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 **04/09/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BILLDORA SENIOR CARE	**314 ENOCHS ST , TYLERTOWN, Mississippi, 39667**

(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 04/06/26 through 04/09/2026. During the survey, the SA determined the facility was not in compliance with the Minimum Standards for Institutions for the Aged or Infirm, state licensure requirements and cited M1570.	M0000		
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 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, and record review, and facility policy review the facility failed to ensure staff followed proper hand hygiene and Enhanced Barrier Precautions (EBP) during wound care and peri care for one (1) of two (2) sampled residents reviewed for	M1570		

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

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 **04/09/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BILLDORA SENIOR CARE	**314 ENOCHS ST , TYLERTOWN, Mississippi, 39667**

(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
M1570	Continued from page 1 pressure ulcers. Resident #1. Findings Include: Record review of the facility policy “Hand Hygiene Policy” dated 2025 revealed, “Policy: Staff involved direct contact will perform proper hand hygiene procedures to prevent the spread of infection to other personnel, residents and visitors…” Record review of the facility policy “Enhanced Barrier Precautions” undated, revealed “Policy: It is the policy of this facility to implement enhanced barrier precautions for the prevention of transmission of multidrug-resistant organisms…4. High-contact resident care activities include…d. Providing hygiene…f. Changing briefs or assisting with toileting…” On 04/08/2026 at 9:02 AM, during an observation of wound care, provided by Registered Nurse (RN) 1/Treatment Nurse and assisted by RN #2/ Infection Preventionist (IP) nurse. RN #2 donned (put on) a gown but did not don gloves prior to touching the feeding pump. RN #2 did not perform hand hygiene prior to applying gloves. RN #1 removed gloves, left room to retrieve a bag off the cart. She returned to the room and donned gloves and did not perform hand hygiene prior to applying gloves. After cleaning the wound she stated, “I forgot to bring hand sanitizer in the room.” She removed gloves and went to the cart to get hand sanitizer. The cart was parked in front of the door. She returned to the room with hand sanitizer. She applied sanitizer to hands. She opened normal saline and poured it on the gauze from the bottle into the gauze. RN #2 nurse told RN #1l to stop, you messed up you need to pour the saline in a cup on the gauze. RN #1 stopped removed gloves and went to get a cup and placed gauze and a cup and statured the gauze. She did not sanitize hands after removing gloves. She returned to the room to perform hand hygiene, donned gloves and continued to clean the wound. RN #1 finished up wound care, and they stated we need to do perineal (peri) care. RN #1 removed gowns and gloves and exited room to gather supplies for peri care. RN #1 returned to the room and started to do peri care in the buttocks area. RN #1 did not apply for a gown prior to starting peri care. On 04/08/26 at 9:38 AM, in an interview with RN #1/Treatment nurse confirmed that she had to leave the room several times due to not having all supplies needed for care. She confirmed that she did not have a gown when she provided peri care. She stated she should have had a gown on prior to peri care. She confirmed	M1570		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **04/09/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BILLDORA SENIOR CARE	**314 ENOCHS ST , TYLERTOWN, Mississippi, 39667**

(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
M1570	Continued from page 2 that doing care she had forgotten to sanitize her hands a couple of times. She stated she placed the resident at higher risk for infection by not wearing a gown and washing hands every time during wound and peri care. She stated the resident has an open wound and could get infected. On 04/08/26 at 10:59 AM, during an interview with RN #2/IP nurse stated she did not realize RN #1 did not wash her hands a couple of times during wound care. She confirmed she did not wash her hands after placing pump on pause. She stated Resident #1 had a higher risk of infection from RN #1 not wearing a gown during peri care. She stated she did not realize RN #1 had taken the gown off to get peri care supplies. She stated that it is a contamination issue. On 04/08/26 at 3:00 PM, during an interview with the Director of Nursing (DON), confirmed that RN #2/IP should have washed her hands before applying gloves to assist with wound care. She stated RN#1 /Treatment Nurse should have worn a gown doing peri care. She stated the proper technique is to wash or sanitize hands before applying gloves. She stated RN #1/Treatment Nurse should have donned a gown for EBP during direct care. She stated that peri care is direct care. She stated she expects staff to wear gowns when providing care to residents who are on EBP. She stated she expects staff to follow protocol standards for infection control aspects of it. Record review of Resident #1 "Admission Record" revealed an admission date of 11/26/25 with diagnoses that included pressure ulcer of sacral region stage 3. Record review of the “Order Summary Report” revealed an order for treatment to a Stage 3 to the sacrum: Cleanse with normal saline, pat dry, apply collagen pad and calcium alginate to wound bed. Apply betadine to peri wound skin. Cover with silicone border dressing every day and as needed for soilage, every day shift related to pressure ulcer of sacral region stage 3. Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 2/24/26 revealed a Brief Interview for Mental Status (BIMS) score of 99 which indicated the interview was not completed or was unable to be completed. Section J revealed Resident #1 did not receive pain medication. Section M revealed a stage 3 pressure ulcer.	M1570		