Mississippi State Department of Health

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING<br>B. WING | (X3) DATE SURVEY COMPLETED<br>**11/25/2025** |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **THE NICHOLS CENTER** | **1308 HIGHWAY 51 NORTH P O DRAWER 720, MADISON, Mississippi, 39110** |

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| M0000 | Initial Comments<br><br>The State Agency (SA) conducted complaint investigations (CI) #2637343, CI #2642737, and CI #2650460 at the facility from 11/24/25 through 11/25/25. During the survey, the SA determined that the facility was not in compliance with the requirements of the Mississippi Regulations for Minimum Standards for Institutions for Aged or Infirm. The SA identified non-compliance and cited M 500 for CI #2637343 and CI #2642737 for failure to protect resident rights. There were no deficiencies cited for CI #2650460.<br><br>The census at the time of the survey was 58 with a bed capacity of 60 beds. | M0000 | | |
| M0500 | 45.17.2 Residents' Rights<br><br>Residents' Rights. The residents' rights policies and procedures ensure that each resident admitted to the facility:<br><br>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;<br><br>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;<br><br>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 | M0500 | | |



| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| M0500 | Continued from page 1<br>practitioner/physician assistant in his medical record), is afforded the opportunity to participate in 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;<br><br>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;<br><br>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;<br><br>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;<br><br>7. is free from mental and physical abuse;<br><br>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 | M0500 | | |

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| M0500 | Continued from page 2<br>must have policies and procedures addressing the use and monitoring of restraint. A physician order for restraint must be countersigned within 24 hours of the emergency application of the restraint;<br><br>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;<br><br>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;<br><br>11. is not required to perform services for the facility that are not included for therapeutic purposes in his plan of care;<br><br>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);<br><br>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);<br><br>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);<br><br>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 | M0500 | | |

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| M0500 | Continued from page 3<br>physician or nurse practitioner/physician assistant in the medical record); and<br><br>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.<br><br>This LICENSURE REQUIREMENT is NOT MET as evidenced by:<br><br>Based on the record review, staff and responsible party interview, and facility policy review, the facility failed to ensure resident rights; when a resident was not treated with dignity and respect for one (1) of four (4) residents reviewed for resident rights. Resident #1.<br><br>Findings included:<br><br>Record review of facility policy “Resident Rights”, dated 10/24/25, revealed “Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with access to persons and services inside and outside the facility…”<br><br>Record review of the facility investigation dated 10/6/25, revealed Resident #1 reported on 10/3/25 at 2:00 AM, that he called for assistance and Certified Nursing Assistant (CNA) #1 told him to use his brief for his incontinence and that she would return to change him. The resident waited an hour and a half before CNA #1 returned. CNA #1 told the resident, “You are in rehab and should be walking.” CNA #1 was placed on investigative leave on 10/6/25 and terminated on 10/8/25.<br><br>Record review of an additional facility investigation revealed that on 10/6/25, Resident #1’s RP reported that on 10/5/25, CNA #2 had entered Resident #1’s room to assist him to the bathroom and never spoke to him during the entire interaction. The RP reported CNA #2 threw the covers over the resident and threw the bed remote onto the bed. Resident #1 confirmed this and described CNA #2 as rude and nasty. CNA #2 was placed on investigative leave on 10/6/25 and terminated on 10/8/25.<br><br>Interview with the Administrator on 11/24/25 at 2:02 PM verified CNA #1 and CNA #2 did not treat Resident #1 | M0500 | | |

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| M0500 | Continued from page 4<br>with dignity and respect.<br><br>Interview with the Director of Nursing (DON) on 11/25/25 at 9:02 AM revealed the resident initially did not know the names of the CNAs involved. The DON reviewed video footage to obtain photos of the CNAs on duty, and the resident identified both CNAs.<br><br>Telephone interview with Resident #1's RP on 11/24/25 at 4:25 PM revealed she was present and witnessed CNA #2 not speaking to the resident during care, throwing the covers over him, throwing the remote onto the bed, and slamming the door.<br><br>Record review of the "Admission Record" revealed that the facility admitted Resident #1 on 9/23/25 with diagnosis of Difficulty in Walking.<br><br>Record review "Brief Interview for Mental Status (BIMS) Evaluation" dated, 9/23/25 revealed a BIMS score of 14, which indicated Resident #1 is cognitively intact. | M0500 | | |