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 **04/15/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PASS CHRISTIAN HEALTH AND REHABILIATION CENTER	**538 MENGE AVENUE , PASS CHRISTIAN, Mississippi, 39571**

(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 Complaint Investigations (CIs), MS #2980721 and CI MS #2804426, at the facility on from 4/13/26 through 4/15/26. 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. CI MS #2980721 was investigated for environmental and infection control and there was no citation related to the CI. CI MS #2804426 was investigated related to misappropriation, nursing services, and resident rights and M500 was cited.	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 record), is afforded the opportunity to participate in	M0500		

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

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M0500	Continued from page 1 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 and monitoring of restraint. A physician order for	M0500		

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M0500	Continued from page 2 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 the medical record); and	M0500		

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M0500	Continued from page 3 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: Based on interview, record review, and facility policy review, the facility failed to ensure medications were properly secured, safeguarded, and tracked to prevent misappropriation of resident property, resulting in a prescribed injectable medication pen being unaccounted for and lost for one (1) of four (4) residents reviewed for medication diversion. Resident #1. Findings included: A policy review of the facility's "Abuse/Neglect/Exploitation & Misappropriation" policy, revised 11/16/2022, defined misappropriation as the deliberate misplacement, exploitation, or wrongful use of a resident's property, including diversion of medications for staff use or personal gain. A policy review of the facility's "Medication Storage" policy, revised 11/7/2025, revealed all medications must be secured in locked compartments, accessible only to authorized personnel, and remain under direct observation during medication pass or secured at all times to prevent loss or diversion. A policy review of the facility's "Controlled Substance Administration & Accountability Policy" revealed safeguards must be in place to prevent loss or diversion, including accurate documentation, reconciliation of delivered medications, and proper storage upon receipt. A record review of the pharmacy "Packing Slip Proof of Delivery" revealed Resident #1's Mounjaro 5 mg (milligrams)/0.5 ml (milters) pens were delivered on 2/27/26 at 12:32 AM and electronically signed as received by Licensed Practical Nurse (LPN) #1. A record review of the facility's investigation "Quality Improvement Data Collection Form" dated 3/3/26 revealed that on 3/1/26 the facility was unable to locate the Mounjaro medication for Resident #1. A record review of the Controlled Substance Log dated 2/27/26 revealed the Mounjaro medication was not	M0500		

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M0500	Continued from page 4 documented upon receipt, and no accountability record was initiated. A record review revealed no documentation to confirm the medication was secured in the medication refrigerator, no evidence of ongoing tracking, and no reconciliation of the medication after delivery. A record review of the "Transfer/Discharge Report" revealed the resident was admitted on 5/12/24 with diagnoses including type 2 diabetes mellitus. A record review of physician orders revealed Resident #1 was prescribed Tirzepatide (Mounjaro) 5 mg /0.5 ml for management of diabetes. During an interview on 4/14/26 at 10:00 AM, LPN #1 confirmed the medication was received and placed in the medication room refrigerator but was later discovered to be missing. During an interview on 4/14/26 at 11:00 AM, LPN #2 stated she ordered the medication on 2/26/26 and upon returning to work on 3/1/26, discovered the medication was not available. After contacting the pharmacy, she was informed the medication had been delivered on 2/27/26. LPN #2 reported the missing medication to the Director of Nursing (DON) and Administrator. During an interview on 4/14/26 at 11:15 AM, the pharmacist stated the facility is expected to verify all delivered medications within 24 hours and report discrepancies promptly. The pharmacist confirmed the facility did not notify the pharmacy of the missing medication until 3/2/26, despite delivery occurring on 2/27/26. During an interview on 4/14/26 at 11:30 AM, LPN #3 stated she and LPN #1 checked the medication delivery against the manifest; however, no documentation was completed to reflect receipt or secure storage, and the medication was not entered into the accountability log. During an interview on 4/14/26, the Director of Nursing (DON) confirmed the facility was unable to locate the medication and acknowledged there was no documentation to verify proper receipt, storage, or tracking of the medication. The DON further confirmed the medication was not added to the controlled substance accountability log and that both the medication and associated documentation were missing. The DON stated staff were verbally re-educated following the incident.	M0500		