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 **02/05/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JAMES T CHAMPION	**1455 NORTH LAKELAND DRIVE PO BOX 4128 WEST STATION, MERIDIAN, Mississippi, 39307**

(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 at the facility from 2/2/26 to 2/5/26. 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, M635, M655, and M1570.	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, interview, record review, and facility policy review, the facility failed to ensure a resident's call light was maintained within reach as a reasonable accommodation for one (1) of (16) sampled residents. Resident #27. Findings include: A review of the facility's policy, "Call Bell/Light", dated July 2024, revealed, "…residents will have access to a call bell/light apparatus…3. Procedure A. Nursing Services will ensure that the call bell/light is within easy reach of the resident…" A record review of the facility's "Professional Development Program Record," dated 1/6/26 and 1/8/26, revealed, "…Course Goals & Learning Objectives…Call bell should be within reach at all times…" On 2/2/26 at 12:44 PM, during an observation, Resident #27 was observed lying in bed asleep. The resident's call light was observed on the floor beside the bed rather than within reach. Although the call light had a clip attached, it was not secured to the resident, the bed linens, or the bed, leaving it inaccessible to the resident while in bed. On 2/2/26 at 12:50 PM, during an observation and interview with Certified Nursing Aide (CNA) #1, Resident #27's call light was on the floor beside the bed and out of the resident's reach. CNA #1 confirmed staff were trained so that call lights were to be left within resident reach. On 2/4/26 at 10:32 AM, during an interview, CNA #3, who is the CNA Coordinator, reported all CNA staff were trained to ensure call lights were within reach when leaving a resident's room, regardless of whether the resident could independently use the call light. She reported that staff received monthly in-service education and daily reminders regarding call light placement. On 2/5/26 at 9:45 AM, during an interview, the Director of Nursing (DON) reported her expectation was for staff to ensure residents were left with the call light within reach when exiting the resident's room.	M0500		

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M0500	Continued from page 4 A record review of the “Face Sheet” revealed the facility admitted Resident #27 on 12/21/23 with diagnoses including Dementia. A record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 12/11/25 revealed Resident #27 had a Brief Interview for Mental Status (BIMS) score of one (1), which indicated his cognition was severely impaired.	M0500		
M0635	45.21.7 Gastric feeding Gastric feeding. Residents who are eating alone or with assistance are not fed by a gastric tube unless their clinical condition indicates that the use of a gastric feeding tube is unavoidable. The residents who are fed by a gastric tube receive the treatment and services to prevent complications or to restore if possible, normal eating skills. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on observation and interview, the facility failed to ensure a tube feeding bag was labeled with the required information, including the date, time, type of feeding, and initials of the nurse preparing the tube feeding, in accordance with professional standards, for one (1) of two (2) residents reviewed for tube feeding. Resident #11. Findings include: A record review of the “Resident Face Sheet” revealed the facility admitted Resident #11 on 12/31/25 with diagnoses including Alzheimer’s Disease. A record review of the Admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 1/6/26 revealed Resident #11 required a staff assessment for cognitive status and indicated her cognitive skills for daily decision making was severely impaired. A record review of the “Physician Order Report: 02/01/2026 – 02/28/2026” revealed Resident #11 had a Physician’s Order, dated 1/14/26 for “Isosource 1.5 at 20 ML/HR (Milliliters per Hour)…” On 2/2/26 at 12:32 PM, during an observation of Resident #11 and the resident’s room, the tube feeding bag in use did not contain a date, time, type of feeding or initials of the nurse who prepared or hung the tube feeding. On 2/2/26 at 12:35 PM, during an observation and	M0635		

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M0635	Continued from page 5 interview with the Director of Nursing (DON), she reviewed Resident #11's tube feeding bag and confirmed it did not contain a date, time, type of feeding, or initials of the nurse who hung the bag. She reported the night nurse who changes the tube feeding bag is responsible for labeling the bag. She explained the purpose of the labeling is to ensure the feeding bag is changed within (24) hours from the start of use.	M0635		
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 and interview, the facility failed to post required cautionary signage to indicate oxygen was in use for three (3) of (3) residents reviewed for oxygen administration, Residents #1, #11, and #39. Findings include: On 02/02/2026 at 2:17 PM, an observation of the residents' rooms and doors on 200-hall revealed 3 rooms (Residents #1, #11 and #39) where oxygen concentrators were in use with no sign cautioning that oxygen was in use posted on the doors. On 02/02/2026 at 3:09 PM, an interview and observation with the Director of Nursing (DON) revealed she confirmed there were no oxygen signs posted outside Residents #1, #11 and #39's doors. The DON noted the reason for having an oxygen sign posted is to inform people that a possible combustible is in this room. The DON affirmed that all nursing staff are responsible for assuring proper signage is posted on residents' doors. The DON noted she will put the signs up and will make sure that the staff are educated to perform this task. On 02/05/2026 at 1:30 PM, an interview with the Administrator revealed he acknowledged the failure of the facility's staff to place oxygen signs on Residents #1, #11 and #39's doors. The Administrator stated that the staff will be trained to make sure there are signs posted on all rooms that contain oxygen concentrators. Resident #1 A record review of the "Resident Face Sheet" revealed	M0655		

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M0655	Continued from page 6 the facility admitted Resident #1 on 10/18/24 with diagnoses including Tracheostomy. A record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 1/22/26 revealed Resident #1 had a Brief Interview for Mental Status (BIMS) score of 15 indicating his cognition was intact. A record review of the "Physician Order Report: 02/01/2026-02/28/2026" revealed Resident #1 had a Physician's Order, dated 10/31/2024, for "O2 (Oxygen) via trach (Tracheostomy) collar – Flow 5L/Min (Liters per minute) …continuous…" Resident #11 A record review of the "Resident Face Sheet" revealed the facility admitted Resident #11 on 12/31/2025 with diagnoses including Alzheimer's disease with late onset. A record review of the Admission MDS with an ARD of 01/06/2026 revealed Resident #11 required a staff assessment for mental status and his cognitive skills for daily decision making was severely impaired. A record review of the "Physician Order Report: 02/01/2026-02/28/2026" revealed Resident #11 had a Physician's Order, dated 12/31/2025 for "O2 at 2L per NC (Nasal Cannula)…PRN (as needed)…" Resident #39 A record review of the "Resident Face Sheet" revealed the facility admitted Resident #39 on 12/15/2025 with diagnoses including Malignant Neoplasm of Esophagus. A record review of the Admission MDS with an ARD of 12/21/2025 revealed Resident #39 had a BIMS score of 15 which indicated his cognition was intact. A record review of the "Physician Order Report: 02/01/2026-02/28/2026" revealed Resident #39 had a Physician's Order dated 12/17/2025 for O2 at 2L via NC – continuous…"	M0655		
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,	M1570		

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M1570	Continued from page 7 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 prevent the possible spread of infection during medication administration for two (2) of five (5) residents observed. Specifically, for Resident #5, staff failed to follow enhanced barrier precaution requirements by not wearing an isolation gown during medication administration via percutaneous endoscopic gastrostomy (PEG) tube and for Resident #30, staff failed to maintain clean supplies by returning a box of gloves taken into the resident's room to a clean linen cart. Findings include: A review of the facility's policy, "Infection Control Plan 2025 - 2026," dated March 2024, revealed, "…The mission of the infection…prevention, and control program is to prevent and control infections and to promote the well-being of patients, healthcare workers, and visitors through a commitment to excellent…patient care, effective use of resources, and continuous improvement…" A review of the facility's "Enhanced Barrier Precautions Protocol," undated, revealed, "1. Enhanced Barrier Precautions (EBP) are required for the following resident categories: All residents with multidrug-resistant organisms (MDROs)…, chronic wounds or indwelling medical devices… A green sticker will be placed on the outside of the resident's door to	M1570		

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M1570	Continued from page 8 identify residents on EBP… 3. For residents for whom EBP are indicated, EBP is employed when performing the following high-contact resident care activities…Device care or use…feeding tube…" A record review of the facility's "Professional Development Program Record" revealed Licensed Practical Nurse (LPN) #3 and LPN #2 received education on hand hygiene, contact precautions, enhanced barrier precautions, and personal protective equipment (PPE) on from 5/20/25 through 5/22/25. A record review of the "Review Check-Off List" revealed LPN #3 received training related to "Infection Prevention" on 10/27/25. Resident #5 A record review of the "Resident Face Sheet" revealed the facility admitted Resident #5 on 6/2/23 with diagnoses including Dysphagia. A record review of the Quarterly MDS with an ARD of 12/1/25 revealed Resident #5's BIMS was not completed and coded as 99. A record review of the "Physician Order Report: 02/01/2026 – 02/28/2026" revealed all medications for Resident #5 were to be administered per PEG or PO (by mouth). On 2/4/26 at 7:30 AM, during an observation, Licensed Practical Nurse (LPN) #2 administered medications via PEG tube to Resident #5. A green enhanced barrier precaution indicator was observed on the resident's door; however, the nurse did not wear an isolation gown during the medication administration. On 2/4/26 at 7:30 AM, during an interview, Licensed Practical Nurse (LPN) #2 confirmed she did not wear an isolation gown while administering medications via PEG tube and stated she believed gowns were only required for residents on contact isolation. On 2/4/26 at 8:00 AM, during an interview, Registered Nurse (RN) #1 stated staff are trained to wear isolation gowns when providing care to residents identified with enhanced barrier precautions and that green indicators on doors identify required personal protective equipment. On 2/4/26 at 8:30 AM, during an interview, the Director of Nursing (DON) stated staff are expected to wear gowns when providing PEG tube care for residents on	M1570		

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M1570	Continued from page 9 enhanced barrier precautions and confirmed the nurse failed to follow facility policy. Resident #30 A record review of the “Resident Face Sheet” revealed the facility admitted Resident #30 on 2/20/25 with diagnoses including Allergic Rhinitis. A record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 11/10/25 revealed Resident #30 had a Brief Interview for Mental Status (BIMS) score of 12, which indicated her cognition was moderately impaired. A record review of the “Physician Order Report: 02/01/2026 – 02/28/2026” revealed Resident #30 had a Physician’s Order, dated 6/26/25 for “Saline Nasal Spray…” On 2/3/26 at 8:15 AM, during an interview, the Director of Nursing (DON) stated gloves are considered contaminated once taken into a resident’s room and should not be returned to the clean supply areas. The DON stated staff are expected to remove only the gloves needed for resident care and to follow infection control policies. On 2/3/26 at 8:35 AM, during an observation, Licensed Practical Nurse (LPN) #3 removed a full box of gloves from a clean linen cart, entered Resident #30’s room, administered nasal saline spray, and then returned the box of gloves to the clean linen cart. On 2/3/26 at 9:00 AM, during an interview, LPN #3 stated she placed the gloves back on the clean linen cart after use and did not believe the gloves were contaminated once taken into the resident’s room. LPN #3 returned the gloves back to Resident #30’s room and stated she didn't care because she didn't pay for them. On 2/5/26 at 1:00 PM, during an interview, the Administrator stated staff are expected to always follow infection control and enhanced barrier precaution policies. The Administrator confirmed staff should not return supplies taken into resident rooms to clean areas and should wear gowns when administering PEG tube medications.	M1570		