STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255352	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMFORT CARE NURSING CENTER	1100 WEST DRIVE , LAUREL, Mississippi, 39440

(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
F0000	INITIAL COMMENTS The State Agency (SA) conducted a Complaint Investigation (CI), MS #3008713, at the facility on 5/12/26. CI MS #3008713 was investigated related to accident/hazards and supervision. During the survey, the SA determined the facility was not in compliance with the requirements for participation in Medicare and Medicaid and cited F689. The facility held a license for 126 beds, with a census of 122.	F0000		
F0689 SS = D	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is NOT MET as evidenced by: Based on interview, record review, and facility policy review, the facility failed to provide adequate supervision to prevent an unsupervised exit from the facility, when the resident exited the facility unsupervised and remained outside unattended for approximately two (2) minutes before staff redirected him back into the facility for one (1) of three (3) residents reviewed for supervision. Resident #1 Findings include: A review of the facility's "Falls Accidents and Incidents Policy," revised 10/1/25, revealed, "Purpose: To promote an environment as free as is possible, of accident hazards over which the facility has control. Scope: Staff to provide adequate supervision and assistive devices to help prevent	F0689		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

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F0689 SS = D	Continued from page 1 avoidable accidents and injury…" A record review of the facility investigation revealed on 5/8/26 at approximately 8:55 AM, while a visitor was leaving the facility, Resident #1 exited behind the visitor. The investigation revealed Resident #1 was intercepted on the front sidewalk of the facility by the social worker. The investigation included surveillance video that showed Resident #1 was outside the facility and unattended for approximately two (2) minutes before being redirected back into the facility by the social worker. On 5/12/26 at 9:50 AM, during an interview with the Administrator, he revealed on 5/8/26 at 8:55 AM, according to surveillance video, front desk personnel pushed the door buzzer open for visitors. He stated Resident #1 ambulated approximately 80 feet from the facility on the facility sidewalks. He reported as the social worker was parking, she noticed Resident #1 and redirected him back into the facility at 8:57 AM. On 5/12/26 at 12:13 PM, during an interview with Administrative Assistant (AA) #2, she revealed her office was located in the front office area, and she could observe who entered and exited the facility. She confirmed she was working on 5/8/26 at approximately 8:55 AM when Resident #1 exited the facility. She reported AA #1 and herself were responsible for pushing the buzzer for visitors to exit the facility because they were positioned facing the entrance and exit doors. AA #2 stated on the day Resident #1 exited the facility, both she and AA #1 were distracted due to computer issues and were unable to recall who buzzed the visitors out when Resident #1 followed behind. She stated they did not observe Resident #1 exiting the facility and were unaware until they were notified the resident was outside the facility. On 5/12/26 at 12:30 PM, during an interview with Social Services, she revealed on 5/8/26 at approximately 8:57 AM, while driving into the facility parking lot, she observed Resident #1 on the sidewalk in front of the two double-door entrance doors. She confirmed as the social worker and being familiar with the residents, she was aware Resident #1 should not have been outside alone. She stated she immediately approached Resident #1 and redirected him back into the facility. She confirmed Resident #1 appeared confused and was dressed appropriately for the weather. She further confirmed the weather that day was cool and clear with no rain.	F0689		

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F0689 SS = D	Continued from page 2 On 5/12/26 at 1:41 PM, during an interview with AA #1, she revealed her office was located in the front office area, and she could observe who entered and exited the facility. She confirmed she was working on 5/8/26 at approximately 8:55 AM when Resident #1 exited the facility. AA #1 confirmed she was responsible for pushing the buzzer to allow visitors to enter and exit the facility because she was positioned facing the entrance and exit doors. She stated on the day Resident #1 exited the facility, both she and AA #2 were distracted due to computer issues and were unable to determine which one of them buzzed the visitors out. She stated she did not observe Resident #1 exiting the facility. On 5/12/26 at 2:30 PM, during an interview with the Director of Nursing (DON), she revealed Resident #1 did not have a history of wandering and had not previously been identified as being at risk for elopement. A record review of the “Admission Record” revealed the facility admitted Resident #1 on 12/25/25 with diagnoses including Dementia without Behavioral Disturbance. A record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 3/13/26 revealed Resident #1 had a Brief Interview for Mental Status (BIMS) score of three (3), which indicated the resident’s cognition was severely impaired. A record review of the “Elopement Risk Evaluation” revealed Resident #1 was assessed on 3/8/26 and determined not to be at risk for wandering.	F0689		