STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255352	(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
COMFORT CARE NURSING CENTER	**1100 WEST DRIVE , LAUREL, Mississippi, 39440**

(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 #2608185 and CI MS #2612493 at the facility from 9/29/25 through 10/2/25. The SA investigated CI MS #2608185 for Quality of care. The SA investigated CI MS #2612493 for wound care and housekeeping. There were no citations related to the CIs. During the annual recertification survey, the SA determined the facility was not in compliance with the requirements of participation in Medicare and Medicaid and cited F550, F585, F600, F602, F609, F761 and F812. The facility has a census of 109 and capacity of 126.	F0000		
F0550 SS = D	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. §483.10(b) Exercise of Rights.	F0550		

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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F0550 SS = D	Continued from page 1 The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States. §483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility. §483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is NOT MET as evidenced by: Based on interviews, record review, and facility policy review the facility failed to ensure that residents were treated with dignity and respect by licensed nursing staff for two (2) of four (4) residents reviewed for resident rights (Resident #66 and #93). Findings Include: A record review of facility policy titled “Resident’s Rights Policy” revealed the resident has the right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility. On 9/29/25 at 11:43 AM, Resident #66 reported that night shift Licensed Practical Nurse (LPN)#1 raised her voice during a medication pass and spoke in a demeaning and intimidating tone. The resident stated she felt as though she was “talked down to like a child.” She also expressed fear of retaliation and concern for other residents who might not be able to speak up. On 9/29/25 at 2:45 PM, Resident #66’s roommate, confirmed that LPN#1 was loud and intimidating and said the interaction was uncalled for and rude. On 9/30/25 at 3:15 PM, Resident #66 reiterated her account, stating that the nurse argued with her at 6:00 AM about taking a newly prescribed medication, which was upsetting her stomach. When she questioned the timing and asked about speaking to the physician, she said the nurse responded in a sarcastic tone, stating, “How many times do I have to educate you before you take your meds?” Resident #66 again stated this experience made her feel afraid, degraded, and	F0550		

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F0550 SS = D	Continued from page 2 intimidated. On 9/30/25 at 3:30 PM, Resident #93 stated, “The nurse talks to us in a rough tone of voice, throws her weight around, talks to us like we're kids, and scares us by using her authority. That’s not how you talk to someone.” She identified herself as a former Certified Nursing Assistant (CNA) and emphasized that the nurse’s behavior was inappropriate for long-term care. On 9/30/25 at 4:05 PM, CNA #1 reported that LPN#1 had also spoken to staff in a demeaning and vulgar manner, using profanity and insults. CNA #1 said she no longer wanted to work with the nurse due to her intimidating behavior. On 10/2/25 at 12:05 PM, in an interview with the facility scheduler, she stated that CNA #1, who rarely complains, reported on Monday morning that LPN#1 had verbally abused her during Sunday’s night shift, cussing her out and calling her names. The scheduler stated the facility usually handles these types of reports by separating the staff on different halls or shifts. On 10/2/25 at 12:30 PM, in an interview with both the Administrator and the DON, they stated all residents have the right to be treated with dignity and respect. A review of the “Admission Record” for resident #66 revealed that the facility admitted Resident #66 on 12/15/23 with diagnoses which included hemiplegia and hemiparesis following cerebral infarction. Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 7/15/25 revealed Resident #66 had a Brief Interview for Mental Status (BIMS) score of 15 indicating intact cognition. A review of the “Admission Record” for Resident # 93 indicated she was admitted on 8/11/23 with diagnoses which included acute on chronic systolic congestive heart failure. A record review of the MDS with an ARD of 9/8/25 revealed a BIMS score of 15 which indicated Resident #93 was cognitively intact.	F0550		
F0585 SS = E	Grievances CFR(s): 483.10(j)(1)-(4) §483.10(j) Grievances.	F0585		

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F0585 SS = E	Continued from page 3 §483.10(j)(1) The resident has the right to voice grievances to the facility or other agency or entity that hears grievances without discrimination or reprisal and without fear of discrimination or reprisal. Such grievances include those with respect to care and treatment which has been furnished as well as that which has not been furnished, the behavior of staff and of other residents, and other concerns regarding their LTC facility stay. §483.10(j)(2) The resident has the right to and the facility must make prompt efforts by the facility to resolve grievances the resident may have, in accordance with this paragraph. §483.10(j)(3) The facility must make information on how to file a grievance or complaint available to the resident. §483.10(j)(4) The facility must establish a grievance policy to ensure the prompt resolution of all grievances regarding the residents' rights contained in this paragraph. Upon request, the provider must give a copy of the grievance policy to the resident. The grievance policy must include: (i) Notifying resident individually or through postings in prominent locations throughout the facility of the right to file grievances orally (meaning spoken) or in writing; the right to file grievances anonymously; the contact information of the grievance official with whom a grievance can be filed, that is, his or her name, business address (mailing and email) and business phone number; a reasonable expected time frame for completing the review of the grievance; the right to obtain a written decision regarding his or her grievance; and the contact information of independent entities with whom grievances may be filed, that is, the pertinent State agency, Quality Improvement Organization, State Survey Agency and State Long-Term Care Ombudsman program or protection and advocacy system; (ii) Identifying a Grievance Official who is responsible for overseeing the grievance process, receiving and tracking grievances through to their conclusions; leading any necessary investigations by the facility; maintaining the confidentiality of all information associated with grievances, for example, the identity of the resident for those grievances submitted anonymously, issuing written grievance decisions to the resident; and coordinating with state	F0585		

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F0585 SS = E	Continued from page 4 and federal agencies as necessary in light of specific allegations; (iii) As necessary, taking immediate action to prevent further potential violations of any resident right while the alleged violation is being investigated; (iv) Consistent with §483.12(c)(1), immediately reporting all alleged violations involving neglect, abuse, including injuries of unknown source, and/or misappropriation of resident property, by anyone furnishing services on behalf of the provider, to the administrator of the provider; and as required by State law; (v) Ensuring that all written grievance decisions include the date the grievance was received, a summary statement of the resident's grievance, the steps taken to investigate the grievance, a summary of the pertinent findings or conclusions regarding the resident's concerns(s), a statement as to whether the grievance was confirmed or not confirmed, any corrective action taken or to be taken by the facility as a result of the grievance, and the date the written decision was issued; (vi) Taking appropriate corrective action in accordance with State law if the alleged violation of the residents' rights is confirmed by the facility or if an outside entity having jurisdiction, such as the State Survey Agency, Quality Improvement Organization, or local law enforcement agency confirms a violation for any of these residents' rights within its area of responsibility; and (vii) Maintaining evidence demonstrating the result of all grievances for a period of no less than 3 years from the issuance of the grievance decision. This REQUIREMENT is NOT MET as evidenced by: Based on interview, record review, and facility policy review, the facility failed to review and resolve multiple resident grievances in a timely and effective manner, resulting in ongoing unaddressed environmental concerns expressed during three (3) of 3 consecutive months of Resident Council meetings. Findings include: A review of the "Grievance Policy" review date 11/17/16 revealed, " Purpose To ensure the resident…right to voice grievances to the facility or other agency or entity that hears grievances without discrimination or	F0585		

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F0585 SS = E	Continued from page 5 reprisal and without the fear of discrimination or reprisal... Responsibilities...The facility will review grievances in a timely manner and must make prompt efforts to resolve grievances. The facility will keep the resident appropriately apprised of its progress toward resolution..." A record review of the Resident Council Meeting Minutes Reports dated 7/10/25, 8/14/25, and 9/11/25, revealed concerns expressed by the residents during the council meetings for housekeeping concerns regarding floors, trash, and cleaning the rooms in general. Resident #14 During an initial interview on 9/29/25 at 11:46 AM, Resident #14 reported that the facility does not clean the floors, empty the trash, or perform general housekeeping duties on weekends. As a result, rooms are often left unclean throughout the weekend, with no trash removal and unwashed floors. She stated that this concern has been raised during resident council meetings but has not received a response. A record review of the "Admission Record" revealed the facility admitted the Resident #14 on 10/29/24 with diagnoses including hyperlipidemia, and unspecified atrial fibrillation. A record review of the quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 7/29/25 revealed a Brief Interview for Mental Status (BIMS) score of 12 which indicated moderate cognitive impairment. Resident #96 On 9/29/25 at 2:00 PM, Resident #96 shared that she frequently experiences accidents on the floor due to loose bowel. On weekends, she is left to manage the odor and appearance of these incidents until staff return on Monday, as rooms are not cleaned during that time. She reported the issue to staff but stated that the housekeeping concern remains unresolved. A record review of the "Admission Record" revealed the facility admitted Resident # 96 on 7/22/24 with diagnoses including malignant neoplasm of colon, unspecified. A record review of the MDS with an ARD of 8/27/25 revealed a BIMS score of 15 indicating the resident was cognitively intact.	F0585		

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F0585 SS = E	Continued from page 6 On 9/30/25 at 10:00 AM, during the resident council meeting, the State Agency (SA) asked for a show of hands from residents who still had complaints about housekeeping. All residents present raised their hands unanimously. Several voiced concerns, including statements such as, “They don’t do a good job of cleaning the rooms, particularly on the weekends.” On 9/30/25 at approximately 12:43 PM, the Housekeeping Manager explained that her staff is responsible for entering resident rooms at least twice daily, once in the morning and once in the evening, to ensure cleanliness. She stated that trash should be emptied, and floors mopped or swept during these visits. However, she acknowledged that the department is currently understaffed and does not have personnel assigned to work weekends, which contributes to the complaints. While efforts are made to assist on weekends, she confirmed there is no dedicated staff for that time. She expressed awareness of the concerns raised during resident council meetings and emphasized that she is doing her best to address them. Ultimately, she stated that without additional staff, she is unable to make further improvements. On approximately 10/1/25 at 12:11 PM, the Administrator confirmed awareness of the ongoing housekeeping complaints voiced by residents during council meetings. He stated that he has brought the issue to the attention of the Housekeeping Supervisor, who indicated she would work on a solution. He acknowledged that staffing shortages are a contributing factor and that efforts are underway to resolve them. Nonetheless, he affirmed that it is the facility’s responsibility to ensure rooms are properly cleaned and that resident grievances should be addressed promptly to prevent them from becoming persistent concerns.	F0585		
F0600 SS = D	Free from Abuse and Neglect CFR(s): 483.12(a)(1) §483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. §483.12(a) The facility must-	F0600		

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F0600 SS = D	Continued from page 7 §483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; This REQUIREMENT is NOT MET as evidenced by: Based on interviews and record review, the facility failed to ensure residents' right to be free from verbal abuse by staff for two (2) of three (3) residents reviewed for abuse (Residents #66 and #93). Findings include: A review of facility policy Abuse Neglect and Exploitation Policy with a reviewed date of 8/26/25 revealed “Purpose: It is the policy of this facility to provide protections for the health, welfare and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect, misappropriation of resident property and exploitation….Definitions: 3. Abuse means the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish…” During an interview on 9/29/25 at 11:43 AM, Resident #66 reported that night shift Licensed Practical Nurse (LPN)#1 raised her voice during a medication pass and spoke in a demeaning and intimidating tone. The resident stated she felt as though she was “talked down to like a child.” She also expressed fear of retaliation and concern for other residents who might not be able to speak up. During an interview on 9/29/25 at 2:45 PM, Resident #66’s roommate, confirmed that LPN#1 was loud and intimidating and said the interaction was uncalled for and rude. On 9/30/25 at 1:28 PM, Registered Nurse (RN) #2 stated the nurse and resident “had words,” and confirmed the resident had reported the nurse being loud but that was just her personality. During an interview on 9/30/25 at 1:43 PM, LPN#1 admitted that Resident #66 was resistant to taking a new medication and acknowledged speaking loudly, stating, “That’s just how I talk,” though she claimed to have lowered her voice after the resident objected. During an interview on 9/30/25 at 2:52 PM, the Director of Nursing (DON) stated that she had not been informed	F0600		

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F0600 SS = D	Continued from page 8 of the incident, but she noted the nurse had a second, unrelated complaint the same night from the CNA about verbal abuse towards herself and other staff. On 9/30/25 at 3:15 PM, Resident #66 reiterated her account, stating that the nurse argued with her at 6:00 AM about taking a newly prescribed medication, which upset her stomach and gave her gastrointestinal symptoms. When she questioned the timing and asked about speaking to the physician, she said the nurse responded in a sarcastic tone, stating, “How many times do I have to educate you before you take your meds?” Resident #66 again stated this experience made her feel afraid, degraded, and intimidated. During an interview on 9/30/25 at 3:30 PM, Resident #93 stated, “The nurse talks to us in a rough tone of voice, throws her weight around, talks to us like we're kids, and scares us by using her authority. That’s not how you talk to someone.” She identified herself as a former Certified Nursing Assistant (CNA) and emphasized that the nurse’s behavior was inappropriate for long-term care. During an interview on 9/30/25 at 4:05 PM, CNA #1 reported that LPN#1 was “extremely negative, loud, vulgar, and insulting” to staff during the same shift. She recalled the nurse saying, “Y’all some sorry Mother#####rs” towards her and other staff and described her as intimidating to both staff and residents. During an interview on 10/2/25 at 12:05 PM, the facility scheduler, stated that CNA #1, who rarely complains, reported on Monday morning that LPN#1 had verbally abused her during Sunday’s night shift, cussing her out and calling her names. The scheduler stated the facility usually handles these types of reports by separating the staff on different halls or shifts. A record review of the “Admission Record” for Resident # 66 revealed that the facility admitted Resident #66 on 12/15/23 with diagnoses which included hemiplegia and hemiparesis following cerebral infarction. A record review of Resident #66’s Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 7/15/25 revealed a Brief Interview for Mental Status (BIMS) score of 15, indicating intact cognition. A record review of the September 2025 electronic Medicine Administration Record (eMAR) dated for Resident#66 revealed the medicine Resident #66 referred	F0600		

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F0600 SS = D	Continued from page 9 to was document as being given by LPN #1 at 6AM on the day the incident occurred (9/28/25). A record review of the MDS with an ARD of 9/8/25 revealed a BIMS score of 15 which indicated Resident #93 was cognitively intact.	F0600		
F0602 SS = D	Free from Misappropriation/Exploitation CFR(s): 483.12 §483.12 The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. This REQUIREMENT is NOT MET as evidenced by: Based on interviews, record review, and facility policy review, the facility failed to protect residents from misappropriation of resident funds and failed to implement corrective action or reimburse residents after funds were reported missing, affecting five (5) of 14 residents interviewed in Resident Council (Residents #5, #8, #17, #38, and #81). Findings include: A record review of the policy, "Abuse Neglect and Exploitation Policy" latest review date of 8/26/25 reveals, "Purpose: It is the policy of this facility to provide protection of the health, welfare and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect, misappropriation of resident property..." On 9/30/25 at 10:15 AM, during a Resident Council meeting, Resident #85 (Council President) stated to the State Agency (SA) that multiple residents had reported their money was stolen “a few months/weeks ago.” She stated she notified the Administrator, who said he was busy, and then reported the issue to the Director of Nursing (DON), who told her all residents should report to the Social Service Director. Resident #85 stated no updates had been provided to her or the residents on their missing money and expressed outrage, stating “we have rights, and the facility needs to give them their money back.” She revealed the specific residents that	F0602		

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F0602 SS = D	Continued from page 10 came to her are Resident #5, Resident#8, Resident #17, Resident #38 but knows were several more due to talk with other residents. Resident #5 On 10/2/25 at 10:38 AM, Resident #5 reported to the SA that $50 had been taken from him. He stated the money was inside a white envelope in his pants pocket. He believes someone from the laundry department may have collected his pants along with the envelope. He shared that no one has informed him of the outcome or offered reimbursement. While he expressed a desire to have the money returned, he also acknowledged the importance of being more cautious about where he stores his funds. A record review of the email from the Social Service Director to the Administrator on 8/11/25 indicating the resident had reported $50 missing on 8/8/25. A record review of the "Admission Record" revealed the facility admitted the resident on 3/26/24 with diagnoses including atherosclerotic heart disease. A record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 8/20/25 revealed a Brief Interview for Mental Status score (BIMS) of eleven (11) indicating the resident had moderate cognitive impairment. Resident #8 At 10:41 AM on 10/2/25, Resident #8 explained that he keeps his money in a drawer to save for outings. He noticed that $40 was missing and reported it to the Resident Council President, who assured him she would notify staff. He stated that no one followed up with him or discussed reimbursement. He expressed feeling uneasy and shared that it would be a blessing if the facility returned the money, as it came from his personal savings. A record review of the "Admission Record" revealed the facility admitted Resident #8 on 9/22/22 with diagnoses including heart failure. A record review of the MDS with an ARD of 8/12/25 revealed BIMS score of 15 indicating the resident was cognitively intact. Resident #17 On 10/2/25 at 8:42 AM, Resident #17 stated that a little over $100 had been stolen from her some time	F0602		

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(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
F0602 SS = D	Continued from page 11 ago. She reported the incident to a staff member in social services but has not received a response or reimbursement. She expressed sadness that such incidents occur, especially given residents limited financial resources. She added that the experience made her feel unsafe, leaving valuables in her room and that she would greatly appreciate having the money returned. A record review of the statement captured by a staff member dated 6/25/25 confirms resident concern of missing money of $110. A record review of the "Admission Record" revealed the facility admitted Resident #17 on 3/14/19 with diagnoses including generalized anxiety disorder. A record review of the MDS with an ARD of 7/22/25 revealed a BIMS score of 15 indicating the resident was cognitively intact. Resident #38 On 10/2/25 at 8:52 AM, Resident #38 reported that several weeks prior, she discovered $87 missing from her purse when preparing to pay for Walmart items delivered by the activities team. Only a $1 bill and some change remained. She stated that she reported the incident to the council president and two security officers, who assured her they would investigate. As of the interview, she had not received any updates or reimbursement. She expressed feeling deeply discouraged and emphasized that the money was taken without her consent. A record review of the statement given to staff on 6/25/25 confirms that resident stated $87 was missing from her purse. A record review of the "Admission Record" revealed the facility admitted Resident #38 on 5/2/22 with diagnoses including Anemia. A record review of the MDS with an ARD of 9/8/25 revealed a BIMS score of eight (8) which indicated the resident had moderate cognitive impairment. Resident #81 A record review of the statement made to staff by Resident #81 on 7/7/25 and then again to security personnel that $15 dollars was stolen from her wallet. A record review of the "Admission Record" revealed the facility admitted Resident #81 on 11/15/22 with	F0602		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255352	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/18/2025

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F0602 SS = D	Continued from page 12 diagnoses including hemiplegia and hemiparesis following cerebral infarction affecting right dominant side. A record review of the MDS with an ARD of 9/15/25 revealed a BIMS score of 15 indicating the resident was cognitively intact. On 10/2/25 at 9:19 AM, the Social Services Director, a Licensed Master Social Worker, explained that her role in the investigation was to collect resident statements and forward them to the Administrator. She noted that residents consistently recalled the amounts missing and appeared credible in their reports. She confirmed that, to date, residents have not been reimbursed, and she is unaware of the investigation's outcome. On 10/2/25 at 9:31AM, in an interview the Administrator confirmed that several residents had their money stolen from the facility. He revealed from what he gathered the residents could not confirm the amounts that were stolen so the facility did not refund their money. However, he said he understands it is still the facility's responsibility to keep the residents safe because it is their home. He said that if he had knowledge that the residents knew exactly how much they were missing the facility would be obliged to return the money. He said they would give them a check or give them cash to show proof of reimbursement.	F0602		
F0609 SS = E	Reporting of Alleged Violations CFR(s): 483.12(b)(5)(i)(A)(B)(c)(1)(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.	F0609		

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F0609 SS = E	Continued from page 13 §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is NOT MET as evidenced by: Based on interviews and record reviews, and facility policy review the facility failed to ensure that staff reported allegations of verbal abuse involving two (2) of three (3) residents reviewed for verbal abuse (Resident #66 and #93), and failed to report multiple allegations of misappropriation of resident property (money) involving five (5) of 14 residents in Resident Council (Residents #5, #8, #17, #38, and #81) to the State Agency (SA), as required by federal regulations. Findings include: A record review of the facility's policy titled "Abuse, Neglect, and Exploitation Policy," revised 8/26/25, revealed: "It is the policy of this facility to provide protection of the health, welfare and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect, misappropriation of resident property... Reporting/Response 1. All alleged violations…will be report to the Administrator and/or the Director of Nursing who will report to the appropriate law enforcement officials when applicable, Mississippi State Department of Health Division of Health Facilities Licensure and Certification and Medicaid Fraud Control Unit/Office of the Attorney General (AGO) within specific timeframes: a. Immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse…" During an interview, on 10/2/25 at 9:31 AM, the Administrator confirmed that multiple residents had reported funds stolen. He stated that, based on available information, the facility determined residents were unable to verify the exact amounts lost, and therefore reimbursement was not provided. However, he acknowledged the facility's responsibility to ensure resident safety and affirmed that if residents had clearly documented the missing amounts, the facility would have been obligated to issue reimbursement either by check or cash, with proof of payment. When asked by	F0609		

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F0609 SS = E	Continued from page 14 the State Agency (SA) why the incident had not been reported, the Administrator responded: “I did not know I was supposed to report this to the State Agency. This is my first time dealing with residents having their money stolen.” Resident #66 On 9/29/25 at 11:43 AM, during an interview, Resident #66 stated that Licensed Practical Nurse (LPN)# 1 raised her voice during the night shift while attempting to administer a newly ordered medication. The resident described the nurse’s tone as demeaning and intimidating and stated that she felt “talked down to like a child.” Resident #66 expressed fear of retaliation, noting concern for other residents who may not be able to speak up. On 9/29/25 at 2:45 PM, during an interview, the resident’s roommate (Resident# 94) confirmed the incident, stating the nurse was loud and intimidating, and that her behavior was uncalled for. On 9/30/25 at 3:30 PM, during an interview, Resident #93 described the nurse’s tone as rough and intimidating, stating she “talks to us like we’re kids” and “throws her weight around.” Resident #93 added that such behavior was inappropriate for long-term care. On 9/30/25 at 4:05 PM, during an interview, Certified Nursing Assistant (CAN) #1 reported that LPN 1 was “extremely negative, loud, vulgar, and insulting” to staff during the same shift. She recalled the nurse saying, “Y’all some sorry Mother#####rs towards her and other staff,” and described her as intimidating to both staff and residents. In an interview on 9/30/25 at 1:43 PM, LPN# 1 admitted that Resident #66 was resistant to taking a new medication, and acknowledged speaking loudly, stating, “That’s just how I talk,” though she claimed to have lowered her voice after the resident objected. In an interview on 9/30/25 at 1:28 PM, Registered Nurse (RN) #2 stated the nurse and resident “had words,” and confirmed the resident had reported the nurse being loud. However, she did not report the incident to the Director of Nursing (DON), stating, “It wasn’t a big deal.” In an interview on 9/30/25 at 2:52 PM, the Director of Nursing (DON) stated that she had not been informed of the incident. She confirmed that staff are required to report such allegations and that the nurse would have	F0609		

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F0609 SS = E	Continued from page 15 been removed from the resident's care pending an investigation. She noted the nurse had a second, unrelated complaint the same night from the CNA. A review of the "Admission Record" for Resident #66 revealed that the facility admitted Resident #66 on 12/15/23 with diagnoses that included hemiplegia and hemiparesis following cerebral infarction.	F0609		
F0761 SS = D	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, record review, and facility policy review, the facility failed to ensure that medications and biologicals were securely stored to prevent access by unauthorized individuals for one (1) of four (4) days of survey. Findings include: A review of the facility's policy titled "Controlled Medication Storage Accountability and Proper Destruction Policy," revised 5/17/18, revealed: "…2.	F0761		

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F0761 SS = D	Continued from page 16 The outer lock on the medication cart is locked at all times when not in direct view of the nurse…" During an observation on 9/29/25 at 11:23 AM, the wound care cart located on the 200 Hall was noted to be unlocked and unattended, with wound cleanser left unsecured on top of the cart. The cart remained unlocked for fifteen (15) minutes, until 11:38 AM when Registered Nurse (RN)#1 arrived, placed the unsecured cleanser inside the cart, and then locked it. During an interview with RN #1 on 9/29/25 at 3:51 PM, she stated the cart should always be locked but explained that the keypad locking mechanism had been malfunctioning, requiring her to use a manual key. She acknowledged that she forgot to lock the cart after her last use. RN #1 also confirmed that the cart contained medications including: Nystatin (antifungal ointment and powder), Santyl (collagenase – enzymatic debriding agent), Dakin's solution (diluted bleach-based cleanser), and other wound care agents. She stated that these medications, if ingested, could cause gastrointestinal distress and would likely result in a visit to the emergency room. In an interview on 9/29/25 at 3:51 PM, the Director of Nursing (DON) confirmed the expectation that all treatment carts remain locked when not in use, citing the potential for harm to residents who may have accessed the wound care products such as Dakin's solution and Santyl. She added that the facility had active hallway traffic, and an unlocked cart could present a risk. In an interview conducted on 10/2/25 at 2:05 PM, the Administrator also confirmed the facility's expectation that carts are to be locked at all times when not in use, and that medications or supplies should not be left on top of the cart.	F0761		
F0812 SS = F	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from	F0812		

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F0812 SS = F	Continued from page 17 local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is NOT MET as evidenced by: Based on observation, interview and facility policy review the facility failed to store food and maintain sanitary practices in accordance with professional standards for food safety related to foods not dated, foods not labeled, foods not properly sealed, overly ripe produce and unsanitary handling of ready to eat foods for two (2) of two (2) kitchen observations. Findings include: A review of the facility's policy, "Food Safety Policy". Reviewed 08/27/2025, revealed, "Policy Explanation and Compliance Guidelines…Facility staff shall inspect all food…Labeling, dating, and monitoring…food, including but not limited to leftovers, so it is used by its use-by-date or…discarded; and Keeping foods covered or in tight containers…Staff shall adhere to safe hygienic practices to prevent contamination of foods from hands…" On 09/29/2025 at 10:30 AM, during an initial kitchen tour and interview with the Food Service Supervisor (FSS) observed Refrigerator #1 had four (4) trays containing prepared individual salads, individual dished out bowls of pudding, and individual dished out bowls of fruit, with no date label, (2) clam shell disposable plates containing, what the FSS identified as the staff's food, with no label and within close enough proximity as to be touching the residents' food, (2) pans of what the FSS identified as blueberry cobbler with no date or label, one (1) plastic container containing fruit cocktail with no date, (1) plastic storage container containing (2) shelled boiled	F0812		

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F0812 SS = F	Continued from page 18 eggs, with a facility “Prepared” date of 9/18/25 and a facility “Use by” date of 9/22/25, a container of lemon wedges with a facility “Prepared” date of 9/24/25 and a “Use by” date of 9/27/25, (1) opened, prefilled bag of prepared whipped topping with no opened on date and manufacturer's instructions reading "14 days refrigerated". Refrigerator #3 revealed (1) plastic bin containing raw chicken tenders in a plastic bag, with the lid off the bin and the plastic bag open, leaving the chicken exposed, with no staff presently using the chicken, (1) opened container of cheese slices with the lid opened and the cheese visibly dried out, 11 quarts of strawberries that contained fruit with white bio-growth, three (3) oranges that were overly ripe, soft and pliable to the touch, (1) unopened container of prechopped onion with no date. An observation of the dry bins revealed the lids for bins containing sugar, rice and cornmeal were pushed back leaving the food exposed. An observation of the pantry revealed (1) opened bag of grits with the bag folded down and not securely closed. The FSS acknowledged the deficient storage and labeling concerns in the kitchen. The FSS noted it is his responsibility to ensure the safety of the kitchens' food supply. The FSS reported that the kitchen staff are in-serviced on food safety twice a month. The FSS noted he will implement a system for getting together with the kitchen staff and doing rounds to ensure food storage is done correctly. On 09/30/2025 at 10:20 AM, during a second tour of the kitchen an observation of the lower shelf of the beverage prep area revealed an opened bottle of lemon juice with the manufacturer's instructions that read "Refrigerate after opening." No staff were currently preparing beverages at the time of this observation. An observation of the food services line revealed the Dishwasher picking up several pieces of cornbread with her gloved hand and placing them on residents' plates. An observation of the Food Server (FS) revealed she used her gloved hand to move bread on a resident’s plate. The FS was also observed using her fingers to push noodles back into a bowl of chicken noodle soup. An interview with the dishwasher revealed she affirmed that she picked up the bread with her gloved hand. The dishwasher revealed she knew not to do this but forgot. The dishwasher reported the importance of not touching ready to eat food with hands is prevent contamination. The dishwasher reported that the kitchen staff are in-serviced every 6 months on food safety. The FS acknowledged touching food on the resident's plates with her gloved hand. The FS affirmed that the reason for not doing this is to not spread germs. The FS stated the staff are in-serviced on food safety 2x a	F0812		

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F0812 SS = F	Continued from page 19 month. The FSS acknowledged the improperly stored lemon juice and confirmed that it is normally kept on the shelf in the beverage prep area. The FSS also acknowledged the two staff members touching ready to eat foods with their gloved hands. The FSS stated his expectation is to have all kitchen staff receive certification in food safety. The FSS reported that he expects the staff to serve residents the best they can. On 10/02/2025 at 11:58 AM, during an interview the Administrator acknowledged the improperly stored foods, exposed foods, and unsanitary handling of ready-to-eat foods. The Administrator noted it is the responsibility of all kitchen staff to maintain food quality and sanitation. The Administrator stated he expects the kitchen staff to date and label foods appropriately, monitor and throw away expired foods, and keep foods covered to eliminate the risk of exposure to debris falling into the food. The Administrator reported that he expects the kitchen staff to follow food service standards.	F0812		