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 **04/30/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
J G ALEXANDER NURSING CENTER	**25112 HIGHWAY 15 , UNION, Mississippi, 39365**

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M0000	Initial Comments The State Agency (SA) conducted an annual re-licensure survey with Complaint Investigations (CIs), MS #2787198 and CI MS #2735527, at the facility from 4/28/26 through 4/30/26. CI MS #2787198 was investigated for accidents and Quality of Care/Treatment and CI MS #2735527 was investigated for accidents related to a fall. There were no citations related to the CIs. 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 M500 and M1570.	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 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	M0500		

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

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M0500	Continued from page 1 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 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	M0500		

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M0500	Continued from page 2 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 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.	M0500		

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M0500	Continued from page 3 This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on interview, record review, and resident rights and responsibilities guide review, the facility failed to ensure residents' rights to be informed of and have ready access to the most recent State survey results for all 57 residents residing in the facility during three (3) of (3) days of survey. Findings include: A record review of the document "A Matter of Rights: A Guide to Your Rights and Responsibilities as a Resident," undated, revealed "…In addition, you have the right…to review the results of the most recent survey of our facility, and any plans to correct deficiencies…Our policies and procedures…1. We will post the results of the most recent inspection of our facility, together with any plan of correction currently in effect. We encourage residents and family members to review these…". On 4/29/26 at 1:39 PM, during an interview in the Resident Council meeting, seven (7) residents with Brief Interview for Mental Status (BIMS) scores of thirteen (13) to (15), which indicated they were cognitively intact, were present. All (7) residents reported they were unaware of the location of the State survey results and did not know where they could be reviewed. On 4/29/26 at 2:00 PM, during an interview with Activities Director, she explained the survey results were previously posted behind glass on a bulletin board near the administrative offices but had been moved to the foyer near the exit, behind doors on a desk near the visitor sign-in area. She reported she was unsure when the survey results were moved and indicated residents would not readily see them unless exiting or entering the facility. On 4/29/26 at 2:49 PM, during an interview with Social Services Director, she explained she assisted in locating the survey results and initially searched the Director of Nursing (DON) office before finding them at the visitor sign-in area near the entrance. She reported the survey results had previously been located in a glass bulletin board but could not recall when they were relocated. On 4/30/26 at 9:35 AM, during an observation, the State survey results book was located in the foyer near the exit by the visitor sign-in area. This area was separated from the main resident living areas	M0500		

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M0500	Continued from page 4 and was not readily accessible to residents without leaving the primary resident space. On 4/30/26 at 1:35 PM, during a follow-up interview with the Activities Director, she explained a current copy of the survey results would be placed in a three-ring binder and made available in the activity/dining room beneath the activity calendar to improve accessibility. She reported the survey results were likely removed from the previous location approximately six (6) months prior during hallway decorating. On 4/30/26 at 1:50 PM, during an interview with the Administrator, he was informed of the findings. He reported Social Services and Activities staff were responsible for maintaining access and indicated his expectation was to ensure all residents have access to the survey results.	M0500		
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, record review, and facility policy review, the facility failed to implement	M1570		

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M1570	Continued from page 5 Enhanced Barrier Precautions (EBP) during care for one (1) of two (2) residents reviewed for perineal and catheter care. Resident #7. Findings include: A review of the facility's policy, "Enhanced Barrier Precautions (EBP) Policy," revealed, "To reduce the transmission of multidrug-resistant organisms (MDROs) in residents of the facility by implementing Enhanced Barrier Precautions in accordance with guidelines from CDC (Center of Disease Control). Enhanced Barrier Precautions will be implemented for residents who…have indwelling medical devices, including: urinary catheters…have wounds or pressure injuries…Staff must wear gown and gloves during high-contact resident care activities. This includes…device care…Signage: Place appropriated to EBP signage on resident closet door or designated area …". A record review of the "Admission Record" revealed the facility initially admitted Resident #7 on 7/5/23 and she was readmitted on 10/7/25 with diagnoses including neuromuscular dysfunction of bladder. A record review of the "Order Summary Report" revealed Resident #7 had a physician's order dated 3/28/26 for a Foley (indwelling catheter). A record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 3/27/26 revealed Resident #7 had a Brief Interview for Mental Status (BIMS) score of (15), which indicated the resident was cognitively intact. Section H revealed the resident had an indwelling catheter, and Section M revealed one (1) unhealed Stage 3 pressure ulcer/injury was present. On 4/28/26 at 2:50 PM, during an observation, Certified Nurse Aide (CNA) #1 was observed providing perineal care to Resident #7 in her room. Resident #7 had a Foley (indwelling catheter) secured to the right thigh, and her brief was open for care. CNA #1 wore gloves but did not wear a gown while performing catheter and perineal care. On 4/28/26 at 3:10 PM, during an interview with CNA #1, she reported she had just completed incontinent and catheter care for Resident #7 and confirmed the resident had a Foley catheter and a wound to her back. On 4/29/26 at 9:40 AM, during an observation and interview, Resident #7 was observed lying in bed. She reported staff provided catheter care frequently;	M1570		

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M1570	Continued from page 6 however, not all staff wore gowns when providing care. EBP signage was observed on the resident's closet door with instructions for required personal protective equipment (PPE) including a gown. On 4/29/26 at 10:40 AM, during an interview with Licensed Practical Nurse (LPN) #2, she reported Resident #7 had a Foley and was on Enhanced Barrier Precautions due to the catheter and a wound to her back. She reported the signage for EBP was located on the resident's closet door and PPE were stored inside the closet. She explained staff were expected to wear gowns and gloves when providing high-contact care, including catheter care. On 4/30/26 at 10:10 AM, during an interview with CNA #1, she confirmed she performed incontinent and catheter care for Resident #7 on 4/28/26 and did not wear a gown. She reported the resident was on Enhanced Barrier Precautions due to having a Foley catheter and wounds and acknowledged PPE, including gown and gloves, was required during high-contact care. She stated she forgot to wear the gown while providing catheter care. On 4/30/26 at 1:28 PM, during an interview with Registered Nurse (RN) #5, she reported staff had been educated on EBP for residents with catheters, wounds, or percutaneous endoscopic gastrostomy (PEG) tubes. She stated staff were expected to wear PPE, including gowns and gloves, during high-contact resident care activities. She reported signage identifying EBP requirements was located in resident rooms. On 4/30/26 at 1:34 PM, during an interview with the Director of Nursing (DON), she reported residents with indwelling medical devices required staff to follow EBP during care. She stated signage was located on the resident's closet door and PPE were readily available with no shortage. She reported staff were expected to wear gowns and gloves during all high-contact care activities using EBP.	M1570		