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 **03/05/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW CREEK RETIREMENT CENTER	**49 WILLOW CREEK LANE , BYRAM, Mississippi, 39272**

(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 the facility from 3/2/26 through 3/5/26. During the survey, the SA determined the facility was in compliance with the Minimum Standards for Alzheimer's Disease/Dementia Care Unit and there were no deficiencies cited.	M0000		
M0000	Initial Comments The State Agency (SA) conducted an annual recertification survey 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 requirement and cited M0500, M0620, M0715, 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;	M0500		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **03/05/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW CREEK RETIREMENT CENTER	**49 WILLOW CREEK LANE , BYRAM, Mississippi, 39272**

(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
M0500	Continued from page 1 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 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	M0500		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **03/05/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW CREEK RETIREMENT CENTER	**49 WILLOW CREEK LANE , BYRAM, Mississippi, 39272**

(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
M0500	Continued from page 2 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 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);	M0500		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **03/05/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW CREEK RETIREMENT CENTER	**49 WILLOW CREEK LANE , BYRAM, Mississippi, 39272**

(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
M0500	Continued from page 3 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 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 right to reasonable accommodation of communication needs when a functioning bedside telephone was not provided and failed to ensure a resident's right to a clean, comfortable, and homelike environment when the air conditioning vent in the resident's room contained excessive dust and debris for one (1) of (18) sampled residents. Resident #9. Findings include: A review of the facility's policy, "Resident Rights," revised 10/24/22, revealed, "…Resident rights…The resident has the right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility…8... Safe environment. The resident has a right to a safe, clean, comfortable and homelike environment…" A record review of the "Face Sheet" revealed the facility admitted Resident #9 on 6/3/25 with diagnoses including Alzheimer's Disease. A record review of the Comprehensive Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 12/17/25, revealed Resident # 9 had a Brief Interview for Mental Status (BIMS) score of 3, which indicated his cognition was severely impaired. Accommodation of Needs: On 3/2/26 at 12:37 PM, during an observation and interview, Resident #9 had a telephone sitting at the bedside which was not functioning. Resident #9's wife stated she had been attempting for approximately three	M0500		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **03/05/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW CREEK RETIREMENT CENTER	**49 WILLOW CREEK LANE , BYRAM, Mississippi, 39272**

(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
M0500	Continued from page 4 months to have an incoming-call-only telephone set up at the resident's bedside because the resident had forgotten how to use his cell phone due to dementia. She stated she had spoken with the Social Worker regarding assistance with setting up the phone. She explained the Social Worker instructed her to purchase the phone and contact the phone company. The wife stated she had purchased the phone and brought it to the facility; however, she was told to contact the phone company to activate the line. She reported the phone company did not understand what was needed and stated the facility had not followed up to assist with ensuring the phone was working even though the phone remained at the resident's bedside. On 3/3/26 at 2:00 PM, during an observation and follow-up interview, the bedside telephone for Resident #9 remained in the room but was not operational. Resident #9's wife stated the bedside telephone was still not functioning. She confirmed she had previously spoken with the Social Worker about getting the phone set up but stated the issue had not been resolved and the phone remained in the resident's room without being operational. On 3/4/26 at 9:15 AM, during an observation, Resident #9 continued to have a telephone at the bedside which was not functioning. On 3/4/26 at 9:35 AM, during an interview, the Social Worker stated the typical process for setting up a landline telephone was for the resident's family to contact the phone company to establish service in the resident's room. The Social Worker stated Resident #9's wife had approached her approximately one month earlier about setting up a phone and she instructed the wife to contact the phone company. The Social Worker stated she believed the phone had been set up but acknowledged she did not follow up with the family to confirm the phone was working or to request a demonstration. On 3/4/26 at 9:49 AM, during an interview, the Maintenance Director stated the resident's family had not notified him that a phone had been brought to the facility to be installed at the resident's bedside. He stated the facility does not typically provide phones for residents and indicated he was unaware the phone needed to be set up. On 3/4/26 at 9:50 AM, during an interview, the Administrator stated it was not the facility's responsibility to follow up with the resident's family regarding the setup of the bedside phone. The Administrator stated families typically contact the	M0500		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **03/05/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW CREEK RETIREMENT CENTER	**49 WILLOW CREEK LANE , BYRAM, Mississippi, 39272**

(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
M0500	Continued from page 5 phone company directly to arrange for telephone service in the resident's room. On 3/5/26 at 9:06 AM, during an interview, the Director of Nursing (DON) stated the facility should have followed up with the resident's family regarding the request for a bedside phone. The DON stated residents have the right to communicate with individuals of their choosing and acknowledged the facility failed to ensure the phone was operational for Resident #9. Safe, Clean, Homelike Environment On 3/2/26 at 12:37 PM, during an observation, the air conditioning vent in Resident #9's room contained visible dust and debris. On 3/3/26 at 1:58 PM, during an observation, the air conditioning vent in Resident #9's room continued to be visibly dirty with dust and debris. On 3/3/26 at 1:58 PM, during an interview, Resident #9's wife stated she had notified Licensed Practical Nurse (LPN) #1 approximately one month earlier that the air conditioning vent was dusty when the resident moved into the room. She stated she was told maintenance had been notified and the vent would be cleaned, but it had not been addressed. On 3/3/26 at 4:03 PM, during an interview, LPN #1 stated she had spoken with maintenance staff approximately one month earlier about the condition of Resident #9's air conditioning vent and explained it contained dust, dried debris, and what appeared to be food particles. LPN #1 stated she did not submit a maintenance request ticket because she had spoken with maintenance staff directly. On 3/3/26 at 4:20 PM, during an interview, the Maintenance Director stated he had not received a maintenance request regarding the air conditioning vent in Resident #9's room. The Maintenance Director stated maintenance requests should be entered into the maintenance request log so the issue can be tracked and completed. The Maintenance Director reviewed the maintenance request log for D Hall and confirmed no request had been logged regarding cleaning the air conditioning vent in Resident #9's room. On 3/5/26 at 9:06 AM, during an interview, the DON stated nursing staff should document maintenance issues using a maintenance request form or report the issue through the facility's maintenance request process to ensure repairs are completed in a timely manner.	M0500		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **03/05/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW CREEK RETIREMENT CENTER	**49 WILLOW CREEK LANE , BYRAM, Mississippi, 39272**

(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
M0500 M0620	45.21.4 Urinary incontinence Urinary incontinence. Residents with urinary incontinence shall be assessed for need of bladder retraining program. An indwelling catheter will not be used unless the resident ' s clinical condition indicates that catheterization is necessary. These residents shall receive treatment and services to prevent urinary tract infections. 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 Foley (indwelling catheter) was properly secured with a leg strap to prevent catheter movement and trauma for one (1) of two (2) residents reviewed for urinary catheters. Resident #13. Findings include: A review of the facility's policy, "UTI (Urinary Tract Infection) Prevention with Indwelling Catheter Use," undated, revealed, "…A resident with an indwelling catheter is susceptible to urinary tract infections…Policy Explanation…7. Catheter tubing should be secured to the resident's leg or bed clothing to prevent pulling and irritation of the urinary meatus…" On 3/3/26 at 2:14 PM, during an observation, Certified Nursing Aide (CNA) #1 assisted by CNA #2 provided Foley catheter care to Resident #13 and the catheter tubing was not secured with a leg strap. On 3/4/26 at 2:34 PM, during an interview, CNA #2 confirmed Resident #13 did not have a leg strap in place and stated she forgot to obtain one. CNA #2 stated the purpose of the leg strap was to keep the Foley catheter from being pulled out and believed it was the nurse's responsibility to ensure the leg strap was in place. On 3/4/26 at 4:15 PM, during an interview, the Director of Nursing (DON) stated the leg strap was used to keep the Foley catheter secured and maintain proper flow. The DON stated all nursing staff were responsible for ensuring a leg strap was in place and that any staff member could obtain a leg strap and secure the catheter. The DON stated the purpose of the leg strap was to prevent trauma. A record review of the "Face Sheet" revealed the facility admitted Resident #13 on 2/10/21 with diagnoses including Retention of Urine.	M0500 M0620		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **03/05/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW CREEK RETIREMENT CENTER	**49 WILLOW CREEK LANE , BYRAM, Mississippi, 39272**

(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
M0620	Continued from page 7 A record review of the “Order Summary Report” revealed Resident #13 had a Physician’s Order, dated 1/15/25, for “Urinary Catheter Care: nurse is to ensure that catheter care is provided with soap and water every shift and as needed. Leg strap secured…every shift…” A record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 2/2/26 revealed Resident #13 had a Brief Interview for Mental Status (BIMS) score of six (6), which indicated the resident’s cognition was severely impaired.	M0620		
M0715	45.24.4 Labeling of drugs Labeling of drugs. Each facility shall follow the Mississippi State Board of Pharmacy labeling requirements. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, record review, and facility policy review, the facility failed to ensure medications were stored securely when medications were left unattended at a resident’s bedside for one (1) of two (2) medication storage observations. Resident #33. Findings include: A review of the facility’s policy, “Medication Storage,” undated, revealed, “…Medication supply must be accessible only to licensed nursing personnel, or staff members lawfully authorized to administer medications. All drugs, treatments and biologicals must be stored securely…” On 3/3/26 at 9:00 AM, during an observation and interview, Resident #33 pointed to a medication cup sitting on the bedside table. The medication cup contained six (6) pills described as three round pills, two pink pills, and one white oblong pill. Resident #33 stated she did not know why she had to take so many medications. On 3/3/26 at 9:10 AM, during an observation, Licensed Practical Nurse (LPN) #3 entered the room and spoke with Resident #33 regarding the medications. LPN #3 stated to the resident that when she previously left the room the resident had the pills in her hands. Resident #33 stated she had told the nurse she wanted to eat first. LPN #3 then handed the medication cup to the resident, and the resident took the medications. On 3/3/26 at 9:12 AM, during an interview, LPN #3	M0715		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **03/05/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW CREEK RETIREMENT CENTER	**49 WILLOW CREEK LANE , BYRAM, Mississippi, 39272**

(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
M0715	Continued from page 8 stated she should not have left the medications in the resident's room and should have remained with the resident to ensure the medications were taken. LPN #3 stated leaving medications unattended could result in the resident discarding the medications or another resident entering the room and taking them. On 3/3/26 at 3:21 PM, during an interview, the Director of Nursing (DON) stated nurses should not leave medications at the bedside. The DON stated physician orders require medications to be administered as ordered and leaving medications unattended could allow another resident access to them. A record review of the "Face Sheet" revealed the facility admitted Resident #33 on 9/12/24 with diagnoses including Essential (Primary) Hypertension and Hyperlipidemia. A record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 12/16/25 revealed Resident #33 had a Brief Interview for Mental Status (BIMS) score of fifteen (15), which indicated the resident was cognitively intact. A record review of the "Order Summary Report" revealed Resident #33 had active physician orders for Ativan Oral Tablet 0.5 mg (milligrams) by mouth one time a day dated 6/2/25, Losartan Potassium Tablet 100 mg by mouth daily dated 9/12/24, Aspirin Chewable 81 mg by mouth daily dated 9/12/24, Mobic Oral Tablet 15 mg by mouth daily dated 4/2/25, Cholecalciferol Oral Tablet 2000 units by mouth daily dated 9/29/25, and Cyanocobalamin Oral Tablet 1000 units by mouth daily dated 9/29/25. A record review of the "Medication Administration Record (MAR)" revealed Licensed Practical Nurse (LPN) #3 documented Ativan, Losartan, Aspirin, Mobic, Cholecalciferol, and Cyanocobalamin as administered during the 8:00 AM medication pass on 3/3/26.	M0715		
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	M1570		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **03/05/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW CREEK RETIREMENT CENTER	**49 WILLOW CREEK LANE , BYRAM, Mississippi, 39272**

(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
M1570	Continued from page 9 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 follow infection prevention and control practices during resident care as evidenced by, failing to perform hand hygiene during incontinence care (Resident #66), failing to implement Enhanced Barrier Precautions during catheter care (Resident #13), and contaminating environmental surfaces with soiled gloves during wound care (Resident #36) for three (3) of four (4) care observations. Findings include: A review of the facility's policy, "Infection Prevention and Control Program," revised 3/23/23, revealed, "…It is the policy of this facility to…maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections…" A review of the facility's policy, "Hand Hygiene," revised 6/12/22, revealed, "…Policy: All staff will perform proper hand hygiene procedures to prevent the spread of infection…Policy Explanation and Compliance Guidelines…1. Staff will perform hand hygiene when indicated…6. Additional considerations: The use of gloves does not replace hand hygiene. If your task requires gloves, perform hand hygiene prior to donning gloves, and immediately after removing gloves…Hand Hygiene Table…When, during resident care, moving from a contaminated body site to a clean body site…Either Soap and Water or Alcohol Based Hand Rub…" A review of the facility's policy, "Enhanced Barrier Precautions," revised 9/29/25, revealed, "…It is the	M1570		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **03/05/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW CREEK RETIREMENT CENTER	**49 WILLOW CREEK LANE , BYRAM, Mississippi, 39272**

(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
M1570	Continued from page 10 policy of this facility to implement enhanced barrier precautions for the prevention of transmission of multidrug-resistant organisms…Enhanced Barrier Precautions refer to an infection control intervention designed to reduce transmission of multidrug-resistant organisms that employs targeted gown and glove use during high contact resident care activities…10. Enhanced barrier precautions should be used for the duration of the affected resident's stay in the facility or…. discontinuation of the indwelling medical device…" Resident #66 A record review of the "Face Sheet" revealed the facility admitted Resident #66 on 3/10/21 with diagnoses including chronic kidney disease. A record review of the Comprehensive Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 12/16/25 revealed Resident #66 had a Brief Interview for Mental Status (BIMS) score of (15), which indicated the resident was cognitively intact. On 3/3/26 at 9:56 AM, during an observation, Certified Nursing Aide (CNA) #3 provided incontinent care to Resident #66. CNA #3 explained the procedure to the resident and provided privacy. CNA #3 donned gloves and began peri-care without performing hand hygiene prior to initiating care. During the care, CNA #3 removed gloves and applied new gloves multiple times but did not perform hand hygiene between glove changes. CNA#3 continued peri-care, including cleaning fecal material, while changing gloves several times without performing hand hygiene. On 3/3/26 at 10:29 AM, during an interview, CNA #3 confirmed she did not perform hand hygiene between glove changes during Resident #66's care. CNA #3 stated she washed her hands after completing care but acknowledged she should have performed hand hygiene when removing gloves and before donning clean gloves. On 3/3/26 at 3:21 PM, during an interview, the Director of Nursing (DON) stated staff should perform hand hygiene upon entering the resident room and each time gloves are removed during care. The DON stated hand hygiene is required to prevent the spread of infection between residents and environmental surfaces. Resident #13 A record review of the "Face Sheet" revealed the facility admitted Resident #13 on 2/10/21 with	M1570		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **03/05/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW CREEK RETIREMENT CENTER	**49 WILLOW CREEK LANE , BYRAM, Mississippi, 39272**

(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
M1570	Continued from page 11 diagnoses including Retention of Urine. A record review of the “Order Summary Report” revealed Resident #13 had a physician order dated 1/15/25 for urinary catheter care which instructed staff to provide catheter care with soap and water every shift and as needed. A record review of the Quarterly MDS with an ARD of 2/2/26 revealed Resident #13 had a BIMS score of six (6), which indicated the resident’s cognition was severely impaired. On 3/3/26 at 2:14 PM, during an observation, CNA #1 assisted by CNA #2 provided Foley (indwelling catheter) care to Resident #13. CNA #1 gathered supplies, entered the room, explained the procedure, performed hand hygiene, and applied clean gloves. During the catheter care observation, the staff did not don a gown while providing care to a resident with an indwelling urinary catheter. On 3/4/26 at 2:34 PM, during an interview, CNA #2 confirmed she did not put on a gown prior to providing catheter care. CNA #2 stated the purple dot next to the resident’s name served as a reminder that staff should wear a gown when providing care and acknowledged she forgot to don the gown. On 3/4/26 at 2:40 PM, during an interview, CNA #1 confirmed staff did not wear a gown while providing catheter care to Resident #13. CNA #1 stated gowns should be worn during care to reduce the risk of spreading infection between residents. On 3/4/26 at 4:15 PM, during an interview, the DON stated staff should wear gowns when providing direct care to residents who require Enhanced Barrier Precautions. The DON stated the purpose of Enhanced Barrier Precautions is to reduce the spread of infection between residents and staff. Resident #36 A record review of the “Face Sheet” revealed the facility admitted Resident #36 on 11/10/17 with diagnoses including Dementia. A record review of the Comprehensive Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 2/3/26 revealed Resident #36 required a staff assessment for mental status and had long-term memory impairment. A record review of the “Order Summary Report” revealed	M1570		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **03/05/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW CREEK RETIREMENT CENTER	**49 WILLOW CREEK LANE , BYRAM, Mississippi, 39272**

(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
M1570	Continued from page 12 Resident #36 had a physician order dated 2/11/26 for wound care to a pressure ulcer on the left great toe. On 3/4/26 at 12:16 PM, during an observation, Licensed Practical Nurse (LPN) #4 performed wound care to Resident #36's pressure ulcer on the left great toe. During the procedure, while wearing the same gloves used during wound care, LPN #4 picked up a dressing from the floor to discard and then used the same gloves to touch the bed remote control to lower the bed. On 3/4/26 at 12:21 PM, during an interview, LPN #4 confirmed she touched the wound site, the floor, and the bed remote control while wearing the same gloves. LPN #4 acknowledged she should have removed her gloves and performed hand hygiene before touching environmental surfaces in the room. On 3/5/26 at 9:59 AM, during an interview, the DON stated staff should remove contaminated gloves and perform hand hygiene before touching other surfaces during resident care. The DON stated failure to follow infection control practices could result in contamination of environmental surfaces and the spread of infection.	M1570		