STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255226	(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
NATCHEZ REHABILITATION AND HEALTHCARE CENTER	**344 ARLINGTON AVENUE , NATCHEZ, Mississippi, 39120**

(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
F0000	INITIAL COMMENTS The State Agency (SA) conducted an annual recertification survey and Complaint Investigations (CIs) MS#2608995, CI MS#2605703 and CI MS#2603653 from 09/22/25 through 09/25/25 During the survey, CI MS# 2608995 was investigated related to abuse and neglect, CI MS# 2605703 was investigated related to infection control and quality of care, and CI MS#2603653 was investigated related to quality of care. There were no citations related to the CIs. The SA determined that the facility was not in compliance with the requirements of participation in Medicare and Medicaid and cited F558 and F695. The facility held a license for 58 beds with a census of 49.	F0000		
F0558 SS = D	Reasonable Accommodations Needs/Preferences CFR(s): 483.10(e)(3) §483.10(e)(3) The right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences except when to do so would endanger the health or safety of the resident or other residents. This REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, record review, and facility policy review the facility failed to reasonably accommodate the food preference communication needs of two (2) of (18) residents reviewed for choice and preferences (Resident #27 and Resident #45). Findings include: A review of the facility policy, “Resident Rights (Federal) revised 1/11/24 reveals, “Resident has right to a dignified existence, self-determination and communication with and access to persons and services inside and outside Facility…1. Exercise of Rights…b. Resident is encouraged and assisted in the exercise of his/her rights…”	F0558		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

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F0558 SS = D	Continued from page 1 During an interview on 9/24/25 at 2:42 PM, the Social Services Director stated that “Neighbors” are department heads assigned to specific resident rooms and are responsible for visiting residents daily before the morning meeting. She explained their duties include informing residents of the menu options and collecting their meal preferences, particularly for those who do not or cannot leave their rooms. During an observation and interview at 2:53 PM, on 9/24/25 revealed that no food menus were posted or visibly available in the shared room of Residents #27 and #45. Observed a color photo of the Business Office Manager (BOM) as the "Neighbor" assigned to Resident's #27 and #45's room. Resident #27 stated she does not typically leave her room except to smoke, and she is unaware of the daily menu. She stated that she would like the opportunity to choose her meals but often sends trays back when the food provided is unappealing. She noted that due to her eye condition, she cannot see the posted menus and needs either a large-print menu or someone to read it aloud to her. She also stated that someone used to come around and ask for her food preferences, but no one has done so in months. She added that she was unaware of having a designated Nexion Neighbor. During an interview at 2:56 PM on 9/24/25, with Resident #45, the resident shared that due to mobility challenges related to her legs, she is unable to leave her room without staff assistance. She expressed concern regarding the facility’s food service, stating that she frequently sends her meal tray back because the food provided does not align with her preferences. The resident indicated a desire to be informed of her meal options prior to tray delivery so she can make a selection based on her preferences. She mentioned that she has occasionally asked a Certified Nursing Assistant (CNA) about the menu but refrains from doing so regularly, as she does not want to inconvenience staff during mealtimes. The resident reported that she does not have a menu available in her room and wishes her dietary needs could be better accommodated. Additionally, she noted that it has been some time since anyone has come to assist or volunteer in showing residents the menu, and she was unaware that a designated individual was assigned to help with this process. During an interview at 3:13 PM on 9/24/25, Licensed Practical Nurse (LPN) #1 confirmed that Resident #27 has a diagnosed vision impairment and is generally room-bound due to fear of germs. She reported that she had seen the resident using a magnifying glass and	F0558		

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F0558 SS = D	Continued from page 2 agreed the resident could benefit from an enlarged or verbally presented menu. During an interview at 4:10 PM on 9/24/25, the Administrator stated that each department head is assigned as a "Neighbor" to specific rooms. Their responsibilities include greeting residents, ensuring cleanliness, and informing them of the daily and alternate menu options. The residents' preferences are to be relayed to dietary staff. She also stated that each "Neighbor's" picture is placed in the resident's room for identification. During an interview at 4:13 PM on 9/24/25, with the BOM, the assigned "Neighbor" for Residents #27 and #45, she confirmed that she did not enter the room on 9/24/25 and only briefly entered on 9/23/25 while both residents were asleep. She stated she did not discuss or collect menu choices during these visits and has not done so in the past. Resident #27 A record review of the "Admission Record" revealed the facility admitted Resident #27 on 9/13/23 with diagnoses including macular degeneration, bilateral and muscle weakness. A record review of the annual Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 8/8/25 revealed a Brief Interview for Mental Status (BIMS) score of 15 which indicated the resident was cognitively intact. Resident #45 A record review of the "Admission Record," revealed the facility admitted the Resident #45 on 2/26/25 with diagnoses that included muscle weakness (generalized) and fibromyalgia. A record review of the MDS with an ARD of 8/19/25 revealed a BIMS score of eight (8) indicating the resident had moderate cognitive impairment.	F0558		
F0695 SS = D	Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i) § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and	F0695		

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F0695 SS = D	Continued from page 3 tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. This REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, record review, and facility policy review the facility failed to ensure oxygen (O2) therapy was safely and effectively administered and monitored reviewed as evidenced by, failure to post oxygen signage outside the resident's room to indicate oxygen in use, and the nasal cannula was not worn as ordered for one (1) of three (3) residents reviewed for oxygen therapy. (Resident # 48) Findings include: Record review of the facility's policy "Oxygen Administration and Oxygen Safety" review and revised dated 07/23/2025 revealed "…6. The "No Smoking/Oxygen in Use" signs; shall be visible where oxygen is stored or administered..." During an observation on 9/22/25 at 1:05 PM, Resident #48 was observed lying in bed, alert and talkative, though she stated she was tired. Oxygen was in progress at 2 liters per minute (L/min) via nasal cannula. The nasal cannula was noted to be under the resident's chin and not properly in use. Additionally, there was no signage on the door indicating that oxygen was in use in the room. The Director of Nursing (DON) was brought to the room and confirmed the absence of the signage. She immediately placed an oxygen precaution sign on the door. During an interview on 9/24/25 at 8:35 AM, Licensed Practical Nurse (LPN) #2, stated that the resident is often noncompliant with keeping her nasal cannula in place and that staff frequently check to ensure the cannula is worn appropriately. During an interview on 9/24/25 at 11:05 AM, the Administrator acknowledged understanding of the importance of oxygen signage for fire safety and staff awareness. During an interview on 9/24/25 at 11:08 AM, the DON also confirmed understanding of the importance of posting an oxygen sign on the door when oxygen therapy is in use. A record review of the "Admission Record" revealed the facility admitted Resident #48 on 8/29/23 with	F0695		

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F0695 SS = D	Continued from page 4 diagnoses including morbid (Severe) obesity with alveolar hypoventilation and unspecified anxiety disorder. The resident had a Brief Interview for Mental Status (BIMS) score of 3, indicating severely impaired cognition. Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 8/15/25 revealed the resident had a Brief Interview for Mental Status (BIMS) score of 3, indicating severely impaired cognition. Section O of the MDS indicated the resident required oxygen therapy. A record review of the physician orders revealed an order 8/15/24 “O2 at 2 liters per minute via nasal cannula every shift related to morbid obesity with alveolar hypoventilation."	F0695		