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 **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
M0000	Initial Comments The State Agency (SA) conducted an annual recertification 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 Mississippi Regulations for Minimum Standards for Institutions for the Aged or Infirm and cited M 610. Census at the time of the survey was 45 and the facility had beds for 60 residents.	M0000		
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, 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	M0610		

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

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M0610	Continued from page 1 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 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.	M0610		