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 **03/11/2026**

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
M0000	Initial Comments The State Agency (SA) conducted an annual recertification survey at the facility from 03/09/2026 to 03/11/2026. During the survey, the SA determined the facility was not in compliance with the Minimum Standards for the Aged or Infirm, state licensure requirements and cited M640 and M1570.	M0000		
M0640	45.21.8 Accidents Accidents. The facility shall ensure that the residents ' environment remains as free of accident hazards as possible, and adequate supervision shall be provided to prevent accidents. If an unexplained accident occurs, this injury must be investigated and reported to appropriate state agencies. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, record review, and facility statement 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 included: 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. 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	M0640		

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

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M0640	Continued from page 1 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 an interview 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. 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.	M0640		
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	M1570		

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M1570	Continued from page 2 diseases. 2. The facility must have an active surveillance 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 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. 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.	M1570		

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M1570	Continued from page 3 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 “Admission Record” revealed Resident #32 was admitted to the facility on 8/11/25 with diagnoses that included metabolic encephalopathy. 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.	M1570		