

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 03/12/2026	
NAME OF PROVIDER OR SUPPLIER BEDFORD CARE CENTER OF MARION				STREET ADDRESS, CITY, STATE, ZIP CODE 6434 A DALE DR , MARION, Mississippi, 39342			
(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 along with three (3) Complaint Investigations (CI MS #2789208, CI MS #2718865, and CI MS #2691899), at the facility from 3/9/26 through 3/12/26. CI MS #2789208 was investigated for accidents, CI MS #2718865 was investigated for hydration, dementia care, and behaviors, and CI MS #2691899 was investigated for quality of care. There were no citations related to the CIs. 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, M780, M840, and M980.		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; 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		M0500				

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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M0500	Continued from page 1 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 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	M0500					

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M0500	Continued from page 2 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); 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		M0500				

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M0500	Continued from page 3 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 residents' rights were protected when the facility failed to provide reasonable accommodation for personal hygiene needs by failing to ensure soap was available in the bathroom following the installation of a wall-mounted soap dispenser (Resident #50); failed to honor resident food preferences when dietary staff continued to serve pureed bread after the resident requested not to receive it (Resident #68) and when the facility failed to accommodate a resident's preference for fried eggs after the facility stopped ordering eggs (Resident #49); failed to ensure the privacy and confidentiality of resident medical information when resident charts containing identifying information were stored in a hallway area (Resident #74); and failed to safeguard and ensure residents had access to personal funds entrusted to the facility following a change of ownership on 1/1/26 (Resident #62, Resident #65, and Resident #74) for six (6) of 20 sampled residents. Findings include: A review of the facility's policy, "Resident Rights," dated 4/4/25, revealed, "...Employees shall treat all residents with kindness, respect, and dignity. Policy Interpretation and Implementation...2. Residents are entitled to exercise their rights and privileges to the fullest extent possible..." A review of the facility's policy, "Resident Rights," updated 04/04/25, revealed, "...Policy Interpretation and Implementation 1. Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident's right to...d. Privacy and confidentiality..." A review of the facility's policy, "Resident Personal Funds," dated 6/2022, revealed, "...Policy: The resident has a right to manage his or her financial affairs to include the right to know, in advance, what charges a facility may impose against a resident's		M0500				

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M0500	Continued from page 4 personal funds. Policy Explanation and Compliance Guidelines...2. If the resident chooses to deposit personal funds with the facility, upon written authorization of a resident, the facility must act as a fiduciary of the resident's funds and hold, safeguard, manage, and account for the personal funds of the resident deposited with the facility. Deposit of Funds 1. The facility will deposit any resident's personal funds in excess of \$100 in an interest-bearing account...and will credit all interest earned on resident funds to that account...Accounting of Records 1. The facility will establish and maintain a system that assures a full and complete and separate accounting, according to generally accepted accounting principles, of each resident's personal funds entrusted to the facility on the resident's behalf...3. The individual financial record must be available to the resident...upon request..." Resident #50 (Accommodation of Needs) A record review of the "Admission Record" revealed the facility admitted Resident #50 on 7/18/23 with diagnoses including Bipolar Disorder. A record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 2/16/26 revealed Resident #50 had a Brief Interview for Mental Status (BIMS) score of fifteen (15), which indicated the resident was cognitively intact. Section GG he required supervision or touching assistance for toileting and personal hygiene. On 3/9/26 at 11:35 AM, during an observation and interview, Resident #50 reported he did not have any hand soap available in his bathroom. Resident #50 stated a wall-mounted soap dispenser had been installed approximately one month earlier but no soap had been placed in the dispenser. Resident #50 reported staff had told him the facility did not order enough soap for the new dispensers and stated his wife had purchased a bottle of soap for him to use. During the observation, the wall-mounted soap dispenser in the resident's bathroom was empty. A small bottle of soap was observed on the sink, which the resident reported his wife had brought to the facility because he did not have soap available in the dispenser. On 3/10/26 at 2:06 PM, during an observation and interview, Resident #50 reported the soap dispenser in his bathroom still did not contain soap. The wall-mounted dispenser was observed to remain empty. On 3/10/26 at 2:13 PM, during an interview, Certified		M0500				

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M0500	Continued from page 5 Nursing Aide (CNA) #1 stated the new soap dispensers had been installed approximately one month earlier. CNA #1 confirmed Resident #50 had not had soap available in the dispenser since the dispenser was installed. On 3/10/26 at 2:25 PM, during an interview, Licensed Practical Nurse (LPN) #1 stated Resident #50 spent most of his time in his room and preferred privacy. LPN #1 confirmed the soap dispenser in the resident's room had not contained soap since it was installed approximately one month earlier. On 3/10/26 at 2:46 PM, during an interview, Housekeeping/Maintenance Staff #1 stated housekeeping services were provided through a contracted company, and the facility had recently replaced the previous soap and towel dispensers with new wall-mounted dispensers. The staff member confirmed the facility currently did not have soap available for the dispensers and was unsure how long the dispensers had been empty. On 3/11/26 at 9:15 AM, during an observation and interview, Resident #50 again reported that the soap dispenser in his bathroom did not contain soap. The wall-mounted dispenser was observed to remain empty. On 3/11/26 at 3:10 PM, during an interview, Housekeeping/Maintenance Staff #2 stated the facility replaced all soap and towel dispensers with a single type of dispenser used by the contracted company. The staff member confirmed the new dispensers had been installed in February, but the facility did not have enough soap available for the dispensers. The staff member stated the soap had been on back order and the facility had only recently received additional soap. On 3/11/26 at 4:00 PM, during an interview, Housekeeping/Maintenance Staff #3 stated maintenance staff were instructed to remove the previous dispensers and install the new dispensers throughout the facility approximately two (2) to three (3) weeks earlier. The staff member confirmed the facility did not have enough soap available for the newly installed dispensers. On 3/12/26 at 2:25 PM, during an interview, the Administrator stated the facility replaced several different types of soap dispensers with one standardized dispenser throughout the facility. The Administrator stated Resident #50's dispenser may have been overlooked when soap was distributed to the dispensers and stated his expectation was that residents have access to soap at all times.			M0500			

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M0500	Continued from page 6 Resident #68 (Choices) On 3/9/26 at 2:02 PM, during an observation and interview, Resident #68 reported she had complained to staff that she did not want pureed bread served on her meal trays. Resident #68 stated the pureed bread was too thick and she believed she could choke on it. Resident #68 reported she had informed both nursing staff and dietary staff that she did not want bread served on her tray. On 3/10/26 at 2:45 PM, during an interview, Licensed Practical Nurse (LPN) #3 stated Resident #68 usually ate meals in the dining room and confirmed she had observed the resident's tray containing pureed bread. LPN #3 stated the resident had complained the bread was too thick to eat. LPN #3 reported she had not notified dietary staff that the resident disliked the bread. On 3/11/26 at 7:55 AM, during an observation and interview, Resident #68 was served oatmeal and grits on the same plate with both food items touching. A record review of the meal tray ticket revealed the resident's breakfast likes were oatmeal and grits and the only documented dislike was cheese. Resident #68 reported she had informed staff she did not want cheese or bread served on her tray. On 3/12/26 at 3:40 PM, during an interview, Dietary Department Staff #1 stated Resident #68 had been assessed for likes and dislikes on admission. Dietary Department Staff #1 reviewed the resident's "Dietary New Admit Questionnaire" and tray cards and confirmed bread was not listed as a dislike. Dietary Department Staff #1 stated the resident had recently informed her she did not want bread served and acknowledged the information should have been updated on the resident's preference list. A record review of the "Admission Record" revealed the facility admitted Resident #68 on 1/13/26 with diagnoses including Hemiplegia. A record review of the "Order Summary Report" revealed Resident #68 had Physician's Orders, dated 1/13/26 for a pureed diet. A record review of the Admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 1/19/26 revealed Resident #68 had a Brief Interview for Mental Status (BIMS) score of thirteen (13), which indicated the resident was cognitively intact. Section K revealed she received a mechanically altered diet.		M0500				

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M0500	Continued from page 7 A record review of Resident #68's tray card for breakfast, lunch, and dinner revealed "...Dislikes cheese..." listed for all meals. Bread was not listed under the "Dislikes" portion of the meal tray card. A record review Resident #68's "Dietary New Admit Questionnaire" dated 01/15/26 revealed "... puree ... breakfast likes: oatmeal and grits ... food dislikes: cheese..." Resident #49 (Choices) On 3/9/26 at 12:40 PM, during an observation and interview, Resident #49 reported dissatisfaction with the breakfast meals and stated she disliked the powdered eggs served at breakfast. Resident #49 reported she had requested fried eggs on several occasions but had been told they were not available. On 3/10/26 at 8:30 AM, during an interview, Resident #49 stated she continued to receive powdered eggs for breakfast despite requesting fried eggs. Resident #49 reported she had voiced this concern multiple times and stated she did not recall whether dietary staff had spoken with her since the new dietary company began providing services. On 3/10/26 at 1:10 PM, during an interview, Certified Nursing Aide (CNA) #1 stated Resident #49 had complained about the breakfast meals and confirmed the resident had requested fried eggs but had been told the kitchen only had powdered eggs available. On 3/10/26 at 2:45 PM, during an interview, Licensed Practical Nurse (LPN) #2 stated Resident #49 had complained about the food since the new dietary company began providing services. On 3/11/26 at 12:23 PM, during an interview, Dietary Department Staff #1 confirmed the facility had been instructed by the new owners of the facility to discontinue ordering eggs used for frying. Dietary Department Staff #1 stated approximately fifteen (15) residents previously received fried eggs and confirmed the facility currently only had powdered eggs available for breakfast. Dietary Department Staff #1 stated the facility still had pre-boiled eggs available for residents who requested boiled eggs. On 3/12/26 at 2:34 PM, during an interview, the Administrator stated he expected staff to honor residents' choices and preferences whenever possible and stated staff should notify the appropriate department if a resident's preference could not be			M0500			

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M0500	Continued from page 8 accommodated. A record review of the "Admission Record" revealed the facility admitted Resident #49 on 11/25/25 with diagnoses including Type 2 Diabetes Mellitus. A record review of the Comprehensive MDS with an ARD of 12/2/25 revealed Resident #49 had a BIMS score of fifteen (15), which indicated the resident was cognitively intact. Section K revealed the resident had no swallowing problems and was on a therapeutic diet. A record review of the "Order Summary Report" revealed Resident #49 had a Physician's Order, dated 12/1/25, for a Low Concentrated Sweets (LCS)/No salt packet (No Salt Packet) diet, regular texture. Resident #74 (Confidentiality) A record review of the facility's "Confidentiality and Non-Disclosure Agreement," dated revised 05/16/22, revealed staff are not to leave workstations unattended without securing hard copy information so that it may not be disclosed to unauthorized persons and that staff must abide by Health Insurance Portability and Accountability Act (HIPAA) policy and procedures and current regulations governing privacy issues. On 03/09/26 at 3:00 PM, during an observation of the hallway areas near the nurses' stations, multiple resident medical charts were stored in the hallway with resident names and room numbers visible on the chart labels. The medical charts contained information such as resident Face Sheets, Physician's Orders, Care Plans, Labs, Advance Directives, History and Physicals, and hospital records. On 03/10/26 at 2:00 PM, during the Resident Council meeting, Resident #74 expressed concern that resident medical record charts were stored in the hallway where anyone could access them. Resident #74 reported obtaining a medical record chart from the hallway shelf and keeping the chart in the resident's possession for a period of time without staff noticing or addressing the removal. On 03/10/26 at 3:40 PM, during an interview with Licensed Practical Nurse (LPN) #2, she reported that resident medical charts were moved to the hallway approximately two (2) weeks ago after a new company assumed management of the facility. She explained that the charts were temporarily placed in the hallway and that a designated storage location for resident medical records was expected to be built later.	M0500					

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M0500	Continued from page 9 On 03/11/26 at 11:35 AM, during an observation of the hallway areas near the nurses' stations on Dogwood Hall and Magnolia Hall, resident medical charts were observed stored in gray plastic folders in the hallway. The charts were easily accessible from the hallway, and chart labels were turned toward the wall. On 03/11/26 at 11:50 AM, during an interview with Unit Manager Registered Nurse (RN) #1, she reported that resident medical records had previously been stored in the medical records room behind a locked door. She explained that the charts had been moved to the hallway approximately one and one-half to two (2) weeks earlier and reported she was unsure why the records were relocated from the secured medical records room to the hallway. On 03/11/26 at 12:01 PM, during an interview with LPN #1 in Medical Records, she explained that prior to the facility buyout the facility did not maintain paper charts. She reported that after the buyout, resident medical charts were created and assembled and were initially stored in the medical records office. She explained the medical charts were later moved to the hallway so that nurses could access them during care. She reported staff were instructed to monitor the charts to prevent resident access and stated staff had discussed confidentiality and HIPAA requirements. After being informed that a resident reported retrieving a chart from the hallway shelf and keeping it without staff noticing, she acknowledged the charts had previously been secured in the medical records room and that a permanent chart storage location was expected to be constructed later. On 03/11/26 at 11:42 AM, during an interview with the Director of Nursing (DON), she confirmed resident medical charts were previously kept in the medical records office and explained the medical charts were moved to the hallway so nursing staff and the medical director could access the records more quickly. She acknowledged staff had been able to access and document in the charts while they were kept in the medical records office and reported that a chart cubby was planned to be constructed at a later time. On 03/12/26 at 2:53 PM, during an interview with the Administrator, he explained the resident medical charts were temporarily placed in the hallway to allow quicker access for nursing staff and the physician to review information such as code status. He reported the medical charts had been moved from the medical records room approximately two (2) weeks earlier and stated			M0500			

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M0500	Continued from page 10 staff were expected to monitor the medical charts and safeguard resident information. He explained the current cart location was intended as a temporary solution until a permanent medical chart storage cubby could be constructed and reported he expects staff to comply with HIPAA requirements and ensure resident health information remains protected and confidential. Resident #62 (Resident Funds) A record review of the "Admission Record" revealed the facility admitted Resident #62 on 04/25/18 with diagnoses including Peripheral Vascular Disease. A record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 03/18/25 revealed Resident #62 had a Brief Interview for Mental Status (BIMS) score of twelve (12), which indicated the resident's cognition was moderately impaired. A record review of the "Resident Statement Landscape" for October, November, and December 2025 revealed Resident #62 had a balance of \$3,921.48 and withdrew funds for personal use four (4) times during the quarter. On 03/09/26 at 2:00 PM, during an interview with Resident #62, the resident reported being informed by the facility that personal funds were not available following the change of ownership on 01/01/26. Resident #62 explained he had wanted to withdraw funds to avoid exceeding Medicaid asset limits but reported not being given a timeframe for when the funds would be available. Resident #65 (Resident Funds) A record review of the "Admission Record" revealed the facility admitted Resident #65 on 03/13/24 with diagnoses including Diabetes Mellitus. A record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 02/03/26 revealed Resident #65 had a Brief Interview for Mental Status (BIMS) score of fifteen (15), which indicated the resident was cognitively intact. A record review of the "Resident Statement Landscape" for October, November, and December 2025 revealed Resident #65 had a balance of \$88.00 and had not withdrawn funds for personal use during the quarter. On 03/09/26 at 12:56 PM, during an interview with Resident #65, the resident reported living at the			M0500			

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NAME OF PROVIDER OR SUPPLIER BEDFORD CARE CENTER OF MARION				STREET ADDRESS, CITY, STATE, ZIP CODE 6434 A DALE DR , MARION, Mississippi, 39342			
(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 11 facility for approximately two years and stated that since the change of ownership in January the resident had been unable to access personal funds. Resident #65 reported staff explained the facility was waiting to receive funds from the previous ownership. Resident #74 (Resident Funds) A record review of the "Admission Record" revealed the facility admitted Resident #74 on 09/22/23 with diagnoses including Chronic Atrial Fibrillation. A record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 01/05/26 revealed Resident #74 had a Brief Interview for Mental Status (BIMS) score of fifteen (15), which indicated the resident was cognitively intact. A record review of the "Resident Statement Landscape" for October, November, and December 2025 revealed Resident #74 had a balance of \$2,227.81 and withdrew funds for personal use one (1) time during the quarter. On 03/09/26 at 1:36 PM, during an interview with Resident #74, the resident reported being unable to access personal funds since the facility changed ownership. Resident #74 explained the previous owner reported the funds would transfer within approximately one week; however, the resident reported the funds had not been available for approximately three (3) months. On 03/10/26 at 1:00 PM, during an interview with the Local Ombudsman, she reported that Resident #74 informed her the facility was not allowing residents to access personal trust funds. The Ombudsman explained contacting the Administrator and being informed the facility was working to establish an account and that resident funds were not currently available. On 03/10/26 at 1:32 PM, during an interview with the Administrator, he reported serving as Administrator since the change of ownership on 01/01/26. The Administrator explained the previous owner issued a check representing resident trust funds; however, the facility did not establish a new interest-bearing resident trust account until 03/06/26. He confirmed the check had not yet been deposited and acknowledged the funds were not available to residents during that time. The Administrator explained the facility maintained \$500 in petty cash and reported residents were informed during a January Resident Council meeting they could request funds from petty cash if needed. The Administrator confirmed the funds had not been placed in an interest-bearing account and residents had not		M0500				

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M0500	Continued from page 12 accrued interest during that time. On 03/10/26 at 2:00 PM, during a Resident Council meeting with (12) residents present, Residents #74, #61, and #65 reported being unable to access their personal funds since the change of ownership. On 03/10/26 at 2:50 PM, during an interview with the Social Worker, she reported attending the January 2026 Resident Council meeting and explained the Administrator informed residents it could take approximately two (2) to three (3) months to resolve issues related to resident trust funds following the change of ownership. She reported residents were informed the facility did not currently have funds available for resident trust accounts during that time. The Social Worker stated she had received multiple complaints from residents regarding access to personal funds and had directed those residents to the Business Office. She stated she was unaware residents could obtain money through petty cash and confirmed the January Resident Council meeting minutes did not document the discussion regarding resident trust funds. A record review of the facility's list "Residents with Trust Funds" revealed (43) residents had facility-managed trust funds. A record review of two undeposited checks issued by the previous owner during the change of ownership revealed one check in the amount of \$55,638.16, dated 12/31/25, and another check in the amount of \$506.94, dated 12/31/25, representing resident trust funds.		M0500				
M0780	45.27.2 Activity Program Activity Program. Provisions shall be made for suitable recreational and entertainment activities for resident according to their needs and interests. These activities are an important adjunct to daily living and are to encourage restoration to self-care and resumption of normal activities. Variety in planning shall include some outdoor activities in suitable weather. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on interview, record review, and facility policy review, the facility failed to provide an ongoing activities program designed to meet the interests and preferences of residents when scheduled weekend activities were not conducted and residents reported limited opportunities for activities on weekends, for one (1) of (20) residents reviewed for activities		M0780				

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M0780	Continued from page 13 (Resident #74), which affected all residents who participate in activities. Findings include: A record review of the facility's policy, "Activity Program," dated 01/21/2022, revealed, "...An ongoing program of activities is designed to meet the needs of each resident. Policy Interpretation and Implementation...2. Activities are scheduled daily and residents are given the opportunity to contribute to the planning, preparation, conducting, cleanup, and critique of the program. 3. Our activity program consists of individual, and small and large group activities which are designed to meet the needs and interests of each resident and includes...b. Indoor and outdoor activities...6. Individualized and group activities are provided that a. Reflect the schedules, choices and rights of the residents; b. Are offered at hours convenient to the residents, including evenings, holidays and weekends..." A record review of the Activities Calendar for January 2026 listed "Activity Cart" each Saturday and Devotion and Bingo for each Sunday of the month. A record review of the Activities Calendar for February 2026 listed "Activity Cart" each Saturday and Devotion and Bingo for each Sunday of the month. A record review of the Activities Calendar for March 2026 listed "2:00 Outdoor Day" for 3/7/26. A record review of the "Admission Record" revealed Resident #74 was admitted by the facility on 9/22/2023 with diagnoses including Atrial Fibrillation. A record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 01/05/2026 revealed Resident #74 had a Brief Interview for Mental Status (BIMS) score of 15, indicating no cognitive impairment. A record review of the Annual Comprehensive MDS with an ARD of 07/17/2025 Section F Preferences for Routine and Activities for Resident #74 revealed that it was "Very Important" to do things with groups of people, do favorite activities, and go outside to get fresh air when the weather is good. On 03/09/26 at 1:41 PM, during an interview with Resident #74, the resident reported the facility does not allow residents to go outside as much as when the previous owners operated the facility because there are	M0780					

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M0780	Continued from page 14 not enough staff members available to monitor residents. Resident #74 reported not liking being inside the facility all day and wanting to enjoy the sunshine. On 03/09/26 at 3:45 PM, during an interview with Activities Director (AD) #1, she reported that prior to the company buyout activity staff rotated weekend hours to ensure activities were provided on Saturdays and Sundays. AD #1 reported that since the buyout there has not been an AD or assistant scheduled on weekends. She explained residents are provided access to an activities cart located in the dining room and may use items from the cart when activity staff are not present Monday through Friday. AD #1 reported a Certified Nursing Aide (CNA) is expected to accompany residents for outdoor activities on weekends. AD #1 explained that prior to 03/01/26 there was no documentation system to verify whether scheduled weekend activities were completed. AD #1 reported the scheduled weekend activity for February 2026 involved the use of the activities cart but she could not confirm whether those activities were completed. AD #1 further reported an outdoor activity scheduled for 03/07/26 did not occur despite no weather conditions preventing the activity and that during a visit to the facility on 03/07/26 residents were observed in the dining room watching a movie with a CNA present. AD #1 said that prior to the company takeover residents were allowed to go outside both the front and back of the building with supervision. AD #1 reported that since the takeover residents are only permitted to go outside in the back of the building with supervision. On 03/10/26 at 2:00 PM, during the Resident Council meeting conducted in the facility dining hall, there were (12) residents in attendance (Resident #14, #8, #38, #48, #48, #61, #63, #64, #65, #9, #68, and #74). The residents expressed concerns regarding the lack of weekend activities. Resident #74 stated that during February, "Activity Cart" was scheduled every Saturday and the residents reported staff assistance was required to access the activity cart; however, staff were not available on Saturdays to assist residents in accessing the activities. Residents explained weekends were "boring" and that they usually remained in their rooms watching television. Residents further reported that since the facility was taken over by new management they are no longer allowed to go outside independently and may only access the back porch when staff supervision is available. Residents reported that on 03/07/26 the activity calendar listed an outdoor activity; however, residents instead watched a movie in the dining room despite favorable weather conditions.		M0780				

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M0780	Continued from page 15 On 03/11/26 at 3:30 PM, during an interview with the Administrator, he reported he was aware that weekend activity staff were not scheduled and acknowledged residents did not have organized weekend activities. The Administrator explained residents are not supposed to participate in activities without staff present and reported that staff were in-serviced after learning weekend activities were not being conducted. On 03/11/26 at 3:51 PM, during a follow up interview with AD #1, she confirmed the activity calendar used in January appeared similar to the February calendar, indicating that weekend activities primarily consisted of the activities cart. On 03/12/26 at 11:42 AM, during an interview with the Director of Nursing (DON), she stated her expectation for the Activity Department was to ensure nursing and CNA staff were available on weekends to assist residents with activities. On 03/12/26 at 2:35 PM, during a follow up interview with the Administrator, he reported his expectation for the Activity Department is to ensure activities are conducted with residents and that staff are available to facilitate those activities. The Administrator explained the Activities Director is expected to follow up to ensure scheduled activities are completed.		M0780				
M0840	45.30.4 Menu Menu. The menu shall be planned and written at least one week in advance. The current week's menu shall be approved by the dietitian, dated, posted in the kitchen and followed as planned. Substitutions and changes on all diets shall be documented in writing. Copies of menus and substitutions shall be kept on file for at least thirty (30) days. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, record review, and facility policy review, the facility failed to follow the posted menu as written and failed to ensure alternate menu items were available as listed on the menu for two (2) of (20) residents reviewed for food services. Residents #65 and #74. Findings include: A review of the facility's policy, "Alternative Foods For Food Preferences or Menu Changes," dated 10/23, revealed, "...Procedure: 1. The food and nutrition		M0840				

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M0840	Continued from page 16 services departments prepares an alternate food choice that is available for residents who refuse food or beverages at meals. 2. Alternate foods and beverages are prepared or are available at each meal...7...Menu changes will be posted..." On 03/09/26 at 11:15 AM, during an observation and record review of the posted menu, the menu for "Monday Lunch" revealed Red Beans and Rice, Mustards, Cornbread or Country Fried Steak, French Fries, and Seasoned Cabbages. The dessert was Banana Pudding with Whip Cream. On 03/09/26 at 11:20 AM, during an observation of the lunch meal preparation, country fried steak was not prepared or available on the steam table as an alternate entrée for the lunch meal as listed on the posted menu. A record review of the posted menu for "Tuesday Dinner" revealed Barbeque Pork Chop, Mashed Sweet Potatoes, Seasoned Cabbage, Buttered Cornbread or Beef Tips, Buttered Rice, and Spinach, with dessert listed as Peachy Fling or Peach Slices. Resident #65 On 03/09/26 at 12:28 PM, during an observation and interview with Resident #65, the resident reported the menu is frequently not followed and residents do not always receive the items listed on the menu. Resident #65 reported staff sometimes state the kitchen has run out of food and explained there is not always an alternate meal available even when residents request another option. On 03/11/26 at 10:00 AM, during an interview with Resident #65, the resident reported the dinner menu for 03/10/26 included an alternate meal of beef tips, rice, and spinach and a main entrée of baked pork chop with mashed sweet potatoes. Resident #65 reported requesting the alternate meal but instead received (2) turkey sandwiches which were not requested. A record review of the "Admission Record" revealed the facility admitted Resident #65 on 03/13/2024 with diagnoses including Type 2 Diabetes Mellitus. A record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 02/03/26 revealed Resident #65 had a Brief Interview for Mental Status (BIMS) score of fifteen (15), which indicated the resident was cognitively intact.	M0840					

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M0840	Continued from page 17 Resident #74 On 03/09/26 at 1:00 PM, during an interview with Resident #74, the resident reported that since the new company assumed management of the facility in January the food has changed and the menus are often not followed. Resident #74 explained that previously menus were provided daily and residents could select the items they wanted. Resident #74 reported the menus are now only posted in the dining room and residents must write down their meal selections and provide them to the kitchen staff, but residents do not always receive the items requested and alternate meals are not consistently available. On 03/11/26 at 10:13 AM, during an observation and interview with Resident #74, the resident reported requesting the alternate meal of beef tips, buttered rice, and spinach listed on the menu for dinner on 03/10/26. Resident #74 reported receiving the regular meal of pork chop, cabbage, and a sweet potato patty instead of the requested alternate meal. A record review of the "Admission Record" revealed the facility admitted Resident #74 on 09/22/2023 with diagnoses including Chronic Atrial Fibrillation. A record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 01/05/26 revealed Resident #74 had a Brief Interview for Mental Status (BIMS) score of fifteen (15), which indicated the resident was cognitively intact. On 03/12/26 at 10:25 AM, during an interview with the Dietary Manager, she confirmed the facility did not have the alternate entrée of country fried steak available for lunch on 03/09/26 and did not have the alternate entrée of beef tips, buttered rice, and spinach available for dinner on 03/10/26. She reported she had been instructed by supervisors not to serve the alternate meals. She acknowledged it was her responsibility to ensure foods listed on the menu were available and to notify residents when menu items were not available. On 03/12/26 at 3:30 PM, during an interview with the Administrator, he confirmed that menu alternates are expected to be available at each meal. He explained the Dietary Manager is responsible for ensuring foods listed on the menu are available and that residents are informed of menu changes when items are unavailable.	M0840					
M0980	45.33.6 Garbage Disposal	M0980					

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M0980	Continued from page 18 Garbage Disposal. 1. Garbage must be kept in water-tight suitable containers with tight fitting covers. Garbage containers must be emptied at frequent intervals and cleaned before using again. 2. Proper disposition of infectious materials shall be observed. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on observation, staff interview, and record review, the facility failed to ensure garbage was contained in a sanitary manner and was removed, when an exterior trash bin was observed overflowing with garbage bags on the ground and hanging from the bin doors for one (1) of four (4) days of survey. Findings include: On 3/12/26 at 3:59 PM, during an observation and interview with the Administrator and Director of Nursing (DON), the trash bin located at the back of the facility was observed to be full and overflowing. Trash bags were observed on the ground around the base of the bin, hanging out of the doors of the bin, and additional bags of trash were observed on top of the bin. During the observation, the Administrator acknowledged the trash bin was overflowing and stated this had not occurred previously. The Administrator stated trash was normally collected three (3) times per week on Tuesday, Thursday, and Saturday by the facility's contracted waste removal service. The DON also acknowledged the trash bin was overflowing and stated she had not previously observed the bin in that condition. On 3/12/26 at 4:29 PM, during an interview, the Administrator stated his expectation was for the contracted waste removal service to collect trash (3) times per week as outlined in the facility's contract. The Administrator stated the scheduled pickup may not have occurred on Tuesday and may have been overlooked while the facility was undergoing survey activity and stated he would need to contact the waste removal service to determine why the trash had not been collected. A record review of the facility's "(Proper Name) Service Agreement," effective 12/31/2025, and signed by the Administrator on 12/15/25, for "Non-Hazardous			M0980			

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M0980	Continued from page 19 Waste" revealed "Service Description & Recurring Rates" included a "Frequency" of "3X (times) Per Week..."		M0980				