STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255278	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HILLCREST NURSING CENTER	1401 FIRST AVENUE NORTHEAST , MAGEE, Mississippi, 39111

(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 a Complaint Investigation (CI) MS #2682479 on 12/22/25-12/23/25 related to wound and percutaneous endoscopic gastrostomy (PEG) tube care not being done daily which alleged wounds got worse and were not healing. During the survey, the SA determined the facility was not in compliance with the requirements for participation in Medicare and Medicaid and cited F880. The facility held a license for 100 beds, with a census of 87.	F0000		
F0880 SS = D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.71 and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:	F0880		

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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F0880 SS = D	Continued from page 1 (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, facility policy review, and record review, the facility failed to ensure that Enhanced Barrier Precautions (EBP) were	F0880		

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F0880 SS = D	Continued from page 2 implemented in accordance with facility policy and current infection control standards during percutaneous endoscopic gastrostomy (PEG) tube care for (1) one of (3) three care observations. (Resident #1) Findings Include: A review of the facility's policy "Enhanced Barrier Precautions" with a revision date of 03/24 revealed "Enhanced Barrier Precautions are an infection control intervention designed to reduce transmission of multidrug-resistant organisms (MDROs) in nursing homes. Enhanced Barrier Precautions involve gown and gloves use during high-contact residents care activities for residents known to be colonized or infected with a MDRO as well as those at increased risk of MDRO acquisition (e.g. residents with wounds or indwelling medical devices)..." On 12/22/25 at 12:22 PM during an observation of Registered Nurse #1(RN)/ Nurse Supervisor performing PEG tube care she did not apply a gown during care. On 12/22/25 at 1:15 PM in an interview with RN #1 stated she uses a gown when resident has a PEG tube and care is prolonged or heavy drainage at the site. She stated the gown is used to protect the residents from the staff. She stated by her not wearing a gown the resident has an increased risk of getting an infection. On 12/22/25 at 2:44 PM an interview with Licensed Practical Nurse #1(LPN)/ Infection Preventionist nurse stated that EBP consists of a gown and gloves and should be used when a resident has colonized wounds, indwelling catheter and PEG tube. She stated EBP is used to protect the residents from the staff. She stated it also protects the staff from any organism the resident may have. She stated RN #1 could have transferred something from her uniform to the resident. She stated there could be a possibility the resident could get sick. On 12/23/25 at 10:57 AM an interview with Director of Nursing (DON) confirmed that RN #1 should have had a gown on while doing PEG tube care. She stated that Resident #1 is at high risk for infection due to PEG tube. She stated the gown protects the resident from getting something the nurse may have on her uniform. She stated there is a chance of spreading infection when a nurse does not wear a gown while doing high contact care. A record review of Resident #1's "Admission Record" revealed an admission date of 12/12/24 with diagnosis	F0880		

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F0880 SS = D	Continued from page 3 of Hemiplegia and Hemiparesis following Cerebral Infarction affecting right dominant side and Dysphagia, Oropharyngeal Phase. A record review of Resident #1's “Physician orders revealed clean 18FR(french)/20 ml(milliliter) PEG tube site with normal saline, pat dry with 4x4 gauze, apply split sponge daily. A record review of the Minimum Data Set (MDS) with Assessment Reference Date (ARD) 10/28/25 revealed a Brief Interview for Mental Status (BIMS) score of 10 which indicates moderate cognitive impairment. A record review of the EBP signage on the door revealed everyone must wear gown and gloves for the following high-contact care activities. Device care or use: feeding tube.	F0880		