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
BRIAR HILL REST HOME	**1201 GUNTER ROAD , FLORENCE, Mississippi, 39073**

(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) Compliant Investigation (CI MS # 2684586) at the facility from 1/20/2026 through 1/22/2026. 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 M610. There were no citations related to CI MS# 2684586.	M0000		
M0610	45.21.2 Activities of daily living Activities of daily living. Each resident shall receive assistance as needed with activities of daily living to maintain the highest practicable well being. These shall include, but not be limited to: 1. Bath, dressing and grooming; 2. Transfer and ambulate; 3. Good nutrition, personal and oral hygiene; and 4. Toileting. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on observation, interview and facility policy review, the facility failed to ensure that a resident received necessary grooming assistance in accordance with her preferences for one (1) of (15) residents reviewed for Activities of Daily Living (ADL). Resident #41 Findings include: A review of the facility policy, "Resident Rights," undated, revealed...5. Respect and dignity. The resident has the right to be treated with respect and dignity...."	M0610		

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

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M0610	Continued from page 1 During an interview with Resident #41 on 1/20/26 at 11:20 AM, she stated that the staff do not shave under her arms. She reported that when she lived at home, she shaved under her arms every day or as often as needed. She added that if staff shaved under her arms at least once a week, she would be satisfied. During an observation on 1/20/26 at 11:21 AM, revealed Resident #41's underarm hair to be thick and approximately two and one-half (2.5) inches long. During an interview with Certified Nursing Assistant (CNA) #1 at 10:20 AM on 1/21/26, the CNA stated that shaving under the arms is part of the ADLs for residents. She explained that it is important to ensure this task is completed because it helps maintain residents' dignity and reflects what they would typically do at home. In a follow up interview at 10:34 AM, on 1/21/26 while assessing Resident #41, CNA #1 stated that the hair under Resident #41's arm appeared not to have been shaved in a while, adding, "It is really long and needs to be cut." On 1/21/26 at approximately 1:30 PM, during an interview the Director of Nursing (DON), explained that shaving under residents' arms is part of the ADLs provided by CNAs. She added that this task is performed for hygienic purposes and is part of maintaining residents' dignity. A record review of the "Admission Record" revealed the facility admitted the resident on 12/2/25 with diagnoses including Generalized Muscle Weakness and Other Lack of Coordination. A record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 1/4/26 revealed a Brief Interview Mental Score (BIMS) of 12 indicating the resident has moderate cognitive impairment.	M0610		