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 **12/30/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TISHOMINGO MANOR	**230 KHAKI STREET , IUKA, Mississippi, 38852**

(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 onsite complaint investigation (CI) for CI MS # 2617234, CI MS # 2667879, and CI MS # 2700637 at the facility on 12/30/25. During the survey, SA determined that the facility was not in compliance with the Mississippi Regulations for Minimum Standards for Institutions for the Aged or Infirm for CI MS #2617234 and CI MS # 2667879 and cited M 500 related to resident rights. The SA investigated CI MS #2700637, and no deficiencies were cited. The census at the time of the survey was 102 with a license for 105 beds	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, 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	M0500		

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

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M0500	Continued from page 1 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 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	M0500		

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M0500	Continued from page 2 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); 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	M0500		

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M0500	Continued from page 3 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: Level III Pattern Based on observations, resident and staff interviews, record review, and a review of facility policy, the facility failed to ensure residents were treated with dignity and respect by providing adequate incontinent care supplies during the night shift for four (4) of five (5) residents sampled. Resident #1, #2, #3, and #4. Findings Include: Record review of the facility policy titled “Resident’s Rights Policy” with a revision date of 12/23 revealed Every resident in this facility has the right to: 11. …Receive adequate and appropriate health care, medical treatment and protective support services. 12. Be treated courteously, fairly, and with the fullest measure of dignity. Record review of the facility policy titled “Dignity and Respect” with a revision date of 07/22 revealed, “A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life recognizing each resident's individuality. The facility shall protect and promote the rights of the resident. …3. All residents should have autonomy of choice, to the maximum extent possible, about how they wish to live their everyday lives and receive care…” On 12/30/2025 at 5:15 AM, Licensed Practical Nurse (LPN) #1 revealed we don’t have access to the resident’s incontinent briefs. If our residents run out of briefs, they tell the aides to “bridge” them, which is a pad underneath them and a couple of sheets, which is folded over them in the front and folded between their legs. She revealed that if they urinate or have a bowel movement, they will have it in the pad and the sheet. She revealed that many residents don’t like that, especially the A hall residents, who are here for	M0500		

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M0500	Continued from page 4 therapy. An interview on 12/30/2025 at 5:25 AM with Certified Nurse Aide (CNA) #1 revealed that we don't have access to the briefs if needed. The residents are given a certain amount of incontinence briefs in the morning and if they run out before the day is over then they have to wear a bed sheet. During an interview on 12/30/2025 at 5:30 AM, LPN #2 revealed that housekeeping passes out the briefs in the mornings. She revealed that a key is kept in the medication room, and the nurses will unlock the environmental room and retrieve the briefs for the aides. An observation of the environmental room alongside LPN #1 and LPN #2 revealed that no incontinent briefs were available in the locked room. In an interview on 12/30/25 at 5:35 AM, CNA #2 revealed it has been a big issue with not having briefs when we come on shift and we have complained about it. She revealed we have been told that we have to "bridge" the residents, we have to use a draw pad under them and then put a bedsheet between their legs and sheets across them. She revealed that if they have to urinate or have a bowel movement, they do it in those. She revealed that not all residents like that, and that Resident #4 has voiced her dislike, but there's not much we can do about it. She revealed that housekeeping comes in in the mornings and passes out the wipes and briefs for the whole day and night and if they run out then we don't have access to anymore. During an interview on 12/30/25 at 5:45 AM, laundry worker revealed that she passes the incontinent briefs and follows a list of residents' sizes provided by her housekeeping supervisor. She revealed we pass out six (6) briefs to the residents who are incontinent for a 24-hour period. In an interview on 12/30/25 at 5:50 AM, CNA #3 revealed there is a major shortage of briefs on the 11pm-7am shift. She revealed she used to work on the day shift, and it was nothing like this. We are told on night shift to "Bridge" the resident's meaning by putting a pad under them and a sheet over them when we run out of briefs. An interview on 12/30/25 at 6:05 AM, Housekeeper #1 stated that she "Passes out briefs in the morning, and every resident gets 6 for the whole day and night and I personally didn't think that would be enough to last them, but that is what we're instructed to do. Everybody gets 6."	M0500		

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M0500	Continued from page 5 During an interview on 12/30/25 at 8:05 AM, the Housekeeping Supervisor revealed that she is also a CNA but has been in the housekeeping supervisor role for about two (2) years. She revealed that they put out a certain number of adults briefs each morning, some residents get 6, some get eight (8), and some get 10. She revealed that when I took over this job, this was the way it was done. I don't fully understand it, but I do what the Director of Nursing (DON) has told me to do. I have questioned it in the past and was told that they wanted to "Bridge" the residents. She confirmed that the CNA's do not have access to the briefs, but that a key is hanging up in the medication room, and the nurse can go into the locked environmental room and get some extra briefs that she leaves for them. The Housekeeping Supervisor confirmed that there were not any extra briefs in the locked room this morning. In an interview on 12/30/25 at 10:35 AM, the DON confirmed that Resident #4 was incontinent, and she preferred to wear briefs. The DON stated, "They have plenty of briefs at night, and they can access the environmental room for any additional supplies that they need although we try to do 'open air' during night shift, it's where we don't put briefs on them and just let them air out." She revealed all of our non-cognitive residents; we don't put on briefs at night. She revealed that she had never asked the residents what their preferences were and further confirmed that there were not any briefs this morning in the locked environmental room that the staff could access briefs for the incontinent residents. Resident #1 An observation on 12/30/25 at 7:30 AM revealed Resident #1 lying in bed with only a shirt on, and his lower extremities from the waist down are exposed with just a white sheet lying across his lower abdomen and private area. An observation and interview on 12/30/25 at 7:35 AM, CNA #4 confirmed that Resident #1 was lying in bed with a sheet across his private area and no incontinent brief on. She revealed that the brief situation has been very interesting here. They are given a certain amount in the morning, and it has to last them through the next morning. She revealed it has really made it hard on us aides and we don't like it. Record review of the Admission Record revealed Resident #1 was admitted to the facility on 5/24/24 with medical diagnoses that included Hypertensive Heart Disease and	M0500		

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M0500	Continued from page 6 Peripheral Vascular Disease. Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 10/14/25, revealed under section C, a Brief Interview for Mental Status (BIMS) summary score of 6, indicating Resident #1 is severely cognitively impaired. Section H- Bladder and Bowel revealed that Resident #1 is Frequently Incontinent of Urinary and Bowel Continence. Resident #2 During an interview on 12/30/25 at 7:50 AM, Resident #2 revealed they had run out of diapers at night. She stated, "They didn't ask if it would be okay with me not wearing one; they just took it upon themselves to put a sheet on me. I didn't say anything about it because I didn't feel like I had a say in what they were doing. I thought it strange, and I don't like it at all, but I have to go with what they do." Record review of the Admission Record revealed Resident #2 was admitted to the facility on 3/8/23 with medical diagnoses that included Chronic Obstructive Pulmonary Disease, Diastolic Congestive Heart Failure, and Hereditary and Idiopathic Neuropathy. Record review of the MDS with an ARD of 12/1/25, revealed under section C, a BIMS summary score of 11, indicating Resident #2 is moderately cognitively impaired. Section H- Bladder and Bowel revealed that Resident #2 has an indwelling catheter, and is always incontinent of bowel. Resident #3 An interview on 12/30/25 at 9:30 AM, Resident #3 stated, "The diaper issue is just totally ridiculous. I have a supra pubic catheter, but I wear a diaper for my bowel movements. They run out all the time, and they run around different rooms trying to find me one when I need to have a bowel movement. I prefer having a brief on at all times. I don't like it when they try to do the sheet between my legs." Record review of the Admission Record revealed Resident #3 was admitted to the facility on 1/21/25 with medical diagnoses that included Polyneuropathy, Atherosclerotic Heart Disease, and Neuromuscular dysfunction of the bladder. Record review of the MDS with an ARD of 10/24/25, revealed under section C, a BIMS summary score of 13, indicating Resident #3 is cognitively intact. Section	M0500		

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M0500	Continued from page 7 H- Bladder and Bowel revealed that Resident #3 has an indwelling catheter and is always incontinent of bowel. Resident #4 During an interview on 12/30/25 at 9:40 AM, Resident #4 stated, "I get nervous and stressed at night when I go to bed. I'm afraid to move and I try to lay as still as I can, so I don't urinate because I know they are always out of diapers. I say something to them, and they say, 'Well, they didn't give us anymore'." Resident #4 revealed that for what I'm paying to be in this facility, they should be providing my diapers. Resident #4 stated, "Will you please do something about this?" The resident further revealed that she hasn't gone to upper management because "I try to get along, and I figured it wouldn't do any good anyway." Resident #4 confirmed that this causes her a lot of mental anguish, not having the incontinent supplies that she needs and the thought of having to urinate on a bedsheet. Record review of the Admission Record revealed Resident #4 was admitted to the facility on 2/3/25 with medical diagnoses that included Spinal Stenosis, End Stage Heart Disease and Anxiety Disorder. Record review of the MDS with an ARD of 10/10/25, revealed under section C, a Brief Interview for Mental Status (BIMS) summary score of 14, indicating Resident #4 is cognitively intact. Section H- Bladder and Bowel revealed that Resident #4 is always incontinent of bowel and bladder.	M0500		