Mississippi State Department of Health

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

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **CAMELLIA ESTATES** | **1714 WHITE STREET , MCCOMB, Mississippi, 39648** |

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| M0000 | Initial Comments<br><br>The State Agency (SA) conducted an annual recertification survey at the facility from 02/17/26 through 2/19/26. 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 M610, M640, M715, M1570. | M0000 | | |
| M0610 | 45.21.2 Activities of daily living<br><br>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:<br><br>1. Bath, dressing and grooming;<br><br>2. Transfer and ambulate;<br><br>3. Good nutrition, personal and oral hygiene; and<br><br>4. Toileting.<br><br>This LICENSURE REQUIREMENT is NOT MET as evidenced by:<br><br>Based on observation, interviews, record review and facility policy review, the facility failed to ensure a Resident who was unable to carry out activities of daily living (ADLs) received the necessary services to maintain good grooming for one (1) of (13) sampled residents. Resident #7.<br><br>Findings include:<br><br>A record review of the facility policy, "Activities for Daily Living" revised 9/25 revealed, "...1. ADLs are to be resident specific...2. ADLs shall include, but are not limited to personal hygiene..." | M0610 | | |



| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| M0610 | Continued from page 1<br>On 2/17/26 at 8:38 AM, during an observation and interview, observed Resident# 7 with very visible long, gray hair on the upper lip, about a quarter to a half inch long, with chin hair of the same length. Resident #7 stated she would like the mustache on her upper lip and chin shaved.<br><br>During an interview and observation on 2/17/26 at 9:56 AM, Certified Nursing Assistant (CNA) #1 assigned to Resident #7, explained that removing the hair from the resident's face is a normal part of ADL care for residents who are not able to do it themselves. She further stated that she had previously completed ADL care on Resident #7 and observed that she had long hair on her upper lip and chin but did not ask whether Resident #7 wanted it removed. She confirmed that the hair is long and appeared that it has not been cut in quite a few days.<br><br>In an interview on 2/19/26 10:00 AM, the Director of Nursing (DON) revealed the general consensus is that they offer facial hair removal during ADL care. She indicated doing this is an intricate part of making sure that all the resident's needs are met.<br><br>A record review of the "Face Sheet" revealed the facility admitted Resident #7 on 5/20/24 with diagnoses that included Hemiplegia and Hemiparesis following other Cerebrovascular Disease affecting the left non-dominant side.<br><br>A record review of the quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 12/5/25 revealed a Brief Interview for Mental Status (BIMS) score of (15) indicating the resident is cognitively intact. | M0610 | | |
| M0640 | 45.21.8 Accidents<br><br>Accidents. The facility shall ensure that the residents ' environment remains as free of accident hazards as possible, and adequate supervision shall be provided to prevent accidents. If an unexplained accident occurs, this injury must be investigated and reported to appropriate state agencies.<br><br>This LICENSURE REQUIREMENT is NOT MET as evidenced by:<br><br>Based on observation, interview, record review, and facility policy review, the facility failed to ensure chemicals were properly stored and secured in accordance with facility policy and regulatory requirements for one (1) of four (4) survey days. | M0640 | | |

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| M0640 | Continued from page 2<br>Findings included:<br><br>Record review of the facility policy “Storage of Chemicals” revised 05/18 revealed “…Chemicals are stored in a storage area, designated only for chemicals…”<br><br>During an observation and interview on 02/17/2026 at 6:21 AM, observed an unattended spray bottle of Virex antiviral disinfectant that was openly accessible on top of a personal protective equipment (PPE) bin on Hall “A.” During an interview at this time, Licensed Practical Nurse (LPN) #1 confirmed the Virex solution was easily accessible to residents and stated it should not be left in the open because ingestion or exposure could result in chemical burns or other harm. She stated the disinfectant was being used due to a flu outbreak and was unsure of the facility’s storage policy for the chemical.<br><br>On 02/17/2026 at 8:34 AM, during an interview, the Director of Nursing confirmed the Virex solution should have been secured and could have been stored in a drawer when not in use to prevent access by residents. | M0640 | | |
| M0715 | 45.24.4 Labeling of drugs<br><br>Labeling of drugs. Each facility shall follow the Mississippi State Board of Pharmacy labeling requirements.<br><br>This LICENSURE REQUIREMENT is NOT MET as evidenced by:<br><br>Based on observation, interview, and facility policy review, the facility failed to ensure medications were stored securely and expired medications were removed in accordance with facility policy and regulatory requirements for one (1) of four (4) days of survey.<br><br>Findings include:<br><br>A review of the facility policy “Medication Storage” revised 11/2017, revealed “… A lock and key system with suitable protection against theft or access by unauthorized personnel. The locked system shall be secured when not in use by authorized personnel...”<br><br>A review of the facility’s “Destruction of Unused, Expired or Discontinued Medication” with a revision date of 10/19 revealed “…These will be removed during monthly inspections or any other time as such are found, and will be disposed of according to policy…”<br><br>On 02/17/2026 at 6:10 AM, during an observation and | M0715 | | |

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| M0715 | Continued from page 3<br>interview revealed a wound care cart unattended and unlocked on Hall “A.” Licensed Practical Nurse (LPN) #1 confirmed the cart was a wound treatment cart and acknowledged it was unlocked and unattended. A review of the cart’s contents revealed in the top-drawer diclofenac gel, nystatin cream, gentamicin ointment, and moisturizing lotion. The second drawer contained three bottles of wound cleanser, two bottles of hydrogen peroxide, and one bottle of betadine. She stated it is the responsibility of all nurses and staff to ensure medication carts are locked and was unsure who last accessed the cart.<br><br>On 02/17/2026 at 8:34 AM, during an interview, the Director of Nursing confirmed wound care carts should always be locked when not directly attended by a nurse. She stated failure to secure the cart could result in accidental ingestion, poisoning, or skin and eye irritation.<br><br>On 02/17/2026 at 10:00 AM, during an observation of the medication storage room refrigerator with LPN #1, twenty-five prefilled influenza vaccine syringes were observed with an expiration date of 05/06/2025.<br><br>On 02/17/2026 at 10:07 AM, during an interview, LPN #1 stated expired influenza vaccines should have been disposed of upon expiration and that administration of expired medication would not be effective. She stated all nurses are responsible for removing expired medications.<br><br>On 02/17/2026 at 11:10 AM, during an interview, the Director of Nursing stated the pharmacy consultant informed her on 01/23/2026 to remove expired influenza vaccines. She acknowledged she checked some but not all vaccines in the refrigerator and that expired vaccines should have been disposed of. She confirmed that administration of an expired influenza vaccine may not be effective and could increase residents’ risk of developing influenza and related complications, including pneumonia and other respiratory conditions. | M0715 | | |
| M1570 | 48.58.1 Infection Control<br><br>The following infection control standards shall be met:<br><br>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. | M1570 | | |

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| M1570 | Continued from page 4<br><br>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.<br><br>3. The facility must follow accepted standards of practice to prevent the transmission of infections and communicable diseases, including the use of standard precautions.<br><br>This LICENSURE REQUIREMENT is NOT MET as evidenced by:<br><br>Based on observation, interview, record review, and facility policy review, the facility failed to implement infection prevention and control practices for three (3) of five (5) residents reviewed. (Resident #2, Resident #6, and Resident #11).<br><br>Findings include:<br><br>A record review of the facility policy “Procedure for isolation Status “revised August 2021 revealed "… 2. In addition to Standard Precautions, use Droplet Precautions for a resident known or suspected to be infected with microorganisms transmitted by droplets that can be generated by the resident sneezing, coughing, talking, etc. and drop from the air...”<br><br>A record review of the facility policy “Hand Hygiene Policy” revised August 2021 revealed “…2. Hand hygiene should be performed between all contact with residents or when entering and exiting a resident's room...”<br><br>A record review of the facility policy "Procedure for Isolation Status", revised August 2021, revealed, "...Check room for hygiene supplies, toiletries, handwashing soap, paper towels, and any other equipment that is to be dedicated to that resident’s care..."<br><br>Resident #2<br><br>On 02/18/2026 at 12:10 PM, Licensed Practical Nurse (LPN) #2 was observed performing percutaneous endoscopic gastrostomy (PEG) tube site care for Resident #2, who was on droplet isolation precautions for influenza. After completing care, the nurse used a | M1570 | | |

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| M1570 | Continued from page 5<br>permanent marker with her bare hand to mark the dressing. While holding the marker, she removed the barrier from the bedside table with bare hands and placed it into a biohazard bag. She then carried the marker out of the room, placed it on the medication cart, and then into her scrub pocket without disinfecting it.<br><br>On 02/18/2026 at 12:13 PM, during an interview, the Director of Nursing (DON) stated the marker should have been left in the room, discarded, or disinfected. She stated placing the marker on the cart and in a scrub pocket after contact with contaminated materials was not appropriate due to the risk of spreading influenza.<br><br>On 02/19/2026 at 11:51 AM, during an interview, LPN #2 confirmed she held the marker while discarding contaminated items and placed it on the cart and into her pocket before performing hand hygiene. She acknowledged the DON instructed her to discard it.<br><br>A record review of Resident #2's "Face Sheet" revealed an admission date of 12/16/25 with diagnoses that included cerebral infarction.<br><br>A record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) o12/22/25 a Brief Interview for Mental Status (BIMS) summary score of 12 indicating Resident #2 had moderate cognitive impairment.<br><br>A record review of Resident #2's "Order Summary Report" with active orders as of 2/18/26 revealed an order dated12/17/25 "PEG tube site care: Remove dressing clean with normal saline dry with 4x4 gauze. Apply clean dry split gauze to abdomen, secure with tape. To be performed daily and prn if saturated. Monitor for s/s (signs/symptoms) of irritation or infection every day shift for peg tube related to gastrostomy status.<br><br>Resident #6<br><br>On 02/18/2026 at 8:48 AM, LPN #2 was observed preparing and administering Empagliflozin 10 milligrams (mg) and Aspirin 81 mg to Resident #6. After determining the medications needed to be crushed, she removed the aspirin from the medication cup using her bare, ungloved hand. She crushed the Empagliflozin and administered it in yogurt. During medication administration, she used her bare hands to touch the resident's tray, glass, and patted the resident on the back. She returned to the medication cart and began charting on the laptop without performing hand hygiene between resident contact and touching the medication | M1570 | | |

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| M1570 | Continued from page 6<br>cart and computer.<br><br>On 02/18/2026 at 8:52 AM, during an interview, LPN #2 acknowledged she should not have touched the medication with bare hands and should have performed hand hygiene after contact with resident items before returning to the medication cart to prevent spread of infection, particularly during a flu outbreak.<br><br>On 02/18/2026 at 10:05 AM, during an interview, the DON confirmed staff should never touch medications with bare hands and must perform hand hygiene when exiting resident rooms to prevent infection transmission.<br><br>A record review of Resident #6's "Face Sheet" revealed an admission date of 1/20/26 with diagnoses that included acute respiratory failure with hypoxia.<br><br>A record review of Resident #6's MDS with an ARD of 1/26/26 revealed a BIMS score of 14 which indicated the resident was cognitively intact.<br><br>A record review of Resident # 6's February 2026 Medication Administration Record (MAR) revealed Empagliflozin 10mg 1 tablet by mouth was initialed by staff as given on 2/18/26.<br><br>A record review of Resident #6's "Order Summary Report" revealed an order dated 1/21/26 for Empagliflozin Oral Tablet 10 MG. Give 1 tablet by mouth one time a day for DMII (Type 2 diabetes mellitus without complications).<br><br>Resident #11<br><br>On 02/17/2026 at 8:20 AM, the State Agency (SA) observed Certified Nursing Assistant (CNA) #2 enter Resident #11's room, which had a droplet precautions sign posted indicating influenza. CNA #2 entered wearing only a mask and did not don (put on) a gown or gloves. The door remained open throughout the care provided. CNA #2 carried a non-disposable breakfast tray into the room and used her bare hands to hand juice, milk, and food items to the resident. She also used her bare hands to adjust the resident's bed linens. After exiting the room, CNA #2 proceeded to another resident's room without performing hand hygiene.<br><br>On 02/17/2026 at 8:25 AM, during an interview, CNA #2 confirmed the sign indicated the resident had the flu but stated she was new to the hall and unaware of the resident's diagnosis. When asked about infection control breaches, she was unable to initially identify them. Upon further questioning, she acknowledged she | M1570 | | |

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| M1570 | Continued from page 7<br>should have worn gown and gloves, closed the door, and performed hand hygiene after exiting the room to prevent the spread of infection.<br><br>On 02/18/2026 at 10:00 AM, during an interview, the DON stated that droplet precaution signage must be followed. She confirmed gown and gloves should have been worn and hand hygiene performed after exiting the room to prevent spreading influenza.<br><br>A record review of Resident #11's "Order Summary Report" with active orders as of 2/18/26 revealed an order dated 2/16/26 "Strict isolation for droplet precautions… mask… related to influenza…All services provided in room…related to Influenza virus…"<br><br>A record review of Resident #11's "Face Sheet" revealed the resident was admitted 1/15/26 with diagnoses that included fracture left femur neck.<br><br>A record review of resident # 11's MDS with an ARD of 1/21/26 revealed a BIMS score that was unable to be determined mental status due to being unable to be understood by staff members. | M1570 | | |