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
CARRINGTON, LLC D/B/A THE CARRINGTON	**307 REED RD BOX 908, STARKVILLE, Mississippi, 39759**

(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 re-certification survey at facility from 12/01/25 through 12/03/25. 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 requirements and cited, M610, M640, and M815. The census at the time of the survey was 54 and the facility is licensed for 60 beds.	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: Level II Based on observation, family and staff interview, record review, and facility policy review, the facility failed to provide personal grooming services and removal of facial hair for two (2) of four (4) residents reviewed for activities of daily living (ADLs). Resident #1 and #25. Findings Include:	M0610		

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

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
CARRINGTON, LLC D/B/A THE CARRINGTON	**307 REED RD BOX 908, STARKVILLE, Mississippi, 39759**

(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
M0610	Continued from page 1 Review of the facility policy "Activities of Daily Living (ADLs)" with revised date of 01/19/15 revealed, "Policy Explanation and Compliance Guidelines: ...3. 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...." Resident #1 An observation of Resident #1 on 12/02/2025 at 8:50 AM revealed she was sitting in her wheelchair in the dining room. The resident had prominent gray facial hair growth along the upper lip and scattered coarse gray hairs on the chin measuring approximately (one-half) 1/2 inch in length. Further observation revealed the resident's hair was long and visibly oily. An observation and interview with Certified Nurse Aide (CNA) #1 on 12/02/25 at 11:10 AM revealed Resident #1 was scheduled to receive a shower during the evening shift. CNA #1 stated it was the responsibility of the aides to wash the resident's hair and address any facial hair during bathing. She described Resident #1's hair as "greasy and oily" and stated the resident's facial hair was long and had been present for some time. An observation and interview with the Director of Nursing (DON) on 12/02/25 at 11:17 AM revealed her expectations were for the aides to shampoo residents' hair and remove or trim female facial hair during bathing. She confirmed Resident #1 had facial hair and her hair appeared greasy at the time of observation. Record review of the "Restorative Nursing Screener/GG Evaluation" dated 10/15/25 revealed Resident #1 was dependent on staff for bathing and required substantial/maximal assistance with personal hygiene. Record review of the "Admission Record" revealed the facility admitted Resident #1 on 9/05/24 with medical diagnoses that included Unspecified Atrial Fibrillation and Unspecified Dementia. Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 10/30/25 revealed	M0610		

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
CARRINGTON, LLC D/B/A THE CARRINGTON	**307 REED RD BOX 908, STARKVILLE, Mississippi, 39759**

(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
M0610	Continued from page 2 under section C a Brief Interview for Mental Status (BIMS) summary score of 15, indicating Resident #1 was cognitively intact. Resident #25 An observation and interview with Resident #25's spouse on 12/02/2025 at 8:25 AM revealed Resident #25 sitting up in her wheelchair eating breakfast with her spouse at her side. She had multiple white hairs to her chin and upper neck and had scattered black hairs above her upper lip. Resident #25's spouse revealed that she was particular with her facial hair and liked to keep it shaved off. He stated, "She would feel a whole lot better if they would keep her shaved." During an observation and interview on 12/02/25 at 11:33 AM with Licensed Practical Nurse (LPN) #1 in Resident #25's room, she confirmed that Resident #25 had multiple white facial hairs on her chin and upper neck and that she had black hairs scattered above her top lip. LPN #1 revealed that Resident #25's facial hair should be removed during her shower time and confirmed that the resident had not been shaved in a while. LPN #1 also revealed that no one had ever reported to her that Resident #25 refused for her facial hair to be removed. An interview on 12/02/25 at 11:36 AM with the CNA Supervisor, revealed that Resident #25's facial hair should be removed during her shower time and stated, "I wouldn't want to be seen like that with facial hair", and it should be removed. An interview on 12/02/25 at 11:41 AM with Registered Nurse (RN) Supervisor, revealed that personal hygiene included removal of facial hair and that it should be completed during the residents' shower. Record review of Resident #25's "Admission Record" revealed an admission date of 01/08/19 and that she had diagnoses that included Hemiplegia and Hemiparesis following Cerebral Infarction Affecting Right Dominant Side and Aphasia Following Cerebral Infarction. Record review of Resident #25's MDS with ARD of 09/15/25 under Section C, revealed a BIMS Score of 10	M0610		

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
CARRINGTON, LLC D/B/A THE CARRINGTON	**307 REED RD BOX 908, STARKVILLE, Mississippi, 39759**

(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
M0610	Continued from page 3 which indicated that she had moderate cognitive deficits.	M0610		
M0640	45.21.8 Accidents Accidents. The facility shall ensure that the residents ' environment remains as free of accident hazards as possible, and adequate supervision shall be provided to prevent accidents. If an unexplained accident occurs, this injury must be investigated and reported to appropriate state agencies. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Level II Based on observation, staff interview, and record review, the facility failed to ensure the environment was free of accident hazards when a resident room was mopped without use of a caution sign for one (1) of 31 occupied rooms and failed to provide adequate supervision for a resident on a blood thinner who was shaving with a razor for one (1) of 19 sampled residents. Resident #29 Findings Include: The facility provided a statement on letterhead that read, “(Proper name of the facility) does not have a specific policy that addresses hazards within the facility.” ROOM 106 An observation during initial tour on 12/01/25 at 10:42 AM revealed Housekeeping #1 mopping the floor inside room 106. After mopping the entire room floor, she moved onto another room and did not place a caution sign to notify the residents, staff, and visitors that the floor was wet. The floor was visibly wet from the doorway entrance and posed a fall hazard. An interview with Housekeeping #1 on 12/01/25 at 10:58 AM revealed when she mopped the resident rooms, she never left a caution sign in place and stated she was not trained to do that. During an interview with the Housekeeping Supervisor on 12/02/25 at 2:53 PM, she revealed Housekeeping #1 was a new employee, but she had been trained to always use caution signs anytime they were mopping, and the floor was wet. She confirmed this should be done so that "nobody falls."	M0640		

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
CARRINGTON, LLC D/B/A THE CARRINGTON	**307 REED RD BOX 908, STARKVILLE, Mississippi, 39759**

(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
M0640	Continued from page 4 RESIDENT #29 An observation on 12/01/25 at 10:50 AM, revealed Resident #29 sitting in his wheelchair in his bathroom in front of the mirror and he was shaving himself with a regular disposable razor. An observation on 12/02/25 at 8:30 AM revealed two disposable razors in Resident #29's bathroom setting on the right corner of the countertop next to the sink. During an observation and interview on 12/02/25 at 10:26 AM with Licensed Practical Nurse (LPN) #1, she confirmed that there were two disposable razors in Resident #29's bathroom. She confirmed that he should not have regular razors in the room with him due to the risk of cutting himself and that he was on blood thinners and had a risk of bleeding. An interview on 12/02/25 at 10:40 AM with Registered Nurse (RN) Supervisor, revealed that the residents did not shave themselves at all with a regular disposable razor. She revealed that the residents were assisted with shaving during shower times and that he should not have regular disposable razors in his bathroom and confirmed that he cannot shave himself unsupervised because he is on a blood thinner. She also revealed that she wasn't sure why he was shaving himself or how he got those razors. RN Supervisor confirmed that having regular razors in his room was hazardous and an accident waiting to happen and they needed to get him an electric razor that he could use safely. During an interview on 12/02/25 at 3:35 PM with the Administrator, he confirmed that it was a hazard for Resident #29 to have access to regular razors to shave himself. He also confirmed that Resident #29 required supervision while shaving due to his risk of bleeding from being on anticoagulants. Record review of Resident #29's "Admission Record" revealed an admission date of 04/30/25 and that he had diagnoses that included Stage 5 (five) Kidney Disease, Type II Diabetes Mellitus, and Unspecified Atrial Fibrillation. Record review of Resident #29's "Order Summary Report"	M0640		

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
CARRINGTON, LLC D/B/A THE CARRINGTON	**307 REED RD BOX 908, STARKVILLE, Mississippi, 39759**

(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
M0640	Continued from page 5 revealed an order dated 05/05/25 for Eliquis Oral Tablet 2.5 MG (milligrams) (Apixaban) Give 1 (one) tablet by mouth two times a day related to Unspecified Atrial Fibrillation. Record review of Resident #29's Minimum Data Set (MDS) with Assessment Reference Date (ARD) of 11/03/25 under Section C, revealed a Brief Interview for Mental Status (BIMS) Score of 99 which indicated that he was unable to complete the interview.	M0640		
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, record review and interviews, the facility failed to open and store food items in the dietary department for one of two dietary tours. Findings include: Review of the facility policy "Storage of Refrigerated Food" with revised date of 10/08 revealed "...5. All non-hazardous, opened foods are labeled with name of food, date stored and use-by date. 6. All hazardous foods are labeled with name of food and date to be discarded or the date stored..." An observation during the initial tour of the kitchen on 12/01/25 at 10:25 AM, revealed that there were three (3) six- ounce packages containing lunch meats that were opened and not labeled or dated. During an interview on 12/01/25 at 10:30 AM with Dietary Cook, she confirmed that the three packages of lunch meat were not dated or labeled. She identified the meat as one package of roast beef, one package of turkey bologna, and one package of turkey ham. She revealed that the meat packages were opened a couple days ago but she could not recall the exact date. Dietary Cook revealed that the kitchen staff were supposed to label and date food items when they opened them and supposed to dispose of opened meat within four days of opening. She revealed that failing to label and date food items when opened could cause residents to receive spoiled food which could cause food poisoning	M0815		

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
CARRINGTON, LLC D/B/A THE CARRINGTON	**307 REED RD BOX 908, STARKVILLE, Mississippi, 39759**

(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
M0815	Continued from page 6 and other food borne illnesses. An interview on 12/01/25 at 10:40 AM with Dietary Manager, revealed that they were supposed to date and label any food items when they were opened. She confirmed that there were three packages of undated, unlabeled lunch meat in the refrigerator and stated, "This could cause residents to get sick." Dietary Manager revealed that they had in-serviced kitchen staff on dating and labelling open-food items and they had signage up reminding them to do so, but sometimes it still got missed. She revealed that the purpose of dating and labeling opened stored foods was to keep track and know when to dispose of food items that might be spoiled, containing bacteria growth to prevent food bourn illnesses throughout the facility. She revealed that she would do better about checking behind the kitchen staff to ensure foods are properly dated, stored and labeled.	M0815		