STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255325	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 03/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WISTERIA GARDENS	5420 HIGHWAY 80 EAST , PEARL, Mississippi, 39208

(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
F0000	INITIAL COMMENTS The State Agency (SA) conducted an Annual Recertification survey at the facility from 03/09/2026 through 03/11/2026. During the survey, the SA determined the facility was not in compliance with the requirements of participation in Medicare and Medicaid and cited F689 and F880 The facility had a census of 45 and was licensed for 52 beds.	F0000		
F0689 SS = D	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, record review, and facility statment review the facility failed to ensure a safe smoking program and failed to assess a resident for safe smoking practices for one (1) of three (3) residents reviewed for accident hazards. Resident #17. Findings Record review of a typed statement on facility letterhead dated 3/11/26 and signed by the Director of Nursing (DON) revealed, “(Name of Facility) does not have a policy requiring the completion of a smoking assessment for Residents who use tobacco products.” On 03/09/26 at 11:41 AM, Resident #17 was observed eating lunch in his room with cigarettes visible in the front pocket of his shirt.	F0689		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

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F0689 SS = D	Continued from page 1 On 03/11/26 at 8:18 AM, Resident #17 was observed traveling in a wheelchair down the hallway near the nurse's station with cigarettes in the front pocket of his shirt. During an interview on 03/11/26 at 12:53 PM, Certified Nursing Assistant (CNA) #1 stated the resident's family visits and the resident smokes outside with family members or a staff member present. CNA #1 stated the resident is able to hold a cigarette independently but does not have access to a lighter. CNA #1 reported the resident keeps cigarettes in his shirt pocket while in his room. CNA #1 stated she had not noticed burn marks on the resident's skin or clothing. CNA #1 further stated staff had not received in service training regarding residents who smoke. Record review of the medical record revealed no smoking assessment had been completed for Resident #17. During aninterview on 03/11/26 at 1:09 PM, the Director of Nursing stated smoking assessments are important so staff can determine if a resident can safely smoke. The Director of Nursing stated the consequence of not completing a smoking assessment could include potential burns. Observation of the designated smoking area on 03/11/26 at 1:15 PM, revealed no smoking aprons were immediately available. No fire extinguisher was located directly in the outdoor smoking area, although one was located inside near the hallway exit to the outdoor area. No gate or barrier was present to secure the area for residents while smoking. During an interview on 03/11/26 at 3:15 PM, Resident #17 stated he smokes on the side of the building, sometimes late morning but mostly in the evenings. The resident stated family members or a CNA are present when he smokes. The resident confirmed he keeps his cigarettes in the pocket of his shirt while in his room. Record review of the "Admission Record" revealed Resident #17 was admitted on 03/04/26 with diagnoses that included traumatic ischemia of muscle. Record review of the Minimum Data Set with an Assessment Reference Date of 03/11/26 revealed the assessment was still in process due to the resident's recent admission.	F0689		
F0880 SS = D	Infection Prevention & Control	F0880		

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F0880 SS = D	Continued from page 2 CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and 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. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.71 and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.	F0880		

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F0880 SS = D	Continued from page 3 (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, record review, and policy review, the facility failed to ensure staff followed infection prevention and hand hygiene practices during catheter care for one (1) of three (3) residents observed for infection control. Resident #32. Findings included: Record review of the facility policy “Handwashing” reviewed 1/25 revealed “Policy: Employees must wash their hands using antimicrobial or non-antimicrobial soap and water; alcohol-based hand rub may be used if hands are not visibly soiled…After handling items potentially contaminated with blood, body fluids, or secretions...” On 03/10/26 at 1:18 PM, Certified Nurse Aide (CNA) #1 was observed performing catheter care for Resident #32. During care, the resident’s perineal area was observed to have an open area that was actively bleeding. CNA #1 wiped the resident’s perineum four separate times using incontinent wipes while wearing the same gloves that had become visibly contaminated with blood. CNA #1 did not remove the contaminated gloves, perform hand hygiene, or apply clean gloves between wipes.	F0880		

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F0880 SS = D	Continued from page 4 During an interview on 03/10/26 at 1:31 PM, CNA #1 stated she should have removed the contaminated gloves, performed hand hygiene, and applied clean gloves after each wipe of the perineal area to prevent infection and cross contamination. During an interview on 03/10/26 at 1:35 PM, the Director of Nursing (DON) confirmed CNA #1 should have changed gloves during catheter care to prevent the possible spread of infection to the catheter site. The DON stated staff are expected to follow infection prevention guidelines and perform appropriate hand hygiene during resident care. Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 02/14/26 revealed Resident #32 had a Brief Interview for Mental Status (BIMS) score of 14, which indicated the resident was cognitively intact. Record review of the “Admission Record” revealed Resident #32 was admitted to the facility on 8/11/25 with diagnoses that included metabolic encephalopathy. Record review of the “Order Summary Report” with active orders as of 3/10/26 revealed a physician order dated 9/5/25 to monitor catheter output every day shift and night shift related to urinary tract infection.	F0880		