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 **05/06/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARE CENTER OF ABERDEEN	**505 JACKSON ST , ABERDEEN, Mississippi, 39730**

(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 re-licensure survey at the facility from 05/04/26 through 05/06/26. 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 requirement and cited M610, M645 and M815. The census at the time of the survey was 89 and the facility held a license for 105 beds.	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: Level II Based on observations, staff interviews, record review, and facility policy review, the facility failed to provide activities of daily living (ADL) care necessary to maintain personal hygiene for one (1) of eighty-nine (89) residents observed. (Resident #17) Findings include: Review of the facility policy titled “Activities of Daily Living,” with a review date of 9/2025, revealed, “…ADLs shall include, but are not limited to personal hygiene, bathing, voiding, toileting, repositioning, and meals offered…”	M0610		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **05/06/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARE CENTER OF ABERDEEN	**505 JACKSON ST , ABERDEEN, Mississippi, 39730**

(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
M0610	Continued from page 1 On 5/4/2026 at 5:48 PM, 5/5/2026 at 8:47 AM, and again on 5/6/2026 at 8:26 AM, observations of Resident #17 revealed her fingernails were approximately one (1) inch in length with jagged edges and contained a dark brown/black substance underneath the nails. During an observation and interview on 5/6/2026 at 8:30 AM, Licensed Practical Nurse (LPN) #1 confirmed Resident #17's fingernails were long, jagged, and contained a dark brown/black substance underneath. She stated the resident's fingernails should have been trimmed during bathing or showering. She further stated long, jagged fingernails placed Resident #17 at risk for skin tears or scratches that could lead to infection. During an interview on 5/6/2026 at 8:45 AM, the Director of Nursing (DON) stated all residents' fingernails should be kept trimmed and clean. He stated fingernails should be checked during bathing or showering but may be trimmed whenever needed. He further stated long, jagged fingernails could easily cause skin tears, which could lead to infection. Record review of the Admission Record indicated Resident #17 was admitted to the facility on 4/14/2020 with medical diagnoses that included Alzheimer's disease. Record review of the Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 3/3/2026, revealed under Section C that a Brief Interview for Mental Status (BIMS) was not conducted because Resident #17 was rarely or never understood.	M0610		
M0645	45.21.9 Nutrition Nutrition. Residents shall maintain acceptable parameters of nutritional status, such as body weight and protein levels, unless residents ' clinical condition indicates that this is unavoidable. All residents shall receive diets as orders by their physician or nurse practitioner/physician assistant. Residents identified with significant nutritional problems shall receive appropriate medical nutrition therapy based on current professional standards. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Level II Based on observation, staff interview, record review,	M0645		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **05/06/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARE CENTER OF ABERDEEN	**505 JACKSON ST , ABERDEEN, Mississippi, 39730**

(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
M0645	Continued from page 2 and facility policy review, the facility failed to ensure physician-ordered continuous enteral feedings were consistently administered for one (1) of two (2) residents reviewed for tube feeding management. (Resident #5) Findings Include: Review of the facility policy titled “Tube Feedings” with a revision date of 12/15 revealed, “1. All tube feedings will be administered in accordance with verified medical necessity, established infection control policies and procedures and physician's orders...” Record review of the “Order Summary” revealed an order dated 02/23/2026 for “Enteral Feed Order…Diabetasource at 59 ml (milliliters) /hr (hour) for 24 hours to include 1700 kcals (kilocalories), 88 grams of protein, and 1189 ml of fluid.” An observation on 5/04/2026 at 5:36 PM revealed Resident #5’s enteral feeding pump was paused and actively beeping. During an observation and interview on 5/04/2026 at 5:45 PM, Certified Nurse Aide (CNA) #1 was observed feeding Resident #5 a mechanically chopped meal. CNA #2 revealed the resident receives pleasure trays, which was why the feeding pump had been turned off. CNA #1 further revealed she did not know how long the feeding pump had been off. During an observation on 5/06/2026 at 1:30 PM, Resident #5 was observed sitting in the front foyer without his tube feeding infusing. A subsequent observation on 5/06/2026 at 1:52 PM again revealed Resident #5 sitting in the front foyer without the enteral feeding pump infusing. During an interview on 5/06/2026 at 1:57 PM, Licensed Practical Nurse (LPN) #2 revealed Resident #5 received Diabetisource at 59 ML per hour through his Percutaneous Endoscopic Gastrostomy (PEG) tube and also received pleasure trays for all meals. LPN #2 stated the resident frequently preferred to sit in the front foyer and revealed she was unsure whether the feeding pump should be brought into the foyer due to the amount of foot traffic through the area. LPN #2 confirmed the resident had a physician’s order for continuous tube feeding and acknowledged that the resident’s nutritional needs were not being met as ordered when the feeding was not infusing.	M0645		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **05/06/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARE CENTER OF ABERDEEN	**505 JACKSON ST , ABERDEEN, Mississippi, 39730**

(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
M0645	Continued from page 3 During an interview on 5/06/2026 at 2:45 PM, the Director of Nursing (DON) revealed Resident #5 had gained three pounds from January to February, and the Registered Dietitian had recommended changing the resident's continuous feeding to bolus feedings four times daily; however, the physician declined the recommendation and ordered the resident to remain on continuous feedings in addition to pleasure trays. The DON confirmed Resident #5 should have remained connected to the feeding pump regardless of his location within the facility and acknowledged that failure to administer the feeding as ordered placed the resident at risk for weight loss and inadequate nutritional intake. Record review of the "Face Sheet" revealed Resident #5 was admitted to the facility on 11/13/2019 with diagnoses that included Encounter for Attention to Gastrostomy, Type 2 Diabetes Mellitus, and Unspecified Sequelae of Cerebral Infarction. Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 02/11/26 revealed a Brief Interview for Mental Status (BIMS) score of 01 which indicated Resident #7 was severely cognitively impaired.	M0645		
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: Level II Widespread Based on observation, staff interview, and facility policy review, the facility failed to ensure food items in the kitchen were properly labeled and dated after opening and failed to maintain a clean refrigerator to prevent cross-contamination of stored foods during one (1) of two (2) kitchen tours. Findings Include: Review of the facility policy titled "Cleaning and Sanitizing Equipment," revised 5/18, revealed under "Policy: All equipment is kept clean and food contact surfaces are cleaned and sanitized." Review of the facility policy titled "Food Storage Labeling," revised 8/12, revealed under "Policy: The facility will ensure the safety and quality of food by adhering to proper storage and labeling procedures."	M0815		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **05/06/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARE CENTER OF ABERDEEN	**505 JACKSON ST , ABERDEEN, Mississippi, 39730**

(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
M0815	Continued from page 4 Also revealed under “Procedure 1. Labeling 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.” Observations on 5/4/26 at 5:25 PM during the initial kitchen tour revealed Refrigerator #1 contained: - One (1) 5-pound container of open and undated pimento cheese spread - One (1) open package of boiled eggs containing five (5) eggs that was undated - One (1) open and undated carton of liquid whole eggs An observation of Freezer #1 revealed frozen fish fillets stored in a clear gallon zip-lock bag that was undated. An observation of the kitchen pantry revealed one (1) open five (5)-pound bag of Quick Grits that was unlabeled and not secured in a storage bag. An observation of Refrigerator #3 revealed numerous small circular black spots scattered throughout the interior back portion of the refrigerator, the left inner side panel, and three (3) refrigerator racks. The black spots varied in size and had a fuzzy texture. Also observed inside the refrigerator was a silver metal square container covered in aluminum foil that contained sliced onions without a label to determine the date of storage. An observation and interview with Dietary Staff #1 on 5/4/26 at 6:05 PM confirmed the black substance inside Refrigerator #3 and stated, “It looks like mold.” She stated the substance could contaminate the food and make a resident or staff member sick. She revealed the Dietary Manager was responsible for cleaning out the refrigerator. Dietary Staff #1 confirmed the undated items in the refrigerator, freezer, and pantry and stated the items should be discarded because there was no way to determine how long they had been stored. She stated the grits should have been secured in a bag in the storage room. She explained that any opened food items stored in the refrigerators, freezers, or pantry must be dated and stored appropriately to maintain freshness and food safety and to prevent illness. An observation and interview with the Dietary Manager (DM) on 5/4/26 at 6:40 PM confirmed the black substance inside Refrigerator #3. He stated it	M0815		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **05/06/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARE CENTER OF ABERDEEN	**505 JACKSON ST , ABERDEEN, Mississippi, 39730**

(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
M0815	Continued from page 5 was the dietary aides' responsibility to clean the refrigerator. He confirmed the refrigerator was not clean and stated the substance could contaminate food items stored inside. He further confirmed all foods stored in the refrigerator, freezer, and pantry should be labeled and dated to ensure safe food consumption and prevent foodborne illness. An interview with the Administrator on 5/6/26 at 7:55 AM revealed opened food items in the kitchen should be labeled, dated, and stored appropriately and kitchen equipment should remain clean according to the equipment cleaning schedule to ensure food safety and prevent residents from becoming ill. She revealed it was the DM's responsibility to ensure this was done.	M0815		