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 **01/29/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHADWICK COMMUNITY CARE CENTER	**1900 CHADWICK DRIVE , JACKSON, Mississippi, 39204**

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M0000	Initial Comments The State Agency (SA) conducted an annual recertification survey at the facility from 01/27/26 through 01/29/26. 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 M225, M610, M620 and M1570.	M0000		
M0225	45.4.1 Nursing Facility Nursing Facility. To be classified as a facility, the institution shall comply with the following staffing requirements: 1. Minimum requirements for nursing staff shall be based on the ratio of two and eight-tenths (2.80) hours of direct nursing care per resident per twenty-four (24) hours. Staffing requirements are based upon resident census. Based upon the physical layout of the nursing facility, the licensing agency may increase the nursing care per resident ratio. 2. Each facility shall have the following licensed personnel as a minimum: a. Seven (7) day coverage on the day shift by a registered nurse. b. A registered nurse designated as the Director of Nursing Services, who shall be employed on a full time (five [5] days per week) basis on the day shift and be responsible for all nursing services in the facility. c. Facilities of one-hundred eighty (180) beds or more shall have an assistant director of nursing services, who shall be a registered nurse.	M0225		

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

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M0225	Continued from page 1 d. A registered nurse or licensed practical nurse shall serve as a charge nurse and be responsible for supervision of the total nursing activities in the facility during the 7:00 a.m. to 3:00 p.m. and 3:00 p.m. to 11:00 p.m. shift. The nurse assigned to the unit for the 11:00 p.m. to 7:00 a.m. shift may serve as both the charge nurse and medication/treatment nurse. A medication/treatment nurse for each nurses' station shall be required on all shifts. This shall be a registered nurse or licensed practical nurse. e. In facilities with sixty (60) beds or less, the director of nursing services may serve as charge nurse. f. In facilities with more than sixty (60) beds, the charge nurse may not be the director of nursing services or the medication/treatment nurse. 3. Non-Licensed Staff. The non-licensed staff shall be added to the total licensed staff, to complete the required staffing requirements. 4. There shall be at least two (2) employees in the facility at all times in the event of an emergency. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on record review and interviews, the facility failed to meet the minimum staffing requirements of 2.8 per patient day (PPD) for one (1) of four (4) months reviewed for staffing requirements. July 2025 Findings included: Record review of the facility staffing grid for weekends in July 2025 revealed the facility did not meet the minimum requirements of 2.8. The staffing grid indicated the PPD on 7/5/25 was only 2.78. Record review of facility timecard reports confirmed staffing levels were 2.78 PPD on 7/5/25. On 01/29/2026 at 12:01 PM, during an interview, Licensed Practical Nurse (LPN) #2 confirmed staffing on 7/5/25 was below the recommended minimum of 2.8 Hours Per Patient Day. She stated minimum staffing recommendations exist to ensure adequate resident care coverage. She stated consequences of low staffing can include increased fall incidents and medication errors when staff must compensate for shortages, placing	M0225		

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M0225	Continued from page 2 residents at risk. On 01/29/2026 at 3:40 PM, during an interview, the Director of Nursing (DON) stated the purpose of PPD staffing requirements is to ensure sufficient staff are available to meet resident needs. She stated failure to meet these levels can result in delayed care, increased falls, medication errors, and other adverse outcomes. On 01/29/2026 at 3:51 PM, during an interview, LPN #3 stated she has observed Certified Nursing Assistant staffing numbers are often lower on weekends compared to weekdays.	M0225		
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 observations, interviews, record review and facility policy review, the facility failed to consistently provide necessary activities of daily living (ADL) care, including daily oral hygiene, routine nail care, and regular shaving of facial hair for one (1) of (19) residents reviewed. Resident #78. Findings include: Record review of the facility policy, “Activities of Daily Living (ADL’s) Supporting” revised March 2018, revealed, “…Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming and personal and oral hygiene…” On 1/27/2026 at 11:54 AM, during an interview with Resident #78, she stated that things are going “okay” at the facility. She reported that she wants her teeth	M0610		

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M0610	Continued from page 3 brushed daily but cannot remember the last time staff brushed them because she needs their help to do so. She added that staff do not often cut her nails, and the nails on her contracted hand are long and digging into her skin and she would like them trimmed. She also mentioned that she dislikes the hair under her chin and requests that the staff keep it trimmed regularly. Observation of Resident #78's nails revealed they were long and digging into the skin of her contracted hand, leaving a deep impression. The resident's facial chin hair was long, gray, and curled to the point of resembling a beard. There was an extremely large amount of plaque buildup on her teeth, indicating they had not been brushed in quite some time. On 1/27/26 at 11:51 AM, during an interview with Certified Nursing Assistant (CNA) #1, he stated that he had been assigned to provide ADL care to Resident #78 for the past two days. He explained that oral care and grooming, such as shaving, are routine parts of ADL care. He acknowledged that he had failed to perform this type of ADL care for Resident #78 but stated he could do it now if the State Agency (SA) would like him to. On 1/27/26 at 12:04 PM, during an interview with Licensed Practical Nurse (LPN) #1, she confirmed that the hair under Resident #78's chin had not been shaved in quite some time. She stated that the CNA's role is to ensure it is cut as needed. During the assessment of Resident #78's nails on her contracted left hand, LPN #1 confirmed to the SA that the nails were long, leaving a deep indentation in her skin, and could cause further injury if not cut. She also acknowledged that Resident #78's teeth had extensive plaque buildup and needed to be brushed. On 1/28/26 at 11:45 AM, during an interview with the Director of Nursing (DON), she stated that CNAs are required to perform oral care and facial grooming, such as removing facial hair, but that nurses are responsible for cutting residents' nails. In an interview with CNA #2 on 1/28/26 at 2:36 PM, she stated that removing facial hair and providing oral care are routine parts of ADL care. She explained that she removes facial hair to help residents feel more confident, and that oral care is important to prevent cavities and bad breath. Record review of the "Admission record" revealed the facility admitted the resident on 1/15/21 with diagnoses including unspecified osteoarthritis, unspecified site.	M0610		

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M0610	Continued from page 4 Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 11/25/25 revealed a Brief Interview Mental Score (BIMS) of (15) indicating the resident is cognitively intact.	M0610		
M0620	45.21.4 Urinary incontinence Urinary incontinence. Residents with urinary incontinence shall be assessed for need of bladder retraining program. An indwelling catheter will not be used unless the resident ' s clinical condition indicates that catheterization is necessary. These residents shall receive treatment and services to prevent urinary tract infections. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, record review, and facility policy review, the facility failed to ensure an indwelling urinary catheter was secured with a leg strap for one (1) of four (4) residents reviewed with urinary catheters. Resident #2. Findings Include: Record review of the facility policy “Catheter Care, Urinary”, undated, revealed “…Ensure that the catheter remains secured with a leg strap to reduce friction and movement at the insertion site...” On 01/29/2026 at 10:53 AM, during an observation and interview of foley catheter care conducted by Certified Nursing Assistant (CNA) #3, assisted by CNA #4 revealed upon removal of Resident #2's pajamas a leg strap to secure the catheter was not in place. CNA #3 and CNA #4 confirmed there was not a leg strap in place to secure the catheter. CNA #4 stated Resident #2 should have a leg strap. She stated the purpose is to prevent the catheter from pulling out. She stated she notifies the nurse when one is not present. On 01/29/2026 at 2:56 PM, during an interview, the Director of Nursing (DON) stated CNAs should apply a leg strap during care and do not need to notify a nurse to do so. She stated the purpose of the leg strap is to keep the catheter in a stationary position to prevent dislodgement or injury. She stated staff are expected to follow the plan of care and apply the leg strap. Record review of Resident #2’s “Admission Record” revealed an admission date of 02/05/2025 with diagnoses that included Neuromuscular Dysfunction of the Bladder.	M0620		

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M0620	Continued from page 5 Record review of the “Order Summary Report” with active orders as of 1/29/26 revealed physician orders dated 11/17/25 for catheter care with soap and water each shift and as needed, and to observe for placement of a catheter leg strap with tubing secured each shift. Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 01/07/2026 revealed a Brief Interview for Mental Status (BIMS) score of 10, indicating moderate cognitive impairment.	M0620		
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: Based on observation, interview, record review, and facility policy review, the facility failed to follow infection prevention and control guidelines during medication administration for one (1) of four (4) residents reviewed for medication administration. Resident #8. Findings Include: Record review of the facility policy, revised October 2018, revealed “This facility’s infection control	M1570		

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M1570	Continued from page 6 policies and practices are intended to… help prevent and manage transmission of disease and infection. On 01/28/2026 at 8:30 AM, medication administration was observed for Resident #8 via percutaneous endoscopic gastrostomy tube. Prior to administration, Licensed Practical Nurse (LPN) #1 removed the stopcock plunger from the feeding tube syringe and placed it on top of the plastic container it came in. During medication administration, the stopcock plunger slid off the plastic container onto the bare bedside table, which had not been disinfected prior to medication preparation. During the medication administration process, the resident's feeding tube became clogged, requiring LPN#1 to use the stopcock plunger to push the medication through the tube. LPN#1 did not disinfect the stopcock plunger after it contacted the bedside table. The plunger was placed directly back into the syringe and used to administer medication into the resident's feeding tube. On 01/28/2026 at 9:51 AM, during an interview, LPN#1 confirmed the stopcock plunger had been resting on the bedside table prior to use. She stated proper infection prevention practice would have required disinfecting the bedside table prior to medication administration or discarding the contaminated syringe and stopcock and obtaining a new one. She stated failure to follow infection prevention guidelines could result in transmission of infection to the resident. On 01/28/2026 at 11:49 AM, during an interview, the Director of Nursing (DON) stated LPN#1 should have disinfected the bedside table prior to medication administration and used a clean barrier before placing equipment on the surface. She stated once the syringe plunger contacted the table, the nurse should have obtained a new syringe or disinfected the equipment prior to use. She stated potential complications of this practice include transmission of infection to the resident. She stated it is her expectation that nurses follow infection prevention guidelines during medication administration. Record review of Resident #8's Admission Record revealed an admission date of 08/15/2023 with diagnoses that included peritoneal abscess. Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 12/23/2025 revealed a Brief Interview for Mental Status (BIMS) score of 11, indicating the resident had moderate cognitive impairment.	M1570		