STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255343	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEDFORD CARE CENTER OF PICAYUNE	**2797 COOPER ROAD , PICAYUNE, Mississippi, 39466**

(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 recertification survey at the facility from 12/15/25 through 12/18/25. During the survey, the SA determined the facility was not in compliance with the requirements of participation in Medicare and Medicaid and cited F644, F656, and F761 The facility had a census of 114 and was licensed for 120 beds.	F0000		
F0644 SS = D	Coordination of PASARR and Assessments CFR(s): 483.20(e)(1)(2) §483.20(e) Coordination. A facility must coordinate assessments with the pre-admission screening and resident review (PASARR) program under Medicaid in subpart C of this part to the maximum extent practicable to avoid duplicative testing and effort. Coordination includes: §483.20(e)(1)Incorporating the recommendations from the PASARR level II determination and the PASARR evaluation report into a resident's assessment, care planning, and transitions of care. §483.20(e)(2) Referring all level II residents and all residents with newly evident or possible serious mental disorder, intellectual disability, or a related condition for level II resident review upon a significant change in status assessment. This REQUIREMENT is NOT MET as evidenced by: Based on record review and staff interviews, the facility failed to complete a required Significant Change PASRR (Preadmission Screening and Resident Review) for 1 (one) of 23 (twenty-three) sampled residents (resident #113) after the initiation of an antipsychotic medication. The facility's failure to complete the Significant Change PASRR prevented the appropriate evaluation of the resident's mental health	F0644		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255343	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEDFORD CARE CENTER OF PICAYUNE	2797 COOPER ROAD , PICAYUNE, Mississippi, 39466

(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
F0644 SS = D	Continued from page 1 needs and compliance with federal PASRR requirements. A record review of the Level I PASARR dated July 9, 2019, was completed prior to admission. A review of the Admission Record revealed Resident #113 was admitted to the facility on June 14, 2019, with a diagnosis of chronic systolic heart failure. A subsequent review of the Admission Record revealed the resident was diagnosed with unspecified psychosis not due to a substance or known physiological condition on May 15, 2025. A review of the Significant Change in Status Minimum Data Set (MDS) with an Assessment Reference ARD) of September 19, 2025, revealed Section C documented a Brief Interview for Mental Status (BIMS) score of 03, indicating severe cognitive impairment. The same Significant Change MDS, Section I, documented active diagnoses of anxiety disorder, depression, and psychotic disorder (other than schizophrenia). A review of the facility's Resident Assessment – Coordination with PASARR Program Policy, revised June 1, 2023, revealed the Social Services Director is responsible for tracking residents' PASARR screening status and referring residents to the appropriate authority. The policy further revealed any resident who exhibits newly evident or possible serious mental disorder is to be promptly referred to the state mental health or intellectual disability authority for a Level II PASARR review, including residents who receive a new order for antipsychotic or psychotropic medication when not previously taking such medications prior to admission. A review of psychiatry visit notes dated December 28, 2024, and September 14, 2025, reflected the resident was prescribed antipsychotic medication. A record review of the resident's physician orders revealed Vraylar 1.5 mg (milligrams) prescribed on January 25, 2024, and an increased dose of Vraylar 6 mg ordered on April 6, 2025, for treatment of psychosis. On December 17, 2025, at 11:29 AM, during an interview, the Social Services Director, stated that Resident #113 receives psychiatric services and was last seen by Psychiatrist, on October 25, 2025. On December 17, 2025, at 2:50 PM, during an interview, the Director of Nursing stated that the psychiatric nurse practitioner was terminated in October 2025, and	F0644		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255343	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEDFORD CARE CENTER OF PICAYUNE	**2797 COOPER ROAD , PICAYUNE, Mississippi, 39466**

(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
F0644 SS = D	Continued from page 2 the facility was actively seeking a replacement provider. She further stated that, in the interim, the Medical Director and nurse practitioner were seeing residents with lower BIMS scores until a new psychiatric provider was obtained. On December 18, 2025, at 10:30 AM, during an interview, the Social Services Director stated that Resident #113 did not have a PASARR Level II completed due to failure to submit the referral. She further stated that she was unaware that a Level II PASARR submission was required. On December 18, 2025, at 11:21 AM, during a follow-up interview and medication review with the Social Services Director, it was confirmed that Resident #113 had been prescribed psychotropic medication since December 2024 and that no Significant Change PASARR Level II referral had been submitted. On December 18, 2025, at 1:46 PM, during an interview, the State Agent informed the Administrator of the failure to complete a PASARR Level II evaluation following the resident's psychotropic medication use and documented mental health diagnoses. The Administrator stated that his expectation is for staff to follow PASARR policy requirements.	F0644		
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).	F0656		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255343	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEDFORD CARE CENTER OF PICAYUNE	2797 COOPER ROAD , PICAYUNE, Mississippi, 39466

(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
F0656 SS = D	Continued from page 3 (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. (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 interview, record review, and facility policy review, the facility failed to develop a comprehensive care plan with appropriate interventions for a resident diagnosed with a urinary tract infection (UTI) for one (1) of 23 sampled residents, Resident #7. Findings include: A review of the facility's policy "Comprehensive Care Plans" with revised date 8/24/22 revealed "… It is the policy of this facility to develop and 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 that are identified in the resident's comprehensive assessment…" A record review of the "Admission Record" revealed the facility admitted Resident #7 on 07/31/2025 with diagnoses including Polyneuropathy. A record review of the "Results Urine Culture" which was lasted resulted on 12/10/2025, revealed Resident #7	F0656		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255343	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEDFORD CARE CENTER OF PICAYUNE	2797 COOPER ROAD , PICAYUNE, Mississippi, 39466

(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
F0656 SS = D	Continued from page 4 had a urine culture that was positive for greater than 100 thousand counts for an Klebsiella pneumoniae (a type of bacteria). A record review of the "Order Summary Report" revealed Resident #7 had a Physician's Order, dated 12/10/2025, for Cefuroxime Axetil (an antibiotic medication) with instructions to "Give 1 tablet by mouth two times a day for UTI…" A record review of Resident #7's medical record revealed no comprehensive care plan with interventions was developed to address the diagnosis of a urinary tract infection (UTI) or to identify the resident as at risk for UTI. On 12/16/2025 at 2:45 PM, during an interview with Licensed Practical Nurse (LPN)#1, he confirmed that Resident #7 is currently being treated with antibiotics for UTI. On 12/17/25 at 1:00 PM, during an interview with Registered Nurse (RN) #2, she explained care plans were updated when a resident had a new medication or a change in condition and were also reviewed and updated during quarterly and annual reviews. On 12/17/25 at 1:45 PM, during an interview with RN #3, she confirmed a urine culture for Resident #7 was positive with greater than 100,000 colony counts for an organism, and the resident was started on antibiotic therapy for seven (7) days for a diagnosis of Urinary Tract Infection (UTI). She confirmed Resident #7 did not have a care plan addressing the UTI diagnosis or a care plan identifying the resident as at risk for UTI. On 12/18/25 at 12:03 PM, during an interview with the Director of Nursing (DON), she explained the purpose of the care plan was to guide staff on how to care for the resident. She indicated that if a resident had a current Urinary Tract Infection (UTI) and was receiving antibiotic therapy, she would expect a care plan to be developed to inform staff of the resident's condition and identify appropriate interventions to be implemented during care.	F0656		
F0761 SS = D	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted	F0761		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255343	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEDFORD CARE CENTER OF PICAYUNE	**2797 COOPER ROAD , PICAYUNE, Mississippi, 39466**

(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
F0761 SS = D	Continued from page 5 professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, and facility policy review, the facility failed to store medications in a safe and secure manner for two (2) of four (4) medication carts reviewed. Findings included: A review of the facility policy, “Storage of Medications,” revised 8/2/22, revealed, “…The facility shall store all drugs and biologicals in a safe, secure, and orderly manner. Policy Interpretation and Implementation…7. Compartments (including, but not limited to…carts…containing drugs and biologicals shall be locked when not in use…carts used to transport such items shall not be left unattended if open or otherwise potentially available to others…” On 12/17/25 at 8:05 AM, during an observation of medication pass in Building One with Licensed Practical Nurse (LPN) #1, the medication cart was observed left unattended and unlocked on the resident hallway while LPN #1 went to the medication room. The medication cart remained unattended and unlocked from 8:15 AM to 8:20 AM. On 12/17/25 at 8:21 AM, during an interview with LPN #1, he confirmed that the medication cart was left unlocked while he went to the medication room. He	F0761		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255343	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEDFORD CARE CENTER OF PICAYUNE	2797 COOPER ROAD , PICAYUNE, Mississippi, 39466

(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
F0761 SS = D	Continued from page 6 explained that the cart contained medications for multiple residents and acknowledged that a resident could have accessed the cart while he was away. On 12/17/25 at 8:30 AM, an observation of the contents of the medication cart revealed multiple medications stored on the cart, including over-the-counter medications such as aspirin, vitamins, acetaminophen (Tylenol), eye drops, and prescription blood pressure medications. On 12/17/25 at 10:33 AM, during an interview with the Director of Nursing (DON), she explained that medication carts are required to remain locked at all times when not in use in accordance with facility policy. She stated the purpose of locking the cart is to protect residents from accessing medications not intended for them and confirmed staff had received training multiple times related to medication cart security. On 12/17/25 from 2:50 PM to 3:03 PM, during an observation in Building Two, a medication cart was observed left unattended and unlocked on the resident hallway. On 12/17/25 at 3:04 PM, during an interview with LPN #2, she confirmed the medication cart was unlocked and then locked the cart. She explained that she left the cart unlocked while responding to an event involving a resident on the other side of the building. She acknowledged that medication carts should remain locked to prevent residents from accessing medications not prescribed to them.	F0761		