STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255270	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PONTOTOC HEALTH & REHAB CENTER	278 WEST EIGHTH STREET , PONTOTOC, Mississippi, 38863

(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 re-certification survey at the facility from 12/1/25 through 12/3/25. During the survey, the SA determined that the facility was not in compliance with the Medicare and Medicaid regulations for participation and cited regulatory deficiencies at F 656, F 677, and F 690. Census at the time of survey was 45 and the facility is licensed for 60.	F0000		
F0656 SS = D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.	F0656		

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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F0656 SS = D	Continued from page 1 (iv)In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. §483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (iii) Be culturally-competent and trauma-informed. This REQUIREMENT is NOT MET as evidenced by: Based on observation, staff interviews, facility policy review, and record review, the facility failed to implement the Activities of Daily Living (ADL) care plan for one (1) of 45 residents observed. (Resident #22) Findings Include: Review of facility policy titled, "Comprehensive Plan of Care" with revision date 2/17/25, revealed, "It is the policy of this facility to...implement a comprehensive person-centered care plan for each resident...that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs and ALL services that are identified in the resident's comprehensive assessment and meet professional standards of quality..." An observation on 12/01/2025 at 10:43 AM, with Resident #22 revealed the resident had hair on her upper lip measuring approximately one-half inch (1/2") in length and also on her chin measuring approximately one inch to one and one-half inches in length. Record review of the ADL care plan revealed, "The resident has an ADL self-care performance deficit..." Interview on 12/03/2025 at 12:15 PM with the Minimum Data Set (MDS) Coordinator confirmed that care plans are created as a guide for staff to ensure resident specific care. She further confirmed that the ADL care plan was not implemented for Resident #22. Record review of the Admission Record revealed Resident #22 was admitted to the facility on 11/19/25 with medical diagnoses that included	F0656		

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F0656 SS = D	Continued from page 2 Cerebrovascular Disease, Tremor, and Unspecified Lack of Coordination. Record review of the MDS assessment with Assessment Reference Date (ARD) of 11/26/25, revealed under section C, a Brief Interview for Mental Status (BIMS) score of 14, which indicated the resident was cognitively intact.	F0656		
F0677 SS = D	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is NOT MET as evidenced by: Based on observation, staff interviews, record review and facility policy review the facility failed to provide Activities of Daily Living (ADL) care to maintain personal hygiene for one (1) of 45 residents observed. (Resident #22) Findings Include: Review of facility policy titled, "Activities of Daily Living (ADL) with revision date 9/15/2022, revealed, "...Care and services will be provided for the following activities of daily living: 1. Bathing, dressing, grooming, and oral care...A resident who is unable to carry out activities of daily living will receive the necessary services to maintain good nutrition, grooming, and personal and oral hygiene..." During an observation on 12/01/2025 at 10:43 AM, with Resident #22 revealed the resident had hair on her upper lip measuring approximately one-half inch (1/2") in length and also on her chin measuring approximately one inch to one and one-half inches in length. During an interview on 12/02/2025 at 10:19 AM, with Licensed Practical Nurse (LPN) #1 revealed Certified Nursing Assistants (CNAs) are responsible for ensuring that facial hair is removed from female residents unless the resident or their responsible party refuses. During an interview on 12/02/2025 at 10:23 AM, with Certified Nursing Assistant (CNA) #1, revealed Resident #22 did have very long facial hair on her chin and upper lip yesterday, 12/01/25. She stated that she did shave the resident today. She verified that removing facial hair on female residents was part of daily ADL care and that CNAs were responsible for that. She verbalized that Resident #22's family wanted her to be free from facial hair. She further verbalized that female residents should not have unwanted facial hair and it should be removed daily as needed. During an interview on 12/02/2025 at 10:36 AM with the	F0677		

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F0677 SS = D	Continued from page 3 Director of Nursing (DON), she confirmed that CNAs were responsible for daily ADL care which included removal of facial hair for female residents unless resident/family refused. She further verbalized that unwanted facial hair on female residents should be taken care of on a daily basis. Record review of the Admission Record revealed Resident #22 was admitted to the facility on 11/19/25 with medical diagnoses that included Cerebrovascular Disease, Tremor, and Unspecified Lack of Coordination. Record review of the MDS assessment with Assessment Reference Date (ARD) of 11/26/25, revealed under section C, a Brief Interview for Mental Status (BIMS) score of 14, which indicated the resident was cognitively intact.	F0677		
F0690 SS = D	Bowel/Bladder Incontinence, Catheter, UTI CFR(s): 483.25(e)(1)-(3) §483.25(e) Incontinence. §483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain. §483.25(e)(2)For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that- (i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; (ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and (iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible. §483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible.	F0690		

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F0690 SS = D	Continued from page 4 This REQUIREMENT is NOT MET as evidenced by: Based on observation, resident and staff interview, record review and facility policy review the facility failed to ensure that a urinary catheter and urinary leg bag were secured correctly and maintained below the level of the bladder, resulting in the potential for backflow of urine, catheter dislodgement, and compromised urinary drainage for one (1) of two (2) residents reviewed with an indwelling catheter (Resident #9). Findings Include: Review of the facility policy titled “Bladder and Bowel Habits, Urinary Incontinence and Catheter Care.” with a revision date of 9/15/2022 revealed under “Catheter Care;” “Catheter care shall follow these guidelines: The catheter bag must be kept in a patent position (below the level of the bladder).” During an observation and interview on 12/01/2025 at 10:45 AM, an observation revealed a Velcro strap secured around Resident #9's left ankle, anchoring a urinary catheter tubing and a 600 cubic centimeter (cc) urinary leg bag, which was noted hanging off the lower left side of the bed and had approximately 300 cc of urine in the bag. Resident #9 revealed she has a catheter, and she had no idea why the strap was on her ankle. In an observation and interview on 12/01/2025 at 11:20 AM, Resident #9 was observed lying in bed with the Velcro strap securing the urinary tubing and the emptied urinary leg bag attached to the upper left positioning bar. The resident revealed they just came in, moved it from my ankle, and put it up here. The urinary drainage bag was positioned above Resident #9’s bladder level. Resident #9 removed her covers to expose her left leg, and no urinary tube securement device was observed in place. An observation on 12/02/2025 at 8:35 AM, and again at 10:23 AM, revealed the white catheter leg strap remained secured to the upper left positioning bar, with the urinary leg bag hanging above the bladder level. During an observation and interview on 12/02/2025 at	F0690		

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F0690 SS = D	Continued from page 5 11:30 AM, the urinary leg drainage bag remained suspended from the upper left positioning bar above the resident's bladder level and contained approximately 500 cc of yellow urine. The Director of Nurses (DON) stated, "Oh, this bag needs to be emptied," and confirmed the drainage bag was improperly positioned above the bladder and not securely anchored. Resident #9 stated that she was instructed during a recent hospital stay that “The bag was supposed to be kept low.” The DON acknowledged that failing to secure the drainage bag and keeping it below bladder level could cause backflow of urine and increase the risk of catheter dislodgement. During an interview on 12/02/2025 at 3:24 PM, the Nurse Consultant confirmed that the urinary drainage bag must always be positioned below the bladder to ensure proper urine flow and that the catheter tubing must be properly secured to ensure proper placement. Record review of the “Admission Record” revealed the facility admitted Resident #9 on 7/9/2024 with medical diagnoses that include Chronic Kidney Disease, Stage 3A, and retention of urine. Record review of Resident #9’s Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 11/18/25, revealed a Brief Interview for Mental Status (BIMS) score of 13, which indicated the resident was cognitively intact.	F0690		