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
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
M0000	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. 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 M0655.	M0000		
M0655	45.21.11 Special needs Special needs. Each resident with special needs shall receive proper treatment and care. These special needs shall include, but are not limited to injections; parenteral and enteral fluids; colostomy, ureterostomy, ileostomy care; tracheostomy care; tracheal suction; respiratory care; foot care; and prostheses. This LICENSURE 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	M0655		

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

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M0655	Continued from page 1 #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 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."	M0655		