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 **01/14/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE VIEW HEALTH AND REHABILITATION CENTER	**1304 WALNUT ST , WAYNESBORO, Mississippi, 39367**

(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 along with one (1) Complaint Investigation (CI MS #2707861), at the facility from 1/11/26 through 1/14/26. CI MS #2707861 was investigated related to an allegation of bed bugs and medication administration. During the survey, the SA determined the facility was in compliance with the Minimum Standards for Institutions for the Aged or Infirm, state licensure requirement. There were no deficiencies cited related to the CI. M655 was cited related to the annual recertification survey.	M0000		
M0655	45.21.11 Special needs Special needs. Each resident with special needs shall receive proper treatment and care. These special needs shall include, but are not limited to injections; parenteral and enteral fluids; colostomy, ureterostomy, ileostomy care; tracheostomy care; tracheal suction; respiratory care; foot care; and prostheses. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, and record review, the facility failed to provide enteral feeding care in accordance with professional standards of practice by not documenting the date and time the feeding was hung, which was necessary to alert staff when the bag must be changed to prevent complications such as contamination and infection, for one (1) of (12) residents observed with enteral feedings. Resident #5. Findings include: A review of the facility's policy, "Care and Treatment of Feeding Tubes," with a reviewed/revised date of 10/22/25, revealed, "Policy: It is the policy of this facility to utilize feeding tubes in accordance with current clinical standards of practice, with interventions to prevent complications to the extent possible…" On 1/11/26 at 11:45 AM, during an observation, Resident	M0655		

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

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M0655	Continued from page 1 #5 was lying in bed. There was an enteral feeding hanging from a pole. There was no date or label on the bag indicating the date and time it was hung. On 1/11/26 at 11:46 AM, during an interview and observation, Laundry #2 worker who was immediately present in the hallway outside the resident's room observed and agreed that she did not see a date or time documented on the bag. On 1/14/26 at 11:05 AM, during an interview, Licensed Practical Nurse (LPN) #1 reported it was the responsibility of the nurse who changed Resident #5's tube feeding bag to label and date the bag and explained the purpose of labeling was to ensure the bag was not outdated and to prevent infection or bacterial growth if the feeding solution remained in the bag too long. On 1/14/26 at 11:10 AM, during an interview, the Director of Nursing (DON) reported the purpose of labeling and dating enteral feedings was to ensure the feeding was used within twenty-four (24) hours to prevent expiration and contamination. A record review of the "Order Summary Report" revealed Resident #5 had a Physician's Order, dated 8/8/24, for "Enteral Feed Order TWO CAL: 40/ml/hr (milliliters/hour)..." A record review of the "Admission Record" revealed the facility admitted Resident #5 on 9/19/23 with diagnoses including Dysphagia Following Cerebral Infarction. A record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 10/16/25 revealed Resident #5 had a Brief Interview for Mental Status (BIMS) score of nine (9), which indicated his cognition was moderately impaired.	M0655		