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
WASHINGTON CARE CENTER	**1920 LISA DRIVE EXTENDED , GREENVILLE, Mississippi, 38703**

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M0000	Initial Comments The State Agency (SA) conducted an Annual Recertification survey along with a Complaint Investigation (CI MS #2962685) at the facility from 04/28/26 through 04/30/26. During the survey, the SA determined the facility was not in compliance with the Minimum Standards for Institutions of Aged or Infirm, state licensure requirements and deficiencies were cited at M610, M815, and M1570. There were no deficiencies cited for CI MS #2962685 related to resident rights.	M0000		
M0610	45.21.2 Activities of daily living Activities of daily living. Each resident shall receive assistance as needed with activities of daily living to maintain the highest practicable well being. These shall include, but not be limited to: 1. Bath, dressing and grooming; 2. Transfer and ambulate; 3. Good nutrition, personal and oral hygiene; and 4. Toileting. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on observation, staff interview, record review, and facility policy review, the facility failed to provide oral care to a resident dependent on staff for Activities of Daily Living (ADLs) care for one (1) of three (3) residents reviewed for ADLs. Resident #4. Findings Include: Review of the facility policy titled “Oral Hygiene,” revised 1/24, revealed under “Purpose”: To clean the mouth, teeth, and gums; To remove particles of food; To remove bacteria and odor; To provide comfort to the resident; To keep the mouth moist.	M0610		

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

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M0610	Continued from page 1 Record review of Resident #4's "Order Summary Report" revealed an order dated 1/23/26 for "NPO (nothing by mouth) diet." During an observation on 4/28/26 at 10:38 AM, Resident #4 was lying in bed with upper and lower lips that were dry, with cracking and peeling skin on the lower lip. The resident's lower teeth were covered in a thick white substance. On 4/29/26 at 12:58 PM, an observation revealed Resident #4 was lying in bed and was non-verbal. The resident's lips were dry with dried particles of peeling skin noted on the lower lip. The lower teeth were covered in a light orangish-colored substance with yellowish-green secretions observed inside the oral cavity. The tongue was coated with a thick yellowish-white substance. During an observation and interview with Certified Nurse Aide (CNA) #1 on 4/29/26 at 1:06 PM, she revealed the aides were responsible for providing oral care to Resident #4. She stated she had already performed oral care earlier that morning but indicated the secretions must have built back up. Record review of Resident #4's "Personal Hygiene Task" dated 4/29/26 revealed no documentation that oral care was provided during that shift. During an observation and interview with Licensed Practical Nurse (LPN) #2 on 4/29/26 at 1:11 PM, she described Resident #4's lips as dry and the tongue as coated with secretions. She confirmed that if oral care had been performed, it was not completed appropriately and stated the resident's lips should have been moisturized. During an observation and interview with the Director of Nursing on 4/29/26 at 1:20 PM, she revealed oral care was considered part of personal hygiene provided by the aides. She confirmed Resident #4's poor oral care could lead to tooth decay and other health concerns and stated it was the charge nurse's responsibility to follow behind the aides to ensure care was provided. Record review of the "Face Sheet" revealed the	M0610		

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M0610	Continued from page 2 facility admitted Resident #4 on 1/23/26 with medical diagnoses including Encounter for Attention to Gastrostomy, Cough, and Cerebral Infarction. Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 1/30/26 revealed under Section C, a Brief Interview for Mental Status (BIMS) summary score of 14, indicating Resident #4 was cognitively intact. Also revealed under section GG, the resident was dependent on staff for oral care.	M0610		
M0815	45.29.1 Safe Food Handling Procedures Safe Food Handling Procedures. Food shall be prepared, held, and served according to current Mississippi State Department of Health Food Code Regulations. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on observation, staff interviews and facility policy review the facility failed to ensure items in the kitchen refrigerator were dated and labeled and failed to discard food items by the expiration date for one (1) of three (3) dietary tour observations. Findings Include: Review of the facility policy titled, “Food Storage Labeling,” with a revision date of 08/12, stated, “The facility will ensure the safety and quality of food by adhering to proper storage and labeling procedures.” A … “All temperature-controlled foods and ready to eat foods that are prepared in the facility and held for longer than twenty-four hours will be labeled. Information included on the label: Name of the Food, Date of storage.” B. …” Foods stored in storage units will be surveyed routinely to identify and discard foods that have passed its manufacturer use-by date or expiration date.” An observation and interview on the initial tour of the kitchen on 04/28/2026 at 10:15 AM, with the Dietary Manager (DM) revealed in refrigerator number two (#2) a plastic gallon-size bag with no date and no label, the DM identified the item as shredded carrots, and a 2-gallon bag of salad mix with no open date. The DM stated, “I’m really not sure when these were open.” A five (5) pound white container with a manufacturer's labeled cottage cheese and dated 12-31-25, a one-gallon container with a manufacturer's label Lime Juice with an opened date of 6/25/25 and best by date of 9/17/25 by the	M0815		

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M0815	Continued from page 3 manufacturer's label on the container. A plastic one-gallon container with a manufacturer's label of classic coleslaw with an open date of 10/22/25 and no expiration date. A gallon of manufactured 2% milk with approximately one-half remaining in the jug, with a best-by date of April 18 on the jug. The DM revealed that all foods should be labeled and dated, and that expired foods should be discarded. During an interview on 04/29/2026 at 11:10 AM, Dietary Worker #1 stated that it is everyone's responsibility to ensure the food is labeled and dated and that expired food is discarded. She stated, "Food items that are opened and placed in the refrigerator are only supposed to be in there for four days." During an interview on 04/29/2026 at 11:25 AM, the Dietary Manager confirmed all foods should be labeled, dated, and discarded when expired to prevent spoilage and illness. The DM further confirmed that while all staff share responsibility for labeling, dating, and discarding expired foods, oversight of this process ultimately rests with her as the Dietary Manager.	M0815		
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.	M1570		

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M1570	Continued from page 4 This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on record review and staff interviews, the facility failed to ensure the administration of the influenza vaccine in accordance with facility policy and accepted standards of practice to prevent the spread of infection for one (1) of five (5) residents reviewed for immunizations. Resident #10. Findings Include: Review of the facility policy titled “Influenza Vaccination Program for Employees and Residents,” revised 1/24, revealed, “It is the policy of this facility to provide employees and residents with influenza vaccination every year between October and March. This is consistent with recommendations from the CDC (Center for Disease Control and Prevention) and state and local health departments.” Record review of Resident #10’s “Vaccine Information and Consents” revealed the Responsible Representative (RR) consented for the resident to receive the annual influenza vaccine on 2/3/26. Record review of Resident #10’s “Clinical Immunizations” revealed that under “Influenza Seasonal,” the resident was documented as not eligible for the vaccine. The record also indicated the resident was admitted after flu season, with this entry dated 2/3/26. On 4/30/26 at 9:52 AM, an interview with the Infection Preventionist (IP) confirmed she did not administer the influenza vaccine to Resident #10. She stated she documented the vaccine as out of season, acknowledging that flu season usually peaks in February, which was when the resident was admitted. The IP further confirmed the resident should have been vaccinated, stating it was important to prevent the spread of infections and illness, particularly in elderly residents. During an interview with the Director of Nursing on 4/30/26 at 10:02 AM, she revealed the facility should have vaccinated Resident #10 for influenza, confirming it was not out of season and emphasizing the importance of preventing the spread of infection.	M1570		

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M1570	Continued from page 5 Record review of the “Face Sheet” revealed the facility admitted Resident #10 on 2/5/26 with medical diagnoses including Type 2 Diabetes Mellitus without Complications and Unspecified Dementia. Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 2/11/26 revealed under Section C, a Brief Interview for Mental Status (BIMS) summary score of 3, indicating Resident #10 was severely cognitively impaired.	M1570		