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
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
M0000	Initial Comments The State Agency (SA) conducted an annual recertification survey and Complaint Investigations (CIs), MS #2608185 and MS #2612493 at the facility from 9/29/25 through 10/2/25. The SA investigated MS #2608185 for Quality of care. The SA investigated MS #2612493 for wound care and housekeeping. There were no citations related to the complaint investigations. 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 requirement and cited M500, M705 and M815.	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	M0500		

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

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M0500	Continued from page 1 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 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	M0500		

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M0500	Continued from page 2 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 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	M0500		

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M0500	Continued from page 3 16. is assured of exercising his civil and religious liberties including the right to independent personal 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: Level II 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	M0500		

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M0500	Continued from page 4 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 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.	M0500		

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M0500	Continued from page 5 A record review of the September 2025 electronic Medicine Administration Record (eMAR) dated for Resident#66 revealed the medicine Resident #66 referred 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.	M0500		
M0705	45.24.2 Policies and procedures Policies and procedures. Each facility shall have policies and procedures to assure the following: 1. Accurate acquiring; 2. Receiving; 3. Dispensing; 4. Storage; and 5. Administration of all drugs and biologicals. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Level II 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. 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	M0705		

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M0705	Continued from page 6 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.	M0705		
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 widespread 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	M0815		

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M0815	Continued from page 7 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 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.	M0815		

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M0815	Continued from page 8 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 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.	M0815		