer storage and handling instructions.	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: Based on observation, interview, and facility policy review, the facility failed to ensure infection prevention and control practices were maintained as evidenced by, not discarding isolation gowns that had fallen to the floor in the hallway, and placing the contaminated gowns back in to the clean supply bin designated for PPE use by staff for one (1) of two (2) PPE supply bins observed. Findings include:	M1570		

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M1570	Continued from page 6 A review of the facility's policy, "Infection Prevention and Control Program" revised 2/16/2024, revealed, "…This facility has established and maintains an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections as per accepted national standards and guidelines…Policy Explanation and Compliance Guidelines…11. Supplies Protocol…c. Prepackaged sterile items are considered sterile until opened or damaged…" On 09/25/2025 at 10:54 AM, during an observation of the PPE box adjacent to the conference room on F hall, four (4) plastic-wrapped isolation gowns were observed lying on the floor beneath the box. On 09/25/2025 at 10:56 AM, during an observation and interview with Housekeeper #1, she was observed picking up the isolation gowns from the floor and placing them back into the PPE box. Housekeeper #1 acknowledged that she picked up the gowns and placed them back into the supply box. She further stated that she had been told that when an item is picked up from the floor, it should be thrown away. On 09/25/2025 at 11:10 AM, during an interview with the Administrator, she stated she was made aware that Housekeeper #1 picked up PPE from the floor and placed it back into the supply box. The Administrator stated the purpose of infection control is to prevent the spread of infection and confirmed her expectation that any contaminated PPE or other materials should be discarded immediately.	M1570		