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 **12/11/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HATTIESBURG HEALTH & REHAB CENTER	**514 BAY STREET , HATTIESBURG, Mississippi, 39401**

(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 12/8/25 to 12/11/25. During the survey, the SA determined the facility was in compliance with the Minimum Standards of Operations for Alzheimer's Disease/Dementia Care unit and there were no deficiencies cited.	M0000		
M0000	Initial Comments The State Agency (SA) conducted an annual recertification survey at the facility from 12/8/25 to 12/11/25. 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 requirement and cited M500.	M0000		
M0500	45.17.2 Residents' Rights Residents' Rights. The residents' rights policies and procedures ensure that each resident admitted to the facility: 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; 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; 3. is assured of adequate and appropriate medical care,	M0500		

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

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M0500	Continued from page 1 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 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; 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; 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; 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; 7. is free from mental and physical abuse; 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	M0500		

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M0500	Continued from page 2 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 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; 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; 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; 11. is not required to perform services for the facility that are not included for therapeutic purposes in his plan of care; 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); 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); 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);	M0500		

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M0500	Continued from page 3 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 physician or nurse practitioner/physician assistant in the medical record); and 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. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, and facility policy review, the facility failed to ensure residents' rights to a comfortable living environment by not ensuring comfortable room and water temperatures for residents across three (3) of four (4) halls in the facility, Halls A, B, and C. Findings include: A review of the facility's policy, "Quality of Life – Homelike Environment", revised 5/2017, revealed, "…Residents are to be provided with a…comfortable and homelike environment…Policy Interpretation and Implementation…2. The facility staff and management shall maximize, to the extent possible, the characteristics of the facility that reflect a personalized, homelike setting. These characteristics include…h. Comfortable and safe temperatures (71 degrees Fahrenheit – 81 degrees Fahrenheit)…" A review of the facility's "Resident Rights", undated, revealed, "1) A dignified and comfortable living environment…" On 12/9/25 at 1:35 PM, during a Resident Council meeting, multiple residents reported concerns regarding room temperatures being cold while outside temperatures were in the low 30s. Resident #18 reported he informed maintenance that his room was cold and stated the room temperature did not improve following his request. Residents #138, #36, #93, #54, and #1 also reported that the temperatures in their rooms were cold. The residents also reported concerns that water temperatures in resident rooms and shower rooms were uncomfortable, stating that that the hot water felt cold. On 12/10/25 at 8:10 AM, during an interview, the Social	M0500		

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M0500	Continued from page 4 Services Director reported she had received concerns from residents related to room temperatures and water temperatures and submitted work orders through the facility's electronic maintenance request system. On 12/10/25 at 8:33 AM, during an observation and interview, the Maintenance Director assessed room temperatures with an infrared thermometer and water temperatures with a digital thermometer on three halls identified through resident complaints. At 8:36 AM, the temperature in Room A8 (Resident #36) measured 69 degrees Fahrenheit (F) and the water temperature was 68 degrees F. At 8:44 AM, the temperature in Room B22 (Resident #1) measured 65.5 degrees F and the water temperature was 86F. At 8:48 AM, the temperature in Room B2 (Resident #138) measured 70 degrees F and the water temperature was 93 degrees F. At 8:49 AM, the temperature in Room B13 (Resident #54) measured 77 degrees F and the water temperature was 84 degrees F. At 8:55 AM, the temperature in Room B16 (Resident #93) measured 85 degrees F and the water temperature was 99.8 degrees F. At 8:57 AM, the water temperature in Room B11 measured 69.2 degrees F. The Maintenance Director reported that water required several minutes of running before reaching the temperatures measured. On 12/10/25 at 2:00 PM, during observation, the Maintenance Director rechecked room temperatures. Room A8 measured 65 degrees F. Room B2 measured 84 degrees F. Room B13 measured 88 degrees F. Room B16 measured 91 degrees F. On 12/10/25 at 2:08 PM, during an observation in the C-South shower room, the water temperature reached 100 degrees Fahrenheit after four minutes of continuous running. On 12/11/25 at 2:48 PM, during an interview, the Administrator reported the facility operates a tankless hot water system and acknowledged that water must travel through the system before reaching resident rooms. He stated his expectation was for residents to experience a consistent and comfortable living environment.	M0500		