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
SARDIS COMMUNITY NH	**613 EAST LEE STREET PO BOX 330, SARDIS, Mississippi, 38666**

(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 a Complaint Investigation (CI MS# 2785079) at the facility on 03/19/2026. During the survey, the SA determined that the facility was not in compliance with the requirements of the Mississippi Regulations for Minimum Standards for Institutions for the Aged or Infirm. The SA identified non-compliance and cited M 615 for CI MS# 2785079 for failure to provide services to prevent and treat pressure ulcers. The census at the time of the survey was 53 with a bed capacity of 60 beds.	M0000		
M0615 SS = D	45.21.3 Pressure sores Pressure sores. Residents with a pressure sore shall receive necessary treatment and service to promote healing and prevent the development of new pressure sores. Residents without pressure sores will not develop pressure sores unless the residents' clinical condition indicates they were unavoidable. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Level II Based on record review, interview, and facility policy review, the facility failed to ensure that a newly developed area of skin breakdown to the sacrum was treated and assessed for one (1) of three (3) resident care plans reviewed. (Resident #1). Findings included: Review of facility policy titled, “Prevention and Treatment of Skin Issues”, latest review date 09/25 revealed “Policy: It is the policy to properly identify and assess resident whose clinical conditions increase the risk for impaired skin integrity, and pressure ulcers; to implement preventative measures; and to provide appropriate treatment modalities for wounds according to industry standards of care...”	M0615		

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

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M0615 SS = D	Continued from page 1 Record review of "Progress Notes" for Resident #1, dated 2/15/26, revealed the resident was noted with an excoriated area to the sacrum that was slightly reddened with no drainage. The note indicated the Director of Nursing (DON), wound care nurse, and Responsible Party were notified and a new order was obtained to cleanse the area with wound cleanser, pat dry, and apply zinc oxide. Record review of the "Order Summary Report" for Resident #1 revealed an order dated 2/15/26, to cleanse the excoriated area to the sacrum with wound cleanser, pat dry, and apply zinc oxide every shift until healed. Record review of the February 2026 Medication Administration Record (MAR) and Treatment Administration Record (TAR) for Resident #1 revealed there was no documentation that the ordered treatment dated 02/15/26 to the sacrum was provided. Interview on 3/19/26 at 12:00 PM, with Registered Nurse #1 (RN) revealed that a Certified Nursing Assistant (CNA) notified her of the skin issue on 2/15/26. She stated she assessed the resident, identified a red excoriated area, and obtained treatment orders, which she entered into the system and expected to trigger on the MAR/TAR. Interview and concurrent record review on 3/19/26 at 12:03 PM, with RN #1 confirmed there was no documentation that the ordered treatment was provided. RN #1 stated she did not know why the treatment had not triggered and agreed that failure to perform the treatment could have caused worsening of the area. Interview on 3/19/26 at 12:30 PM, with the DON revealed that daily review of orders is conducted; however, the treatment order for Resident #1 was missed. The DON further stated the order did not trigger to the MAR/TAR because an incorrect order type was selected when the order was put into the system on 02/15/26. Record review revealed that Resident #1 was sent out to the Emergency Department on 02/18/26 for a change in level of consciousness and never returned to the facility and was discharged from the facility on 02/25/26. Record review of the “Face Sheet” for Resident #1 revealed that the facility admitted the resident on 5/22/2019 with diagnoses of Diabetes Mellitus and Cerebral Infarction.	M0615		