STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255324	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 02/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRUCE COMMUNITY LIVING CENTER	176 HIGHWAY 9 SOUTH BOX 1280 , BRUCE, Mississippi, 38915

(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
F0000	INITIAL COMMENTS The State Agency (SA) conducted an annual re-certification survey at the facility from 2/17/26 through 2/19/26. During the survey, the SA determined the facility was not in compliance with Medicare and Medicaid requirements of participation and cited, F628, F646, and F690. The census at the time of the survey was 34 and the facility is licensed for 35 beds.	F0000		
F0628 SS = D	Discharge Process CFR(s): 483.15(c)(2)(iii)(3)-(6)(8)(d)(1)(2); 483.21(c)(2) §483.15(c)(2) Documentation. When the facility transfers or discharges a resident under any of the circumstances specified in paragraphs (c)(1)(i)(A) through (F) of this section, the facility must ensure that the transfer or discharge is documented in the resident's medical record and appropriate information is communicated to the receiving health care institution or provider. (iii) Information provided to the receiving provider must include a minimum of the following: (A) Contact information of the practitioner responsible for the care of the resident. (B) Resident representative information including contact information (C) Advance Directive information (D) All special instructions or precautions for ongoing care, as appropriate. (E) Comprehensive care plan goals; (F) All other necessary information, including a copy of the resident's discharge summary, consistent with §483.21(c)(2) as applicable, and any other documentation, as applicable, to ensure a safe and	F0628		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

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F0628 SS = D	Continued from page 1 effective transition of care. §483.15(c)(3) Notice before transfer. Before a facility transfers or discharges a resident, the facility must- (i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman. (ii) Record the reasons for the transfer or discharge in the resident's medical record in accordance with paragraph (c)(2) of this section; and (iii) Include in the notice the items described in paragraph (c)(5) of this section. §483.15(c)(4) Timing of the notice. (i) Except as specified in paragraphs (c)(4)(ii) and (c)(8) of this section, the notice of transfer or discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged. (ii) Notice must be made as soon as practicable before transfer or discharge when- (A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section; (B) The health of individuals in the facility would be endangered, under paragraph (c)(1)(i)(D) of this section; (C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section; (D) An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (c)(1)(i)(A) of this section; or (E) A resident has not resided in the facility for 30 days.	F0628		

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F0628 SS = D	Continued from page 2 §483.15(c)(5) Contents of the notice. The written notice specified in paragraph (c)(3) of this section must include the following: (i) The reason for transfer or discharge; (ii) The effective date of transfer or discharge; (iii) The location to which the resident is transferred or discharged; (iv) A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request; (v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman; (vi) For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402, codified at 42 U.S.C. 15001 et seq.); and (vii) For nursing facility residents with a mental disorder or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with a mental disorder established under the Protection and Advocacy for Mentally Ill Individuals Act. §483.15(c)(6) Changes to the notice. If the information in the notice changes prior to effecting the transfer or discharge, the facility must update the recipients of the notice as soon as practicable once the updated information becomes available. §483.15(c)(8) Notice in advance of facility closure In the case of facility closure, the individual who is the administrator of the facility must provide written	F0628		

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F0628 SS = D	Continued from page 3 notification prior to the impending closure to the State Survey Agency, the Office of the State Long-Term Care Ombudsman, residents of the facility, and the resident representatives, as well as the plan for the transfer and adequate relocation of the residents, as required at § 483.70(l). §483.15(d) Notice of bed-hold policy and return- §483.15(d)(1) Notice before transfer. Before a nursing facility transfers a resident to a hospital or the resident goes on therapeutic leave, the nursing facility must provide written information to the resident or resident representative that specifies- (i) The duration of the state bed-hold policy, if any, during which the resident is permitted to return and resume residence in the nursing facility; (ii) The reserve bed payment policy in the state plan, under § 447.40 of this chapter, if any; (iii) The nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (e)(1) of this section, permitting a resident to return; and (iv) The information specified in paragraph (e)(1) of this section. §483.15(d)(2) Bed-hold notice upon transfer. At the time of transfer of a resident for hospitalization or therapeutic leave, a nursing facility must provide to the resident and the resident representative written notice which specifies the duration of the bed-hold policy described in paragraph (d)(1) of this section. §483.21(c)(2) Discharge Summary When the facility anticipates discharge, a resident must have a discharge summary that includes, but is not limited to, the following: (i) A recapitulation of the resident's stay that includes, but is not limited to, diagnoses, course of illness/treatment or therapy, and pertinent lab, radiology, and consultation results. (ii) A final summary of the resident's status to include items in paragraph (b)(1) of §483.20, at the	F0628		

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F0628 SS = D	Continued from page 4 time of the discharge that is available for release to authorized persons and agencies, with the consent of the resident or resident's representative. (iii) Reconciliation of all pre-discharge medications with the resident's post-discharge medications (both prescribed and over-the-counter). This REQUIREMENT is NOT MET as evidenced by: Based on interview and record review, the facility failed to ensure notification of the Long-Term Care Ombudsman for one (1) of two (2) residents reviewed for discharge. Resident #40. Findings Include: Review of typed "Statement" dated 02/19/26 on facility letterhead, revealed that (proper name) facility did not have a policy to notify the local or state ombudsman of discharges to home. Record review of Resident #40's "Physician Orders" revealed an order dated 11/25/25 to "D/C (Discharge) home today with (proper name) Home Health." Record review of Resident #40's "Progress Note" dated 11/25/25 revealed Resident #40 was propelled in wheelchair to private auto and transferred out of wheelchair into private auto with maximum assistance of one. No new orders noted. Discharged to home with (proper name) Home Health. Record review of the facility's "Emergency Transfer Log for the Office of the State Long-Term Care Ombudsman" for November 2025 revealed that Resident #40 was not included on the list of transfers/discharges completed for the month. An interview on 02/19/26 at 8:30 AM with Social Services Director (SSD), revealed that Resident #40 was admitted to the facility from the hospital in November 2025 with stroke-like symptoms. She revealed that she received therapy services and they discharged her home with home health services. SSD revealed that she did not send a notification of the discharge to the Ombudsman and did not know it was a requirement. She stated that she would get this fixed and that going forward, she would do so on all future discharges and transfers. Record review of Resident #40's "Admission Record" revealed an admission date of 11/10/25 with diagnoses that included Cystitis and Generalized Muscle Weakness.	F0628		
F0646 SS = D	MD/ID Significant Change Notification CFR(s): 483.20(k)(4) §483.20(k)(4) A nursing facility must notify the state mental health authority or state intellectual disability authority, as applicable, promptly after a significant change in the mental or physical condition	F0646		

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F0646 SS = D	Continued from page 5 of a resident who has mental illness or intellectual disability for resident review. This REQUIREMENT is NOT MET as evidenced by: Based on record review, staff interview, and facility policy review, the facility failed to notify the State Mental Health Authority of a change in mental health status for a resident with a diagnosed mental illness for one (1) of three (3) Pre-admission Screening and Resident Review (PASRR) records reviewed. Resident #2. Findings Include: Review of the facility policy titled “Change in a Resident’s Condition or Status” latest review 08/2023 revealed under “Policy Interpretation and Implementation…7. In addition to notifying the resident and/or representative, the state mental health agency or state intellectual disability agency will be notified within 24 hours of a significant change in the mental or physical condition of a resident with a mental disorder or intellectual disability...” Record review of the “Admission Record” revealed the facility admitted Resident #2 on 4/29/25 with medical diagnoses that included bipolar disorder. Record review of Resident #2’s “Psychotherapy Progress Note” dated 10/22/25 revealed, “At approximately 11:05 AM, LCSW (Licensed Clinical Social Worker) met with the patient in her room to assess mood and safety after nursing staff reported signs of emotional distress. The patient was tearful, visibly upset, and expressed active suicidal ideation with both plan and intent. She stated, ‘If I could, I would kill myself. I’ve been trying to figure out how to get cyanide pills. I just want to go be with my husband. I don’t want to be here anymore.’” Record review of Resident #2’s “Progress Notes” dated 10/22/25 revealed the resident was transferred to a behavioral health facility for inpatient psychiatric services related to suicidal ideation. An interview with Social Services #1 on 2/18/26 at 9:30 AM revealed she was responsible for submitting status change referrals to the State Mental Health Authority. SS #1 stated she submitted status changes when a resident received a new mental illness diagnosis, a new psychiatric medication, or a medication change. SS #1 confirmed she did not submit a status change for Resident #2. She acknowledged the resident experienced worsening psychiatric symptoms and required inpatient	F0646		

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F0646 SS = D	Continued from page 6 psychiatric hospitalization in October 2025, which indicated a need for a status change submission to ensure the resident received required specialized services. Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 1/28/26 revealed under section C, a Brief Interview for Mental Status (BIMS) summary score of 15, indicating Resident #2 was cognitively intact. Section I indicated a psychiatric diagnosis of bipolar disorder.	F0646		
F0690 SS = D	Bowel/Bladder Incontinence, Catheter, UTI CFR(s): 483.25(e)(1)-(3) §483.25(e) Incontinence. §483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain. §483.25(e)(2)For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that- (i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; (ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and (iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible. §483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible. This REQUIREMENT is NOT MET as evidenced by:	F0690		

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F0690 SS = D	Continued from page 7 Based on observation, resident and staff interview, and record review, the facility failed to ensure a suprapubic catheter drainage system was maintained in a manner to promote proper drainage and prevent backflow of urine for one (1) of three (3) residents reviewed for catheters. Resident #12. Findings Include: Review of the education provided for skill competency catheter care titled “Urinary Catheter Care” dated 3/17/08 revealed, “When providing care for the resident who has a catheter there are some important guidelines for the caregiver to know. The drainage bag must be kept below the level of the bladder to prevent the backflow of urine. This can cause infection...” An observation and interview with Resident #12 on 2/17/26 at 10:18 AM revealed he was sitting in his wheelchair in his room with a urinary catheter drainage bag resting on the wheelchair seat beside him and not positioned below the level of the bladder. The resident stated the drainage bag would not remain attached to the lower part of the wheelchair and frequently fell off. The resident was later observed at 10:42 AM propelling himself in the hallway with the drainage bag remaining in the same improper position and no staff intervention to correct the placement. An additional observation on 2/18/26 at 7:55 AM revealed Resident #12 again sitting in his wheelchair with the urinary drainage bag lying in the wheelchair seat and not below the level of the bladder. The resident was later observed at 8:45 AM propelling himself down the hallway with the drainage bag in the same position and no staff intervention to ensure proper drainage bag positioning. An interview with Registered Nurse (RN) #1 on 2/18/26 at 9:06 AM confirmed Resident #12’s catheter drainage bag was not being maintained in a manner to prevent backflow of urine. RN #1 stated this was the typical way the resident kept the drainage bag and acknowledged that backflow of urine could cause a urinary tract infection. An interview with the Director of Nursing on 2/18/26 at 3:20 PM revealed staff were responsible for monitoring Resident #12’s catheter drainage bag and ensuring it remained below the level of the bladder to prevent the potential for urinary tract infections. Record review of the “Admission Record” revealed Resident #12 was admitted on 8/19/24 with diagnoses	F0690		

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F0690 SS = D	Continued from page 8 including End Stage Renal Disease. Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 2/4/26 revealed under section C a Brief Interview for Mental Status (BIMS) score of 15, indicating the resident was cognitively intact, and documented the presence of an indwelling catheter under Section H.	F0690		