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 **11/13/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAK GROVE RETIREMENT HOME	**209 OAK CIRCLE , DUNCAN, Mississippi, 38740**

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M0000	Initial Comments The State Agency (SA) conducted an annual re-certification survey with one (1) complaint, MS CI # 2638073 at the facility from 11/11/25-11/13/25. During the survey, the SA determined the facility was not in compliance with the Mississippi Regulations for Minimum Standards for Institutions for Aged or Infirm and cited M460, M625, and M610. There were no deficiencies cited for CI MS# 2638073 related to environment, resident rights, and quality of care. The census at the time of the survey was 56 and the facility is licensed for 60 beds.	M0000		
M0460	45.16.3 Criminal History Record Checks Criminal History Record Checks. Pursuant to Section 43-11-13, Mississippi Code of 1972, the covered entity shall require to be preformed a disciplinary check with the professional licensing agency, if any, for each employee to determine if any disciplinary action has been taken against the employee by the agency, and a criminal history record check on: 1. Every new employee of a covered entity who provides direct patient care or services and who is employed on or after July 01, 2003, and 2. Every employee of a covered entity employed prior to July 01, 2003, who has documented disciplinary action by his or her present employer. 3. Except as otherwise provided in this paragraph, no employee hired on or after July 01, 2003, shall be permitted to provide direct patient care until the results of the criminal history record check revealed no disqualifying record or the employee has been granted a waiver. Provided the covered entity has documented evidence of submission of fingerprints for the background check, any person may be employed and provide direct patient care on a temporary basis	M0460		

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

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M0460	Continued from page 1 pending the results of the criminal history record check but any employment offer, contract, or arrangement with the person shall be voidable, if he/she receives a disqualifying criminal record check and no waiver is granted. 4. If such criminal history record check discloses a felony conviction; a guilty plea; and/or a plea of nolo contendere to a felony for one (1) or more of the following crimes which has not been reversed on appeal, or for which a pardon has not been granted, the applicant/employee shall not be eligible to be employed at the licensed facility: a. possession or sale of drugs b. murder c. manslaughter d. armed robbery e. rape f. sexual battery g. sex offense listed in Section 45-33-23(g), Mississippi Code of 1972 h. child abuse i. arson j. grand larceny k. burglary l. gratification of lust m. aggravated assault n. felonious abuse and/or battery of vulnerable adult 5. Documentation of verification of the employee ' s disciplinary status, if any, with the employee ' s professional licensing agency as applicable, and evidence of submission of the employee ' s fingerprints to the licensing agency must be on file and maintained by the facility prior to the new employees first date of employment. The covered entity shall maintain on file evidence of verification of the employee ' s	M0460		

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M0460	Continued from page 2 disciplinary status from any applicable professional licensing agency and of submission and/or completion of the criminal record check, the signed affidavit, if applicable, and/or a copy of the referenced notarized letter addressing the individual ' s suitability for such employment. 6. Pursuant to Section 43-11-13, Mississippi Code of 1972, the licensing agency shall require every employee of a covered entity employed prior to July 01, 2003, to sign an affidavit stating that he or she does not have a criminal history as outlined in paragraph (3) above. 7. From and after December 31, 2003, no employee of a covered entity hired before July 01, 2003, shall be permitted to provide direct patient care unless the employee has signed an affidavit as required by this section. The covered entity shall place the affidavit in the employee ' s personnel file as proof of compliance with this section. 8. If a person signs the affidavit required by this section, and it is later determined that the person actually had been convicted of or pleaded guilty or nolo contendere to any of the offenses listed herein, and the conviction or pleas has not been reversed on appeal or a pardon has not been granted for the conviction or plea, the person is guilty of perjury as set out in Section 43-11-13, Mississippi Code of 1972. The covered entity shall immediately institute termination proceedings against the employee pursuant to the facility ' s policies and procedures. 9. The covered entity may, in its discretion, allow any employee unable to sign the affidavit required by paragraph (7) of this subsection or any employee applicant aggrieved by the employment decision under this subsection to appear before the covered entity ' s hiring officer, or his or her designee, to show mitigating circumstances that may exist and allow the employee or employee applicant to be employed at the covered entity. The covered entity, upon report and recommendation of the hiring officer, may grant waivers for those mitigating circumstances, which shall include, but not be limited to: (1) age at which the crime was committed; (2) circumstances surrounding the crime; (3) length of time since the conviction and criminal history since the conviction; (4) work history; (5) current employment and character references; and (6) other evidence demonstrating the	M0460		

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M0460	Continued from page 3 ability of the individual does not pose a threat to the health or safety of the patients in the licensed facility. 10. The licensing agency may charge the covered entity submitting the fingerprints a fee not to exceed Fifty Dollars ($50.00). 11. Should results of an employee applicant ' s criminal history record check reveal no disqualifying event, then the covered entity shall, within two (2) weeks of the notification of no disqualifying event, provide the employee applicant with a notarized letter signed by the chief executive officer of the covered entity, or his or her authorized designee, confirming the employee applicant ' s suitability for employment based on his or her criminal history record check. An employee applicant may use that letter for a period of two (2) years from the date of the letter to seek employment at any covered entity licensed by the Mississippi State Department of Health without the necessity of an additional criminal record check. Any covered entity presented with the letter may rely on the letter with respect to an employee applicant ' s criminal background and is not required for a period of two (2) years from the date of the letter to conduct or have conducted a criminal history check as required in this subsection. 12. For individuals contacted through a third party who provide direct patient care as defined herein, the covered entity shall require proof of a criminal history record check. 13. Pursuant to Section 43-11-13, Mississippi Code of 1972, the licensing agency, the covered entity, and their agents, officer, employees, attorneys, and representatives, shall be presumed to be acting in good faith for any employment decision or action taken under this section. The presumption of good faith may be overcome by a preponderance of the evidence in any civil action. No licensing agency, covered entity, nor their agents, officers, employees, attorneys and representatives shall be held liable in any employment discrimination suit in which an allegation of discrimination is made regarding an employment decision authorized under this section. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on staff interviews, record review, and facility	M0460		

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M0460	Continued from page 4 policy review, the facility failed to ensure that pre-employment background checks were completed prior to allowing newly hired direct care staff to work for two (2) of five (5) employee files reviewed, Certified Nurse Assistant (CNA) #3 and Licensed Practical Nurse (LPN) #4 Findings include: Review of the facility policy titled, “Abuse, Neglect, and Exploitation,” last reviewed 1/2024, revealed: “The facility has developed policies and procedures which provide essential components to an abuse prevention and intervention program. The program encompasses the following components: 1.) Screening of potential hires: criminal background checks.” Review of the Employee Handbook dated March 2021 revealed under Background Check: “All new hires of the facility are required to undergo a criminal background check.” Review of CNA #3’s personnel record and time sheets revealed she was hired on 10/6/25 with no background check and had been allowed to work 21 days between 10/7/25-11/12/25. Review of LPN #4’s personnel record and time sheets revealed she was hired on 10/12/25 with no background check and was allowed to work 12 days between 10/13/25-11/12/25. During an interview with LPN #4, she confirmed she was hired at the facility on 10/12/25 and that she had not completed a background check. She stated she missed her first appointment and had never rescheduled it. During an interview with the Administrator (ADM) on 11/13/25 at 11:00 AM, she confirmed the staff did not have background checks in their files and that it was the Business Office Manager’s (BOM) responsibility to ensure all staff had completed background checks. She stated the purpose of background checks is to identify any concerns that may prevent hiring of the individual and that background checks are a component of abuse prevention. During an interview with the BOM on 11/13/25 at 11:30 AM, she confirmed she was responsible for ensuring all new hires had background checks. She stated both staff members told her on the date of hire that they had completed previous background checks and would bring documentation in. She stated she never received the background checks and failed to follow up. She further	M0460		

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M0460	Continued from page 5 stated she should not have allowed the staff to work until the facility had the background check, but that staffing shortages influenced the decision to let them work.	M0460		
M0610	45.21.2 Activities of daily living Activities of daily living. Each resident shall receive assistance as needed with activities of daily living to maintain the highest practicable well being. These shall include, but not be limited to: 1. Bath, dressing and grooming; 2. Transfer and ambulate; 3. Good nutrition, personal and oral hygiene; and 4. Toileting. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, and record review, the facility failed to provide ADL (Activities of Daily Living) care related to fingernail hygiene for 1 (one) of 56 residents residing in the facility. Resident #29. Findings Include: Review of the typed statement on facility letterhead by the Administrator (ADM)revealed, "Proper Name" (facility) follows the RAI (Resident Assessment Instrument) manual for the Activities of Daily Living policy." Observations on 11/11/25 at 1:00 PM and on 11/12/25 at 1:50 PM revealed Resident #29 with long, dirty fingernails. His fingernails on both hands were approximately one-fourth to one-half an inch long and they had brown substance underneath. During an observation and interview on 11/12/25 at 1:55 PM with Certified Nursing Assistant (CNA) #1, she confirmed that Resident #29 had long fingernails with a brown substance underneath. She stated that unkept fingernails could cause the spread of germs and infection if he scratched himself. CNA #1 revealed that Resident #29's scheduled shower days were Tuesdays,	M0610		

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M0610	Continued from page 6 Thursdays, and Saturdays and that his nails should have been taken care of yesterday An interview on 11/12/25 at 2:05 PM with Licensed Practical Nurse (LPN) #1 confirmed that his fingernails were long and dirty and that the CNAs were responsible for taking care of fingernails during shower or bath time but admitted that she was assigned to him today. She also confirmed that he had his shower yesterday and his fingernails should have been cleaned and clipped then. Record review of Resident #29's "Care Plan Report" revealed that he had a "Self-Care Deficit" and required assistance with all ADLs including bathing, dressing, and personal hygiene. Record review of Resident #29's "Admission Record" revealed the facility admitted the resident on 02/25/25 with medical diagnosis that included Peripheral Vascular Disease and Acquired Absence of Left Leg Below Knee. Record review of Resident #29's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 10/10/25 revealed a Brief Interview for Mental Status (BIMS) Score of 06 which indicated that he had severe cognitive deficit.	M0610		
M0625	45.21.5 Range of motion Range of motion. Residents with limited range of motion shall receive treatment and services to increase range of motion or prevent further decline in range of motion. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on observation, staff interviews, record review, and facility policy review, the facility failed to ensure proper positioning for (Resident #14) and failed to provide range of motion (ROM) services for Resident #25 to prevent further decline in physical functioning. This deficient practice was identified for two (2) of three (3) residents reviewed for ROM and positioning. Findings include: Review of the facility policy titled, “Mobility and Range of Motion,” last reviewed January 2024, revealed: “Policy Statement: Residents with limited range of	M0625		

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M0625	Continued from page 7 motion (ROM) will receive treatment and services to increase and/or prevent further decrease in ROM. … Residents with limited mobility will receive appropriate services, equipment, and assistance to maintain or improve mobility." Resident #14 An observation on 11/11/2025 at 12:55 PM and again on 11/12/2025 at 9:25 AM, and 11:05 AM revealed Resident #14 sitting in a wheelchair, leaning to the right with her right arm resting on the top of the wheel. The wheelchair did not have a right-side armrest in place to support her positioning. An observation on 11/12/2025 at 12:20 PM revealed Resident #14 sitting in her wheelchair at the dining table being assisted with her meal by a staff member while continuing to lean to the right with no arm rest. During an interview on 11/12/2025 at 1:00 PM, the Therapy Director revealed that Resident #14 leans to the right and requires an armrest to assist with positioning. She stated she was not aware that the right-side armrest was not in place. During an interview and observation on 11/12/2025 at 1:10 PM, the Physical Therapy Assistant (PTA) confirmed that Resident #14's right wheelchair arm rest was not attached. The PTA admitted that the resident had been on their PT case load in June and that the resident needed the armrest in place to help her with positioning and trunk control. During an interview and observation on 11/12/2025 at 1:20 PM, Certified Nurse Aide (CNA) #2 confirmed that Resident #14's armrest should be attached to her wheelchair because she leans all of the time and it helps with the resident's positioning She reported that staff reposition her when they notice her leaning, but she had not realized the right-side armrest was missing until it was brought to her attention by the State Agent (SA). During an interview on 11/12/2025 at 1:34 PM, Licensed Practical Nurse (LPN) #3 confirmed that Resident #14's right wheelchair armrest was missing and should be in place to help with her positioning. She also confirmed that the resident frequently leans to the right, and staff reposition her as needed. During an interview on 11/12/2025 at 2:21 PM, the Administrator (ADM) admitted that Resident #14 leans to the side in her wheelchair and that the resident had	M0625		

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M0625	Continued from page 8 previously participated in therapy but was unaware that the wheelchair was missing the right-side armrest. She confirmed the armrest, or some positioning device would assist with reducing her leaning, but that was unaware they were not being used. During an interview on 11/13/2025 at 9:20 AM, the Physical Therapist confirmed that the right-side armrest is essential for supporting Resident #14's positioning and should always be attached to the wheelchair. Review of Resident #14's "Admission Record" revealed the facility admitted the resident on 1/23/25 with diagnoses including Lack of coordination and Abnormal Posture. Resident #25 On 11/11/25 at 12:00 PM and again on 11/12/25 at 9:00 AM and 1:00 PM Resident #25 was observed with a right-hand contracture that had no device in place for positioning or protection. During an interview on 11/12/25 at 11:00 AM, CNA #1 confirmed she was assigned to Resident #25 and was unaware of any interventions for the right-hand contracture. She stated no tasks were listed for her to chart related to ROM or positioning for the resident's hand. During an observation with LPN #1 on 11/13/25 at 8:00 AM, she confirmed the Resident #25's fingers on the resident's right hand were tightly contracted into the palm and no device or positioning intervention was in place. She stated that the resident "could use some type of therapy or ROM so it doesn't get worse." No skin breakdown was observed. An interview with CNA #2 on 11/13/25 at 8:28 AM revealed she was also unaware of any ROM or positioning services being provided for Resident #25's right hand contracture. During an interview with the ADM on 11/13/25 at 9:10 AM, she confirmed she could not find any documentation indicating ROM or positioning services for the Resident #25's right-hand contracture. She confirmed the resident should be receiving ROM and stated failure to provide ROM could cause the contracture to worsen. An interview with the Occupational Therapist on	M0625		

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M0625	Continued from page 9 11/13/25 at 9:40 AM confirmed that Resident #25 had a right-hand contracture and staff “should be doing ROM with care to prevent worsening.” He stated the resident was discharged from OT services on 10/17/25 and no follow-up interventions were ordered, but maintenance ROM and positioning should have continued with nursing staff. Record review of Resident #25’s “Admission Record” revealed the facility admitted the resident onn3/4/25 with diagnoses including right-sided hemiplegia and contractures. Record review of Resident #25s MDS with and ARD of 9/17/25 revealed the resident had an Impairment on both sides of upper extremities.	M0625		