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 **12/23/2025**

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
M0000	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, SA determined the facility was not in compliance with the Minimum Standards for Institutions for the Aged or Infirm, state licensure requirement and cited M1570. The facility held a license for 100 beds, with a census of 87.	M0000		
M1570	48.58.1 Infection Control The following infection control standards shall be met: 1. The facility must maintain and document an effective infection control program that protects patients, families, visitors, and facility personnel by preventing and controlling infections and communicable diseases. 2. The facility must have an active surveillance program that includes specific measures for prevention, early detection, control, education, and investigation of infections and communicable diseases in the facility. There must be a mechanism to evaluate the effectiveness of the program(s) and take corrective action when necessary. The program must include implementation of nationally recognized systems of infection control guidelines to avoid sources and transmission of infections and communicable diseases. 3. The facility must follow accepted standards of practice to prevent the transmission of infections and communicable diseases, including the use of standard precautions. This LICENSURE REQUIREMENT is NOT MET as evidenced by:	M1570		

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

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M1570	Continued from page 1 Level II Based on observation, interview, facility policy review, and record review, the facility failed to ensure that Enhanced Barrier Precautions (EBP) were 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.	M1570		

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M1570	Continued from page 2 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 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.	M1570		