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>**03/05/2026** |
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| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| **BEDFORD CARE CENTER OF HATTIESBURG** | **10 MEDICAL BOULEVARD , HATTIESBURG, Mississippi, 39401** |

| (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 |
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| M0000 | Initial Comments<br><br>The State Agency (SA) conducted an annual recertification survey at the facility from 3/2/26 through 3/5/26. 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, M640, and M655. | M0000 | | |
| M0500 | 45.17.2 Residents' Rights<br><br>Residents' Rights. The residents' rights policies and procedures ensure that each resident admitted to the facility:<br><br>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;<br><br>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;<br><br>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<br>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;<br><br>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;<br><br>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;<br><br>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;<br><br>7. is free from mental and physical abuse;<br><br>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;<br><br>9. is assured security in storing personal possessions | M0500 | | |

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| M0500 | Continued from page 2<br>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;<br><br>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;<br><br>11. is not required to perform services for the facility that are not included for therapeutic purposes in his plan of care;<br><br>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);<br><br>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);<br><br>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);<br><br>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<br><br>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<br>decisions and knowledge of available choice. The facility shall encourage and assist in the fullest exercise of these rights.<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 residents' rights were maintained by failing to assist Resident #4's representative with formulating an advance directive in a timely manner and by failing to maintain a safe, clean, comfortable, and homelike environment when damaged paint and exposed sheetrock were observed in resident bedrooms for Residents #79, #87, and #1, affecting four (4) of (18) sampled residents.<br><br>Findings include:<br><br>A review of the facility's policy, "Resident's Rights Regarding Treatment and Advance Directives," revised 11/1/22, revealed, "…It is the policy of this facility to support and facilitate a resident right to…formulate an advanced directive…Policy Explanation and Compliance Guidelines: 1. On admission, the facility will determine if the resident has executed an advanced directive, and if not, determine whether the resident would like to formulate an advanced directive. 2. The facility will provide the resident's representative with information, in a manner that is easy to understand, about the right to refuse medical or surgical treatment and formulate an advanced directive…"<br><br>A review of the facility's policy, "Safe Homelike Environment," revised 7/1/23, revealed "…In accordance with residents' rights, the facility will provide a safe, clean, comfortable and homelike environment…Policy Explanation and Compliance Guidelines: 1. The facility will create and maintain, to the extent possible, a homelike environment…3. Housekeeping and maintenance services will be provided as necessary to maintain a sanitary, orderly, and comfortable environment."<br><br>A review of the facility's policy, "Resident Rights," revised 10/2022, revealed "…It is the policy of this facility to uphold and comply with the Resident Rights as stated in this policy…Policy Explanation and Compliance Guidelines…8. Safe environment. The resident has the right to a safe, clean, comfortable, and homelike environment…"<br><br>Resident #4 (Advance Directive) | M0500 | | |

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| M0500 | Continued from page 4<br><br>A record review of the “Admission Record” revealed the facility admitted Resident #4 on 8/22/23 with diagnoses that included End Stage Renal Disease.<br><br>A record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 12/16/25 revealed Resident #4 had a Brief Interview for Mental Status (BIMS) score of 3, indicating the resident’s cognition was severely impaired.<br><br>A record review of the “Acknowledgement of Advance Directives Decisions, Rights and Information,” dated 6/11/24, revealed Resident #4’s Resident Representative (RR) requested assistance with formulating an advance directive.<br><br>On 03/04/26 at 09:59 AM, during an interview, Resident #4’s daughter stated she received information regarding the resident’s code status; however, she had not been assisted with understanding or formulating an advance directive and stated she did not understand the difference between the documents.<br><br>On 03/04/26 at 10:00 AM, during an interview, the Licensed Master Social Worker (LMSW) stated she was not the social worker assigned when Resident #4 was admitted to the facility and confirmed there was no documentation indicating the resident’s representative had been assisted with formulating an advance directive.<br><br>On 03/04/26 at 12:05 PM, during an interview, the Administrator stated she expects staff to assist residents and their representatives with formulating advance directives when assistance is requested.<br><br>Resident #79 (Homelike Environment)<br><br>A record review of the “Admission Record” revealed the facility admitted Resident #79 on 1/22/24 with diagnoses including Unspecified Atrial Fibrillation.<br><br>A record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 2/17/26 revealed Resident #79 had a Brief Interview for Mental Status (BIMS) score of four (4), which indicated the resident’s cognition was severely impaired.<br><br>On 3/2/26 at 11:40 AM, during an observation, a heavily scuffed wall was observed behind the bed in Resident #79’s room. The wall behind the right side of the bed contained extensive scuff marks and visible damage. The damaged wall surface appeared worn and did not present | M0500 | | |

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| M0500 | Continued from page 5<br>a homelike environment. During the observation, Resident #79 stated he was not sure what had caused the damage.<br><br>Resident #87<br><br>A record review of the “Admission Record” revealed the facility admitted Resident #87 on 9/22/23 with diagnoses including Dysphasia following Cerebral Infarction.<br><br>A record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 1/6/26 revealed Resident #87 had a Brief Interview for Mental Status (BIMS) score of three (3), which indicated the resident’s cognition was severely impaired.<br><br>On 3/2/26 at 12:32 PM, during an observation, chipped paint and scuffs were observed on the wall behind the bed in Resident #87’s room. The damaged paint and scuffs made the wall appear worn and not homelike.<br><br>On 3/5/26 at 9:20 AM, during an observation and interview, Housekeeping/Maintenance Staff #1 (HKM #1) observed the wall in Resident #87’s room and confirmed paint scratches were present.<br><br>Resident #1<br><br>A record review of the “Admission Record” revealed the facility admitted Resident #1 on 10/3/23 with diagnoses including Acute Respiratory Failure with Hypoxia.<br><br>A record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 1/27/26 revealed Resident #1 had a Brief Interview for Mental Status (BIMS) score of thirteen (13), which indicated the resident was cognitively intact.<br><br>On 3/2/26 at 2:36 PM, during an observation, scarring and exposed sheetrock were observed on the wall behind the recliner in Resident #1’s room.<br><br>On 3/5/26 at 9:20 AM, during an observation and interview, Housekeeping/Maintenance Staff #1 (HKM #1) observed the wall in Resident #1’s room and confirmed paint scratches and exposed sheetrock were present.<br><br>On 3/5/26 at 8:50 AM, during an interview, Housekeeping/Maintenance Staff #1 (HKM #1) stated monthly room checks were conducted, and repairs were completed through maintenance work orders or invoice requests. HKM #1 stated that when entering resident rooms he observed for needed repairs, including | M0500 | | |

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| M0500 | Continued from page 6<br>checking call lights and other room fixtures. HKM #1 further stated that each department had assigned rooms to check daily and acknowledged several rooms required repair and repainting. HKM #1 stated that with movable furniture and beds that raise and lower, wall damage and scratches can occur over time. HKM #1 further stated that prior to the survey team entering the facility there was no plan in place to patch or repaint the damaged walls in the identified resident rooms.<br><br>On 3/5/26 at 1:59 PM, during an interview, the Administrator stated the facility had difficulty hiring a painter and stated this had been an issue since approximately November or December 2025. The Administrator stated each department conducted daily room rounds to monitor needed repairs and staff assigned to complete these checks rotated approximately every two weeks to allow for a fresh review of resident rooms. The Administrator further stated the plan and expectation was to repair the most damaged rooms first and then continue repairing and maintaining paint in other resident rooms. | M0500 | | |
| 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 properly store oxygen cylinders and post required cautionary signage related to an oxygen cylinder stored in a resident's room for one (1) of (18) sampled residents. Resident #15.<br><br>Findings include:<br><br>A review of the facility's policy, "Medication Storage," revised 07/17/23, revealed, "…Policy Explanation and Compliance Guidelines…6...Oxygen Cylinders will be stored in a designated Oxygen storage room…"<br><br>On 03/02/26 at 12:13 PM, during an observation, an oxygen concentrator and an oxygen cylinder were in the corner of Resident #15's room. There was no oxygen cautionary signage on the resident's door. Resident #15 was lying in bed asleep. The oxygen cylinder nor the | M0640 | | |

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| M0640 | Continued from page 7<br>oxygen concentrator were in use by the resident.<br><br>On 03/03/26 at 3:20 PM, during an observation, the oxygen concentrator and cylinder continued to be stored in the corner of Resident #15's room and there was no oxygen signage outside of the door.<br><br>A record review of the "Admission Record" revealed the facility admitted Resident #15 on 11/17/25 with diagnoses including Unspecified Dementia.<br><br>A record review of the Comprehensive Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 12/17/25 revealed Resident #15 had a Brief Interview for Mental Status (BIMS) score of 00, indicating her cognition was severely impaired.<br><br>A record review of the "Medication Review Report" revealed that Resident #15 had no physician orders for oxygen therapy. There was a physician's order, dated 12/5/25, for Resident #15 to be admitted to hospice services on 12/5/2025.<br><br>On 03/03/26 at 3:31 PM, during an observation and interview, Licensed Practical Nurse (LPN) #1 confirmed an oxygen concentrator and cylinder were stored in Resident #15's room and confirmed there was no oxygen sign posted on the door. LPN #1 stated she did not know why the equipment was in the resident's room and stated the resident did not have a facility order for oxygen.<br><br>On 03/03/26 at 3:55 PM, during an observation and interview, Registered Nurse (RN) #1 confirmed an oxygen concentrator and cylinder were located in Resident #15's room and confirmed there was no oxygen cautionary sign on the door. RN #1 stated the hospice company may have brought the equipment and stated she did not know why the equipment was stored in the resident's room.<br><br>On 03/03/26 at 4:20 PM, during an observation and interview, the Director of Nursing (DON) confirmed an oxygen concentrator and cylinder were located in Resident #15's room and there was no oxygen cautionary sign on the door. The DON stated the equipment should not remain stored in the resident's room and stated oxygen signage should be posted where oxygen equipment is present.<br><br>On 03/03/26 at 4:30 PM, during an interview, the Administrator stated staff are expected to follow the facility's oxygen storage and safety policies to ensure resident safety. | M0640 | | |
| M0655 | 45.21.11 Special needs | M0655 | | |

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| M0655 | Continued from page 8<br><br>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.<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 a resident was administered an inhaler medication in accordance with professional standards and manufacturer guidelines for one (1) of three (3) inhaler medication administrations observed. Resident #38.<br><br>Findings include:<br><br>A review of the facility's "Administration of Metered-Dose Inhaler," dated 4/4/24, revealed, "…It is the policy of this facility to ensure medications are administered…in accordance with professional standards of practice…Policy Explanation and Guidelines…16. If using a corticosteroid, allow resident to rinse and gargle with water if desired, to remove medication from mouth and back of throat…"<br><br>On 03/03/26 at 8:30 AM, during an observation, Licensed Practical Nurse (LPN) #2 administered Trelegy Ellipta inhaler aerosol 100-62.5-25 MCG/ACT (micrograms/actuation), one puff orally, to Resident #38 and did not instruct the resident to rinse their mouth with water after the medication was inhaled.<br><br>A record review of the manufacturer's guidelines for Trelegy Ellipta revealed, "…Step 6…Rinse your mouth with water after you have inhaled the medication. Do not swallow the water…"<br><br>On 03/03/26 at 3:30 PM, during an interview, Licensed Practical Nurse (LPN) #2 confirmed she did not instruct Resident #38 to rinse his mouth after administering the corticosteroid inhaler and stated she was unaware of the potential side effects.<br><br>On 03/03/26 at 3:45 PM, during an interview, the Director of Nursing (DON) stated staff should instruct residents to rinse their mouths after using corticosteroid inhalers and stated the resident should spit the water out to help prevent oral thrush.<br><br>On 03/03/26 at 4:00 PM, during an interview, the Administrator stated staff are expected to follow the | M0655 | | |

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| M0655 | Continued from page 9<br>medication administration policy and manufacturer guidelines when administering medications.<br><br>A record review of the “Order Summary Report” revealed Resident #38 had a Physician’s order, dated 6/2/25, for “Trelegy Ellipta inhalation aerosol powder breath activated…1 (one) puff inhale orally one time a day for COPD…”<br><br>A record review of the Medication Administration Record for March 2026 revealed Resident #38 was administered Trelegy Ellipta inhaler on 3/3/26 at 8:30 AM.<br><br>A record review of the “Admission Record” revealed the facility admitted Resident #38 on 6/2/25 with diagnoses including Chronic Obstructive Pulmonary Disease (COPD).<br><br>A record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 2/10/26 revealed Resident #38 had a Brief Interview for Mental Status (BIMS) score of 15, indicating the resident was cognitively intact. | M0655 | | |