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 **03/24/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VAIDEN COMMUNITY LIVING CENTER	**868 MULBERRY STREET P O BOX 607, VAIDEN, Mississippi, 39176**

(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 two (2) Complaint Investigations (CI MS# 2704158 and CI MS# 2708040), at the facility on 3/24/26. 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 M500 for CI MS# 2708040 related to resident rights. There were no deficiencies cited for CI MS# 2704158. The census at the time of the survey was 56 with a bed capacity of 59 beds.	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	M0500		

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

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M0500	Continued from page 1 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 must have policies and procedures addressing the use	M0500		

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M0500	Continued from page 2 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 physician or nurse practitioner/physician assistant in	M0500		

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M0500	Continued from page 3 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: Level II Based on record review, interview, and facility policy review the facility failed to honor resident's rights when they failed to provide written notice of an involuntary discharge including appeal rights prior to refusing readmission from the hospital for one (1) of three (3) resident reviewed (Resident #1). Findings Included: Record review of the facility policy titled, “Transfer Form”, revealed “Policy Statement, It is the policy of this facility to provide a completed and accurate transfer form to residents transferred or discharged from this facility...” Record review of the facility policy titled, “Appealing a Transfer or Discharge Notice” revealed “Policy Statement, Residenta have the right to appeal transfer or discharge notices…2. Upon notice of transfer or discharge, the resident will be provided with a statement of his or her right to appeal the transfer or discharge…” Record review of “Progress Notes” dated 12/31/25, revealed Resident #1 left the facility at 2:30 PM by facility van to be admitted to [Proper name for psychiatric hospital] for evaluation. Record review of “Progress Notes” for Resident #1, dated 1/6/26, revealed resident had been discharged from the facility due to aggressive behavior. Further review revealed per conversation with [Proper name for psychiatric hospital], the Administrator and Social Services Director would assist in finding placement for the resident as well as home health if needed. Documentation further indicated that due to threats made, the facility stated it was unable to meet the resident’s needs. Record review of “Progress Notes” for Resident #1, dated 1/6/26, revealed the facility communicated with	M0500		

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M0500	Continued from page 4 the resident's family regarding not allowing the resident to return to the facility. Record review of "Progress Notes" for Resident #1, dated 1/6/26, and interview with the Administrator on 03/24/26 at 10:00 AM, revealed she spoke with the Geri-psych facility on 01/06/26, and they agreed to assist with finding the resident alternative placement. The Administrator revealed she spoke with the resident's family and informed them the resident would not be able to return to the facility. The Administrator verified that the resident and family were not provided a formal involuntary discharge notice and were not provided rights to appeal. The Administrator further verified she could not locate a physician order for discharge. The Administrator stated the formal notice and right to appeal should have been provided and the facility should have obtained a physician order prior to discharge. Record review of the "Admission Record" revealed that the facility admitted Resident #1 on 12/14/21 with a diagnosis of Hemiplegia and Hemiparesis following Cerebral Infarction.	M0500		