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 **03/19/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MS CARE CENTER OF MORTON	**96 OLD HIGHWAY 80 EAST , MORTON, Mississippi, 39117**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
M0000	Initial Comments The State Agency (SA) conducted an annual recertification survey at the facility from 3/16/26 to 3/19/26. During the survey, the SA determined the facility was not in compliance with the Minimum Standards for Institutions for the Aged or Infirm, state licensure requirements and cited M500 and M815.	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 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	M0500		

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

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M0500	Continued from page 1 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 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	M0500		

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M0500	Continued from page 2 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 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	M0500		

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M0500	Continued from page 3 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 honored for two (2) of (19) sampled residents when the facility failed to honor one (1) resident's right to refuse fingerstick blood glucose checks and use a Continuous Glucose Monitor (CGM) device for blood glucose monitoring (Resident #16), and failed to ensure a safe, clean, comfortable, and homelike environment for (1) resident by not repairing a leaky faucet in the resident's room. (Resident #70) Findings include: A review of the facility's "Resident Rights Policy," revised 9/2022, revealed, "… Facility will ensure 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… The facility will protect and promote the rights of each resident … The facility will provide equal access to quality care regardless of diagnosis, severity of condition, or payment source …" A review of the facility's policy, "Continuous Glucose Monitor (CGM) Use," undated, revealed, "… 1. Purpose to ensure safe, accurate, and effective use of CGM systems for residents with diabetes, improving glucose control and reducing hypoglycemia events…" A review of the facility's policy, "Maintenance Service" (undated), revealed, "…Maintenance service shall be provided to all areas of the building, grounds, and equipment…Policy Interpretation and Implementation…2. Functions of maintenance personnel include…d. Maintaining the…plumbing fixtures…in good working order…f. Establishing priorities in providing repair service…" Resident #16 A record review of the "Admission Record" revealed the facility admitted Resident #16 on 1/12/26 with diagnoses including Type 2 Diabetes Mellitus. A record review of the Admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 1/19/26 revealed Resident #16 had a Brief Interview for Mental Status (MDS) score of eight (8), which indicated his	M0500		

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M0500	Continued from page 4 cognition was moderately impaired. A record review of the “Order Summary Report” revealed Resident #16 had a Physician’s order, dated 1/14/26 for sliding scale insulin two times daily and check blood glucose prior to lunch and supper. On 3/16/26 at 1:55 PM, during an observation and interview with Resident #16, the resident was observed sitting in a bedside chair with signage posted on the bulletin board that read, “Nurses/CNA Use freestyle Librera 3 (CGM) reading to check BS (blood sugar) Reader in the top drawer.” When asked about the sign, the resident reported he was not aware of the sign but stated he does not like having his fingers poked. On 3/17/26 at 11:25 AM, during an observation, a CGM sensor reader was observed on the resident’s overbed table. On 3/18/26 at 11:30 AM, during an interview and observation with Licensed Practical Nurse (LPN) #2, she confirmed the signage referenced use of a CGM device but reported she was not aware the resident had a CGM and had been checking blood glucose using the facility’s glucometer. The resident’s daughter was present and reported the sign had been placed because the resident did not like fingersticks and staff continued to perform them. The daughter showed the CGM device located on the resident’s left upper arm and the reader on the overbed table. LPN #2 reported she had not previously observed the device. During the blood glucose check, the resident stated he did not like his fingers being poked and reported it hurt. LPN #2 continued to perform the fingerstick. On 3/18/26 at 12:00 PM, during an interview with Licensed Practical Nurse (LPN) #1, she reported she was aware the resident had a CGM device and had used it after the daughter provided the equipment. She reported awareness of the signage placed in the room approximately three (3) weeks prior. She stated she was unsure if there was a physician’s order for the device and believed staff were using the CGM. She confirmed the resident expressed discomfort with fingersticks. On 3/18/26 at 4:30 PM, during a phone interview with the resident’s Resident Representative (RR), she reported she placed the sign in the room approximately three (3) weeks prior because staff continued to perform fingersticks after she provided the CGM device and supplies. She reported the resident had the CGM prior to admission and she provided the necessary equipment after admission. She stated she had	M0500		

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M0500	Continued from page 5 communicated with multiple staff regarding use of the device. On 3/19/26 at 1:00 PM, during an interview with the Director of Nursing (DON), she reported she assisted with the resident's admission and discussed the CGM device with the resident's daughter. She confirmed the facility agreed to use the device if supplies were provided. She reported she was not aware of the signage in the room and had not followed up with staff or the daughter regarding use of the device. She confirmed there was no physician order for the CGM but stated staff had been trained on CGM use for another resident. On 3/19/26 at 4:46 PM, during an interview with the DON and Administrator, they reported staff are expected to honor and respect resident rights and preferences. Resident #70 A record review of the "Admission Record" revealed the facility admitted Resident #70 on 10/16/24 with diagnoses including Chronic Obstructive Pulmonary Disease (COPD). A record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 3/9/26 revealed Resident #70 had a Brief Interview for Mental Status (BIMS) score of (15), which indicated the resident was cognitively intact. On 3/17/26 at 9:28 AM, during an observation and interview with Resident #70, the sink in the resident's room was observed leaking water. The resident reported she had previously reported the issue, and it had not been repaired. The resident stated she had been told the sink would be fixed but could not recall when the request was made. On 3/19/26 at 11:02 AM, during an interview with the Maintenance Director, he explained he was aware of the issue and confirmed through the computerized reporting system that the work order was submitted on 1/26/26. He stated he spoke with a plumber the morning at that time and acknowledged the repair was overdue. He explained the repair required addressing the valves prior to replacing the faucet. On 3/19/26 at 12:44 PM, during a follow-up interview with Resident #70, she reported the leaky faucet interrupts her sleep due to the sound of water dripping into the sink. The resident stated the Administrator had previously attempted a temporary repair by adjusting a screw under the faucet knobs; however, the	M0500		

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M0500	Continued from page 6 repair was not sustained and the faucet continued to leak. The resident reported no additional repairs had been completed. On 3/19/26 at 3:08 PM, during an interview with the Administrator, she acknowledged the repair request submitted on 1/26/26 had not been completed. She confirmed attempting a temporary repair in the past but could not recall the date. She explained her expectation is for maintenance to complete repairs in a timely manner.	M0500		
M0815	45.29.1 Safe Food Handling Procedures Safe Food Handling Procedures. Food shall be prepared, held, and served according to current Mississippi State Department of Health Food Code Regulations. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, record review, and facility policy review, the facility failed to store, prepare, and serve food in accordance with professional standards for food safety when the facility failed to repackage, label, and date opened food items, failed to discard expired and deteriorated food items, and failed to store food according to manufacturer's instructionsfor one (1) of two (2) kitchen observations . Findings include: A review of the facility's policy, "Food Procurement, Store/Prepare/Serve – Sanitary" (revised 9/2022), revealed, "…The facility will…d. Store, prepare, distribute and serve food in accordance with professional standards for food service safety…" A record review of the facility's "Inservice Report," dated 8/5/25, revealed dietary staff received training regarding food preparation practices for food safety. On 3/16/26 at 11:17 AM, during an observation and interview with the Dietary Manager (Dietary Department #1) and Group Consultant (Dietary Department #3), in the freezer there were frozen sliced pizza that was not repackaged, labeled, or dated. There were (2) opened bags of Mexican beef taco meat that were opened, used, and resealed with rubber bands without labeling or dating. During the refrigerator inspection, a bag of shredded lettuce labeled "Best if Used by March 2, 2026" was observed opened and dated March 16, 2026. The Dietary Manager stated the lettuce had been received approximately two weeks prior. One (1) bag of celery	M0815		

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M0815	Continued from page 7 was observed deteriorated and breaking down inside the packaging. Four (4) half gallons of buttermilk with expiration dates of March 4 and March 12 were also observed. Two partially used bags of chopped boiled eggs were resealed with rubber bands. DD #1 confirmed eggs are not shipped in that manner and acknowledged improper storage. There was (1) open container of imitation bacon bits stored in the refrigerator without labeling or dating. There was (1) bottle of Kikkoman Reduced Sodium Soy Sauce that was opened, used, and stored on a shelf in the dry goods room despite manufacturer instructions requiring refrigeration after opening. DD #3 acknowledged the product was not stored according to manufacturer's instructions. DD #1 explained that all staff that are putting away deliveries are responsible for checking expiration dates. On 3/19/26 at 10:52 AM, during an interview with DD #2, she explained the plan to address the identified concerns included re-educating staff through in-service training on proper storage and labeling procedures and increasing monitoring of staff compliance. On 3/19/26 at 3:08 PM, during an interview with the Administrator, she stated she was aware of the issues identified in the dietary department and stated her expectation is for dietary staff to properly package, store, and date all food items in accordance with facility policy.	M0815		