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 **02/19/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TIPPAH COUNTY NURSING HOME	**1005 CITY AVENUE NORTH PO BOX 499, RIPLEY, Mississippi, 38663**

(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 2/17/26 through 2/19/26. During the survey the SA determined that the facility was not in compliance with the Mississippi Regulations for Minimum Standards for Institutions for the Aged or Infirm and cited M175, M610, and M1570. Census at the time of the survey was 32 and the facility had beds for 40 residents.	M0000		
M0175	45.2.30 Qualified Dietary Manager 1. A Dietetic Technician who has successfully graduated from a Dietetic Technician program accredited by the American Dietetic Association Commission on Accreditation and Approval of Dietetic Education and earns 15 hours of continuing education units every year approved by the Dietary Manager's Association or the American Dietetic Association. 2. A person who has successfully graduated from a didactic program in Dietetics approved by the American Dietetic Association Commission on Accreditation and Approval of Dietetic Education and earns 15 hours of continuing education units every year approved by the Dietary Manager's Association or the American Dietetic Association. 3. A person who has successfully completed a Dietary Manager's Course approved by the Dietary Manager's Association and who passes the credentialing examination and earns 15 hours of continuing education units every year approved by the Dietary Manager's Association or the American Dietetic Association. 4. A person who has successfully completed a Dietary Manager's Course approved by the Dietary Manager's Association and earns 15 hours of continuing education units every year approved by the Dietary Manager's	M0175		

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

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M0175	Continued from page 1 Association or the American Dietetic Association. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Level II Based on review of personnel records and staff interviews, the facility failed to ensure that the Dietary Manager was qualified by obtaining or enrolling in a Certified Dietary Manager (CDM) program for three (3) of 3 days of survey. Review of facility policies related to dietary staff qualifications was requested. Facility staff were unable to provide a policy outlining requirements for Certified Dietary Manager (CDM) certification. During an interview on 2/18/26 at 10:55 AM, the Dietary Manager stated he had not completed a Certified Dietary Manager (CDM) program, and he was unaware that he was required to obtain certification. Review of personnel records revealed the Dietary Manager was hired approximately two years ago and has not completed or enrolled in a CDM program. During an interview on 2/19/26 at 11:25 AM, the Administrator stated she was unaware the Dietary Manager was required to obtain CDM certification.	M0175		
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: Level II Based on observations, resident and staff interviews,	M0610		

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M0610	Continued from page 2 record review, and facility policy review, the facility failed to provide Activities of Daily Living (ADL) care to maintain personal hygiene for one (1) of 13 sampled residents. (Resident #2) Findings include: Review of facility policy titled "Activities of Daily Living (ADL) Care, revised 4/9/2018, revealed, "Purpose: To ensure all ADL care is provided on a daily basis as needed to ensure that all the residents' needs are met...Policy:..6. Nail care is provided every week and as needed to all residents with the exception of diabetics. Only the Registered Nurse (RN) can perform diabetic nail care..." Resident #2 During observation and interview on 2/17/2026 at 10:32 AM, Resident #2 was observed to have noticeably long, jagged fingernails measuring approximately one (1) inch in length and a few scattered long facial hairs on her chin, approximately one and one-half inches in length. The resident stated her nails were too long and needed to be trimmed and that she did not want facial hair and would like for that to be trimmed as well. During an interview and observation on 2/18/2026 at 9:45 AM, Licensed Practical Nurse (LPN) #1 confirmed Resident #2 had long, jagged fingernails that could cause the resident to sustain a skin tear. She stated that because Resident #2 has diabetes, a Registered Nurse (RN) is required to trim the resident's nails. She further stated diabetic nail care is scheduled on the Treatment Administration Record (TAR) every Tuesday to be completed by the RN. Additionally, she confirmed that Resident #2 did have several long chin hairs. She stated that the shower aide should have taken care of this when she got her shower. Record review of the TAR dated 2/1/2026-2/28/2026, revealed, "...Diabetic Nail Care on Tuesday every day shift every Tuesday TO BE COMPLETED BY RN..." During an interview on 2/18/2026 at 9:50 AM, the Administrator stated diabetic nail care was scheduled for Tuesdays to be completed by the Registered Nurse and that it should have been completed the previous day. She confirmed the resident could sustain a skin tear if she scratched herself with the overgrown nails. She further stated that female residents should not have unwanted facial hair. She further stated that the shower aide should have trimmed those while she had her in the shower.	M0610		

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M0610	Continued from page 3 Record review of the Admission Record indicated Resident #2 was admitted to the facility on 2/8/2024 with medical diagnoses that included Encephalopathy, unspecified and Type Two (2) Diabetes Mellitus without complications. Record review of the Quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 11/13/25, revealed under section C a Brief Interview for Mental Status (BIMS) summary score of 15, indicating Resident #2 was cognitively intact.	M0610		
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: Level II Based on observations, staff interviews, and facility policy review, the facility failed to implement infection prevention and control practices to prevent the transmission of infections. Specifically, the facility failed to ensure staff used Enhanced Barrier Precautions (EBP) during catheter care and failed to perform hand hygiene during wound care for two (2) of three (3) resident care opportunities. (Residents #3	M1570		

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M1570	Continued from page 4 and #6) Findings include: Review of facility policy titled, "Enhanced Barrier Precautions," dated 5/27/2024, revealed, "Policy: It is the policy of this facility to implement enhanced barrier precautions for the prevention of transmission of multidrug-resistant organisms…'Indwelling medical devices' would include, indwelling urinary catheters…Enhanced Barrier Precautions are recommended for residents with indwelling medical devices…" Review of facility policy titled, "Handwashing," dated 1/3/2019, revealed, "…When to wash hands…after handling any contaminated items…" Resident #3 During a wound care observation for Resident #3 on 2/19/2026 at 8:30 AM with Licensed Practical Nurse (LPN) #2, LPN #2 failed to follow infection control practices by not performing hand hygiene after removing Resident #3's soiled dressing and before donning clean gloves. During an interview on 2/19/2026 at 8:45 AM, LPN #2 stated she forgot to perform hand hygiene during the wound care procedure. She stated hand hygiene should be performed before donning gloves to help prevent the possible spread of infection. Record review of the Order Summary Report for Resident #3 revealed, "…Cleanse Stage 2 pressure injury to coccyx area with wound cleanser, pat dry, and apply Triad and Opti foam daily until healed every day shift for pressure injury, dated 1/16/2026…" Record review of the Admission Record for Resident #3 revealed the resident was admitted to the facility on 1/6/26 with diagnoses including Chronic Obstructive Pulmonary Disease, Unspecified. A record review of Resident #3's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 1/13/26, revealed under Section C a Brief Interview for Mental Status (BIMS) score of 9, indicating moderate cognitive impairment. Resident #6 During an observation on 2/18/26 at 3:00 PM of catheter care with Resident #6, Certified Nursing Assistant (CNA) #2 was observed failing to use Enhanced Barrier	M1570		

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M1570	Continued from page 5 Precautions during the procedure, when she failed to wear a gown. During an interview on 2/18/26 at 3:10 PM, CNA #2 stated she was aware Enhanced Barrier Precautions should have been used during catheter care; however, she stated she forgot. CNA #2 stated Enhanced Barrier Precautions are used to prevent the spread of infection between the staff and residents and between residents. She further confirmed failure to follow Enhanced Barrier Precautions could place Resident #6 at risk for infection. Record review of Order Summary Report for Resident #6, revealed, “Clean Foley with soap and water daily every day shift, dated 1/12/2026…” Record review of the Admission Record revealed Resident #6 was admitted to the facility on 2/9/2026 with medical diagnoses including Disorder of Muscle, unspecified and Retention of Urine, unspecified. Record review of Resident #6's quarterly MDS with an ARD of 1/19/2026, revealed under Section C a BIMS score of 8, indicating moderate cognitive impairment. During an interview on 2/19/26 at 9:00 AM, the Administrator and Director of Nursing (DON) confirmed Enhanced Barrier Precautions should have been used during catheter care and that hand hygiene should be performed before donning gloves. They confirmed staff had been trained on these practices and stated these measures are intended to prevent the spread of infection. They further confirmed failure to use Enhanced Barrier Precautions and to perform hand hygiene could place Residents #3 and #6 at increased risk for infection.	M1570		