STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255234	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 03/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHADY LAWN HEALTH AND REHABILITATION	60 SHADY LAWN PLACE , VICKSBURG, Mississippi, 39180

(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 3/23/26 through 3/26/26. During the survey, the SA determined the facility was not in compliance with the requirements of participation in Medicare and Medicaid and cited F690 and F732. The facility had a census of 83 and was licensed for 100 beds.	F0000		
F0690 SS = D	Bowel/Bladder Incontinence, Catheter, UTI CFR(s): 483.25(e)(1)-(3) §483.25(e) Incontinence. §483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain. §483.25(e)(2)For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that- (i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; (ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and (iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible. §483.25(e)(3) For a resident with fecal incontinence,	F0690		

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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F0690 SS = D	Continued from page 1 based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible. This REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, record review, and facility policy review, the facility failed to ensure a Foley (indwelling catheter) securement device was in place to prevent tension and pulling on the catheter for one (1) of two (2) residents reviewed for bowel and bladder/catheters. (Resident #53). Findings include: A review of the facility's policy "Incontinence Management," revised 01/2020, revealed, "… Management of an Indwelling Catheter in the Long-Term Care Setting … Secure catheters to the upper thigh or lower abdomen to avoid bladder and urethral trauma …" A record review of the "Admission Record" revealed the facility admitted Resident #53 initially on 1/27/26 and readmitted on 3/12/26 with diagnoses including Bladder-Neck Obstruction. A record review of the Admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 2/02/26 revealed Resident #53 had a Brief Interview for Mental Status (BIMS) score of seven (7), which indicated the resident's cognition was severely impaired. A review of Section H revealed the resident had an indwelling catheter. A record review of the "Order Recap Report" revealed Resident #53 had a Physician's Order, dated 3/17/26, for "… Foley Cath 20 Fr (French) 10 cubic centimeter (cc) bulb DX (diagnosis): obstructive urinary retention … Foley Cath Care with soap and water every shift and as needed …" On 3/24/26 at 4:34 PM, during an observation of catheter care completed by Certified Nurse Aide (CNA) #1 with assistance from CNA #2 for Resident #53, residue was observed on the resident's left inner thigh. CNA #1 reported the residue appeared to be from a catheter securement device that had come off. During the same interview, CNA #1 reported residents with catheters are to have a securement device in place to prevent pulling and stated she would notify the nurse to apply a new device. On 3/25/26 at 12:56 PM, during an interview with	F0690		

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F0690 SS = D	Continued from page 2 Registered Nurse (RN) #1, she reported residents with indwelling catheters are required to have a securement device in place at all times to prevent tension, pulling, and complications. On 3/25/26 at 1:34 PM, during an observation and interview with RN #2 for Resident #53, the resident was observed lying in bed with pants on, with catheter tubing extending through the right pant leg to a drainage bag, and no catheter securement device was in place. RN #2 reported residents with catheters are to have a securement device in place and confirmed the device is used to prevent pulling and complications. She stated CNAs are expected to notify the nurse if the device is not in place so a new device can be applied. RN #2 confirmed no staff had reported the absence of a securement device for Resident #53. On 3/25/26 at 1:45 PM, during an interview with CNA #3, she reported she provided care to Resident #53 on 3/24/25 and 3/25/26 and did not recall seeing a catheter securement device in place on either day. She confirmed she had not reported the absence of the device to the nurse and stated it is the CNA's responsibility to notify the nurse if the device is not in place. On 3/25/26 at 4:05 PM, during an interview with the Director of Nursing (DON), she reported all residents with indwelling catheters are required to have a securement device in place to prevent pulling and tension. She confirmed she expects CNAs to notify nursing staff immediately when a device is not in place so it can be reapplied, unless the resident refuses and the refusal is care planned.	F0690		
F0732 SS = C	Posted Nurse Staffing Information CFR(s): §483.35(g)(1)-(4) §483.35(g) Nurse Staffing Information. §483.35(g)(1) Data requirements. The facility must post the following information on a daily basis: (i) Facility name. (ii) The current date. (iii) The total number and the actual hours worked by	F0732		

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F0732 SS = C	Continued from page 3 the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: (A) Registered nurses. (B) Licensed practical nurses or licensed vocational nurses (as defined under State law). (C) Certified nurse aides. (iv) Resident census. §483.35(g)(2) Posting requirements. (i) The facility must post the nurse staffing data specified in paragraph (g)(1) of this section on a daily basis at the beginning of each shift. (ii) Data must be posted as follows: (A) Clear and readable format. (B) In a prominent place readily accessible to residents, staff, and visitors. §483.35(g)(3) Public access to posted nurse staffing data. The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard. §483.35(g)(4) Facility data retention requirements. The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater. This REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, record review, and facility policy review, the facility failed to ensure daily nurse staffing information was posted in a manner that was readily accessible and readable to residents, staff, and visitors for three (3) of four (4) survey days, with the potential to affect all eighty-three	F0732		

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F0732 SS = C	Continued from page 4 (83) residents in the facility. Findings include: A review of the facility's policy "Facility Staff Posting Information," revised 09/2023 revealed, "… It is the standard of this facility to have sufficient qualified staff available to provide nursing and related services…Standard Explanation and Compliance Guidelines … 4. The information posted will be clear, readable and in a readily accessible area to residents and visitors…" On 3/23/26 at 12:00 PM, during an observation of Station 1 nurse's station, a document titled "Daily Staffing Posting without Units and with Staffing Ratios" was observed posted behind the nurse's station in a plastic cover. The document was displayed vertically while printed in landscape format, making the information difficult to read. The posting included the date, facility name, census, staffing by shift, staff categories, staff-to-resident ratios, hours, and number of staff scheduled. The print was small and not readable from outside the nurse's station and was not visible to individuals in a wheelchair. On 3/24/26 at 2:14 PM, during an observation of Station 1 nurse's station, the daily staffing posting remained in the same location and format and was not readable from outside the nurse's station. On 3/25/26 at 4:15 PM, during an observation and interview with the Director of Nursing (DON) at Station 1 nurse's station, she confirmed the daily staffing information is posted behind the nurse's station and the day shift charge nurse is responsible for posting it prior to the start of the shift. During the observation, the DON confirmed she could not read the staffing information from outside the nurse's station or from the entrance of the station. She reported only staff are permitted behind the nurse's station. She confirmed the document was displayed vertically despite being printed in landscape format and could only be read if removed from the plastic cover. On 3/25/26 at 4:59 PM, during an interview with the Administrator, he reported he was not aware the daily staffing posting was not readily accessible or readable to residents, staff, and visitors. He confirmed the current display method made the information difficult to read and stated he expects staffing information to be posted in accordance with regulations and readily accessible to all residents, staff, and visitors.	F0732		