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 **01/22/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GREENE COUNTY HEALTH AND REHABILITATION	**1017 JACKSON STREET , LEAKESVILLE, Mississippi, 39451**

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M0000	Initial Comments The State Agency (SA) conducted an annual recertification survey at the facility from 1/20/26 to 1/22/26. During the survey, the SA determined the facility was not in compliance with the Minimum Standards for Institutions for the Aged or Infirm, state licensure requirements and cited M500, M655, and M815.	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 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	M0500		

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

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M0500	Continued from page 1 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 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	M0500		

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M0500	Continued from page 2 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 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	M0500		

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M0500	Continued from page 3 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: Based on observation, interviews, record review, and facility policy review, the facility failed to ensure a resident's right to dignity by not covering a urinary catheter drainage bag for one (1) of (18) residents. Resident #13. Findings include: A review of the facility's policy, "Catheter Care" (undated) revealed, "…It is the policy of this facility to ensure that residents with indwelling catheters receive appropriate catheter care and maintain their dignity and privacy when indwelling catheters are in use…Policy Explanations…2. Privacy bags will be available and catheter drainage bags will be covered at all times while in use…" A review of the facility's policy, "Resident Rights", dated 02/2021, revealed, "…Employees shall treat all residents with…dignity. Policy Interpretation and Implementation 1. …These rights include the resident's right to: a. a dignified existence…" A record review of the "Admission Record" revealed the facility admitted Resident #13 on 3/3/25 with diagnoses including Dementia. A record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 12/10/25, revealed Resident #13 had a Brief Interview for Mental Status (BIMS) score of 9, which indicated her cognition was moderately impaired. A record review of the "Order Listing Report" revealed Resident #13 had a Physician's Order, dated 12/29/25, for catheter care every shift and as needed. On 01/20/2026 at 11:59 AM, during an observation and interview, Resident #13 was lying in bed with an indwelling urinary catheter drainage bag hanging on the side of the bed, uncovered and visible to anyone when the resident's door was opened. Resident #13 stated she did not know why she had a urinary catheter. On 01/20/2026 at 12:05 PM, during an observation and interview Registered Nurse (RN) #2, she confirmed that Resident #13's urinary catheter drainage bag was exposed and not covered. RN #2 confirmed the catheter	M0500		

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M0500	Continued from page 4 drainage bag should have been covered for resident dignity. On 01/21/2026 at 4:07 PM, during an interview, the Director of Nursing (DON), stated Resident #13 had an indwelling catheter since 12/28/2025. She explained wound care staff were responsible for catheter placement and changes. The DON confirmed staff were required to keep catheter drainage bags covered for dignity, and this expectation was reviewed during catheter care in-service training completed within the last year. She stated her expectation was for staff to ensure catheter drainage bags were covered at all times. On 01/22/2026 at 2:01 PM, during an interview, the Administrator stated she expected staff to place all catheter drainage bags in privacy covers to maintain resident dignity.	M0500		
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, record review, and facility policy review, the facility failed to provide respiratory care in accordance with physician orders and professional standards of practice by not administering oxygen at the ordered flow rate and by not documenting as-needed (PRN) oxygen administration for one (1) of (1) resident reviewed for respiratory care. Resident #2. Findings include: A review of the facility's policy, "Oxygen Administration Policy," (undated) revealed, "…Oxygen is administered to residents who need it in, consistent with professional standards of practice…Policy Explanation and Compliance Guidelines: 1. Oxygen is administered under orders of a physician…3. Staff shall document the initial and ongoing assessment of the resident's condition warranting oxygen and the response to oxygen therapy…" On 1/20/26 at 12:09 PM, during an observation, Resident #2 was observed lying in bed with oxygen via nasal	M0655		

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M0655	Continued from page 5 cannula (nc) running at two (2) liters per minute. On 1/20/26 at 12:22 PM, during an observation and interview, Licensed Practical Nurse (LPN) #1 who was the floor nurse for Resident #2, observed Resident #2's oxygen concentrator running at (2) liters per minute. She confirmed the setting and reported the setting did not align with the physician's order, which was three (3) liters per minute. On 1/21/26 at 12:13 PM, during an interview, Registered Nurse (RN) #1 explained it was the responsibility of the primary nurse, or floor nurse to monitor residents' oxygen flow rates and oxygen saturation levels. On 1/21/26 at 4:07 PM, during an interview, the Director of Nursing (DON) reported it was the responsibility of the floor nurse to ensure Resident #2's oxygen was administered at the physician-ordered rate. She reported medication nurses could also check oxygen settings during medication passes. She further reported the purpose of following physician orders was to maintain appropriate oxygen saturation levels and stated her expectation was for staff to verify oxygen flow rates during medication passes. On 1/22/26 at 2:45 PM, during an interview, the Administrator reported she had been advised that Resident #2's oxygen concentrator had been observed running at (2) liters per minute on 1/20/26 and that the physician order required (3) liters per minute. She stated the oxygen adjustment knob could be easily bumped but emphasized nursing staff were expected to routinely check oxygen flow rates to ensure consistency with physician orders and stated her expectation was for staff to always follow physician orders for prescribed oxygen levels. A record review of the "Admission Record" revealed the facility admitted Resident #2 on 4/22/22 and she had current diagnoses including Hemiplegia and Hemiparesis. A record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 11/19/25 revealed Resident #2 had a Brief Interview for Mental Status (BIMS) score of (12), which indicated her cognition was moderately impaired. A record review of the "Order Listing Report" revealed Resident #2 had an active Physician's order, dated 7/18/24, for oxygen at (3) liters per minute as needed for shortness of breath or oxygen saturation less than 92%.	M0655		

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M0655	Continued from page 6 A record review of the January 2026 “Medication Administration Record (MAR)” revealed no documentation indicating Resident #2 received PRN oxygen on 1/20/26, although the resident was observed wearing oxygen via nasal cannula.	M0655		
M0815	45.29.1 Safe Food Handling Procedures Safe Food Handling Procedures. Food shall be prepared, held, and served according to current Mississippi State Department of Health Food Code Regulations. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, and facility policy review, the facility failed to maintain safe food handling and storage practices by not removing expired food items from the refrigerator and freezer and by not dating and labeling opened and repackaged food items for one (1) of three (3) days of survey. Findings include: A review of the facility’s policy, “Food Receiving and Storage,” revised 11/2022, revealed, “ “Foods shall be received and stored in a manner that complies with safe food practices…Refrigerated/Frozen Storge 1. All foods stored in the refrigerator or freezer are covered, labeled and dated (“use by” date)…7. Refrigerated foods are labeled, dated and monitored so they are used by their “use-by” date, frozen, or discarded…” On 1/20/26 at 10:01 AM, during an observation and interview, the reach-in refrigerator #2 was observed to contain opened, repackaged sliced bologna sandwich meat labeled with an “opened” date of 10/8/25 and a best-by/use-by date of 11/8/25, which had expired. Reach-in refrigerator #2 was also observed to contain several packages of opened, repackaged sliced white cheese without an open date labeled and sliced American cheddar cheese that had been opened and repackaged without an open date labeled on the outside of the clear plastic bags. A container of French’s mustard was observed opened, in use, and stored unrefrigerated on a shelf despite manufacturer instructions indicating the product should be refrigerated after opening. During the interview, the Dietary Supervisor acknowledged the expired and improperly labeled food items and reported it was the responsibility of all dietary staff to routinely check dates in refrigerators and freezers and to remove expired food items. On 1/22/26 at 2:50 PM, during an interview, the Administrator reported her expectation was for the	M0815		

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M0815	Continued from page 7 dietary department to conduct routine weekly monitoring to ensure expired foods were identified and removed in a timely manner and foods were refrigerated as required. She stated both the Dietary Manager and Dietary Supervisor were responsible for oversight of food storage and safety practices. She further reported that while all staff were encouraged to check product dates when handling food items, the primary responsibility for monitoring expiration dates and proper labeling rested with the Dietary Manager and Dietary Supervisor to ensure compliance with food safety standards and to prevent the use of expired or improperly labeled food products.	M0815		