STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255192	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLAIBORNE COUNTY SENIOR CARE	**2124 OLD HWY 61 SOUTH P. O. BOX 1018, PORT GIBSON, Mississippi, 39150**

(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 an annual recertification survey at the facility from 05/11/2026 through 05/14/2026. During the survey, the SA determined the facility was not in compliance with the requirements of participation in Medicare and Medicaid and cited F692, F605, F880 and F925. The facility had a census of 52 and was licensed for 65 beds.	F0000		
F0692 SS = E	Nutrition/Hydration Status Maintenance CFR(s): 483.25(g)(1)-(3) §483.25(g) Assisted nutrition and hydration. (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident- §483.25(g)(1) Maintains acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise; §483.25(g)(2) Is offered sufficient fluid intake to maintain proper hydration and health; §483.25(g)(3) Is offered a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet. This REQUIREMENT is NOT MET as evidenced by: Based on observation, interviews, record reviews and facility policy review the facility failed to provide sufficient weight management for one (1) of two (2) residents with weight loss. Resident #40.	F0692		

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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F0692 SS = E	Continued from page 1 Findings Include: Record review of the facility policy, “Management of Residents With Nutrition Problems” dated 7/24 revealed “A resident identified with nutrition problems or who are at risk of inadequate nutrition/hydration shall be evaluated and monitored by the Director of Food and Nutrition Services (DFNS)/ consultant dietician (CD) to ensure appropriate and timely interventions to maintain or improve nutrition status clinical conditions demonstrates that this is not possible…” On 05/13/2026 at 11:35 AM, in an interview with Certified Nursing Assistant (CNA) #5 stated Resident #40 does not eat her meals. She prefers junk food and soda. She stated resident was in the day room and did not eat her food. CNA #5 pointed at the tray on the table. Nothing was eaten off the lunch tray. She stated that is typical of the resident. She stated residents do not eat breakfast or lunch. She may eat some if it is something she likes. On 05/13/2026 at 1:37 PM, in a phone interview with the Registered Dietician (RD) stated Resident #40 only wants sweets. She stated resident weight is up and down. The RD stated that the staff was telling her that the resident eats junk food. She stated she did not think about ordering an appetite enhancer. She stated honestly, “I should have ordered it.” On 05/13/2026 at 5:05 PM, during an observation, Resident #40 was lying in bed. The dinner tray was sitting on the bedside table. It contained chicken pasta, steamed broccoli, and a roll. She stated “I am not eating that. I do not like pasta.” Resident #40 had eaten 0% of the dinner tray. On 05/14/2026 at 1:26 PM, an interview with the Director of Nursing (DON) confirmed that Resident #40 has had significant weight loss. She stated the resident had a Percutaneous Endoscopic Gastrostomy (peg) tube and had pulled it out several times. She stated it was taken out after she pulled it out several times. She stated they tried placing a border over the peg tube and she still pulled it out. She stated residents have schizophrenia and will not eat food. On 05/15/26 at 8:22 AM, in a post survey phone interview with the Medical Doctor (MD) stated that Resident #40 has never had a peg tube. He stated the Resident Representative (RR) would not agree to a peg tube. He stated they tried Megace and it did not work. He stated Resident #40 she has been	F0692		

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F0692 SS = E	Continued from page 2 hospitalized numerous times, and they cannot find anything wrong. He stated the weight loss was contributed to Dementia. Record review of the “Weights and Vitals Summary” with a date range of 11/1/25 through 5/31/26 revealed the following: On 12/16/2025, Resident #40’s weight was documented as 140 pounds (lbs.). On 03/10/2026, the resident weighed 118 lbs. On 04/7/2026, the resident weighed 116 lbs. On 05/05/2026, the resident weighed 114 lbs. indicating significant weight loss. Record review of the RD assessment dated 4/27/26 revealed “…Reason for Assessment; SWL (significant weight loss) x 90 and 180 days, WL (weight loss) x 30 days… interventions recommended included Boost with morning tray for 60 days...” Record review of the “Order Summary Report” with active orders as of 5/14/26 revealed an order dated 4/30/24 “NAS (No added salt) Carb (carbohydrate) Consistent diet, Mechanical Soft texture, Regular liquids consistency…” and an order dated 4/30/26, “Boost in the morning…” Record review of the “Admission Record” revealed an admission date of 1/11/19 with current diagnoses that included Alzheimer’s early onset and Abnormal weight loss. Record review of the Minimum Data Set with an Assessment Reference Date of 4/21/26 revealed a Brief Interview for Mental Status score of 10 indicating moderate cognitive impairment.	F0692		
F0605 SS = D	Right to be Free from Chemical Restraints CFR(s): 483.10(e)(1),483.12(a)(2),483.45(c)(3)(d)(e) §483.10(e) Respect and Dignity. The resident has a right to be treated with respect and dignity, including: §483.10(e)(1) The right to be free from any . . . chemical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms, consistent with §483.12(a)(2).	F0605		

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F0605 SS = D	Continued from page 3 §483.12 The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. §483.12(a) The facility must-. . . §483.12(a)(2) Ensure that the resident is free from . . . chemical restraints imposed for purposes of discipline or convenience and that are not required to treat the resident's medical symptoms. . . . . §483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories: (i) Anti-psychotic; (ii) Anti-depressant; (iii) Anti-anxiety; and (iv) Hypnotic. §483.45(d) Unnecessary drugs-General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used- (1) In excessive dose (including duplicate drug therapy); or (2) For excessive duration; or (3) Without adequate monitoring; or (4) Without adequate indications for its use; or (5) In the presence of adverse consequences which	F0605		

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F0605 SS = D	Continued from page 4 indicate the dose should be reduced or discontinued; or (6) Any combinations of the reasons stated in paragraphs (d)(1) through (5) of this section. §483.45(e) Psychotropic Drugs. Based on a comprehensive assessment of a resident, the facility must ensure that-- §483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record; §483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs; §483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and §483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order. §483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication. This REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, facility policy review and record review, the facility failed to ensure that a resident was free from unnecessary medications, specifically by failing to monitor and respond to clinically significant adverse effects including excessive daytime sedation associated	F0605		

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F0605 SS = D	Continued from page 5 with a concurrent regimen of five (5) sedating/psychotropic medications for one (1) of (5) sampled residents reviewed for unnecessary medication. Resident #3. Findings included: Record review of the facility policy "Unnecessary Medications" dated 5/24 revealed, "It is the policy of this facility that unnecessary medications will not be given to the resident..." During an observation on 5/11/26 at 2:10 PM, revealed the resident was asleep in bed and not easily awakened. During a follow-up observation on 5/12/26 at 3:20 PM, the resident was again found asleep in bed. On 5/13/26 at 11:38 AM, the resident was observed in the dining room falling asleep while seated upright in her wheelchair chair, with her head bobbing repeatedly while awaiting her meal tray. On 5/13/26 at 12:29 PM, during a medication administration observation, the resident was asleep in the day room. Licensed Practical Nurse (LPN) #2 had to physically pat Resident #3 on the shoulder to administer her scheduled Ativan. She fell back asleep immediately upon completion of the interaction. An interview with Certified Nursing Assistant (CNA) #6 on 5/12/26 at 3:21 PM, revealed the resident sleeps almost all day and that the night shift reports the resident sleeps most of the night as well. The most activity observed was occasional mumbling while speaking "out of her head." An interview with LPN #2 on 5/13/26 at 12:31 PM, revealed the resident typically sleeps throughout the day and often becomes drowsier following the lunch time Ativan administration. LPN #2 identified five concurrent sedating medications Ativan, Restoril, Seroquel, Haloperidol, and Trazodone. LPN#2 stated she believed the resident could benefit from a possible dose decrease given the constant sleeping and absence of recent behavioral episodes. An interview with Registered Nurse (RN) #1 on 5/14/26 at 9:21 AM, confirmed the resident is drowsy at times. She noted no observed behavioral episodes in the past year. She acknowledged the resident had previously been combative and refused medications but now only occasionally yells or talks "out of her head" during care.	F0605		

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F0605 SS = D	Continued from page 6 An interview with the pharmacist on 5/14/26 at 10:47 AM revealed the purpose of gradual dose reductions (GDRs) is to identify the lowest effective therapeutic dose. She confirmed standard GDR reviews occur in July and January and stated that no staff members had reported unwanted side effects to her at this time. An interview with the attending physician on 5/14/26 at 10:53 AM, revealed he was aware the resident had been on Ativan, Haldol, Seroquel, Restoril, and Trazodone, and acknowledged the combination could be "a little much," particularly given that the resident required awakening for scheduled Ativan administration. He further noted that Ativan was originally intended as a short-term, as-needed medication and that benzodiazepines can sometimes worsen behavioral symptoms in elderly patients. He stated the standard protocol is for nursing staff or the Director of Nursing (DON) to notify him of excessive daytime sleepiness for medication adjustment, but that no one had contacted him regarding this concern. An interview with the Director of Nurses (DON) on 5/14/26 at 11:10 AM, revealed she was aware of the resident's prior behavioral episodes (scratching herself and cursing at staff) and noted the resident had been hospitalized the previous month, after which her medications had not been reassessed since return. She acknowledged that staff could notify the physician when a resident exhibits excessive daytime sleepiness, and that unnecessary psychotropic medications can cause unwanted effects such as lethargy. Record review of Resident #3's “Admission Record” revealed an admission date of 7/8/22 with diagnoses that included unspecified dementia. Record review of the Minimum Data Set (MDS) with an Assessment Reference date of 3/26/26 revealed a Brief Interview for Mental Status (BIMS) score of 99 which indicated the resident was unable to complete the interview. Record review of Resident # 3's “Order Summary Report” revealed orders as follows: “Ativan Oral Tablet 0.5 mg (milligram) (Lorazepam) Give 1 tablet by mouth three times a day related to generalized anxiety disorder, dated3/20/24; Haloperidol Oral Tablet 0.5 mg Give 1 tablet by mouth two times a day for psychosis with an order date of 8/22/24; Restoril Oral Capsule 15 mg Give 15 mg by mouth at bedtime for insomnia with an order date of 3/7/23; Seroquel Oral Tablet 25 mg Give 25 mg by mouth in	F0605		

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F0605 SS = D	Continued from page 7 the morning related to restlessness and agitation with an order date of 8/14/24; Trazodone Oral Tablet 50 mg Give 50mg by mouth at bedtime related to unspecified dementia." Record review of Resident # 3's "Medication Administration Record" for the month of May 2026 revealed administration as follows: "Ativan Oral Tablet 0.5 mg (milligram) (Lorazepam) Give 1 tablet by mouth three times a day related to generalized anxiety disorder, dated3/20/24 not given 05/01/2026 through 05/14/2026 08:00 p.m.; ; Haloperidol Oral Tablet 0.5 mg Give 1 tablet by mouth two times a day for psychosis with an order date of 8/22/24given 05/01/2026 through 05/14/2026 08:00 a.m. and 6:00 p.m. ; Restoril Oral Capsule 15 mg Give 15 mg by mouth at bedtime for insomnia with an order date of 3/7/23 given 05/01/2026 through 05/14/2026 08:00 p.m.; Seroquel Oral Tablet 25 mg Give 25 mg by mouth in the morning related to restlessness and agitation with an order date of 8/14/24 given 05/01/2026 through 05/14/2026 08:00 a.m.;; Trazodone Oral Tablet 50 mg Give 50mg by mouth given 05/01/2026 through 05/14/2026 08:00 p.m.;." Record review of the "Pharmaceutical Consultant Report- Psychoactive Gradual Dose Reduction" dated 1/28/26 revealed there was not a dose reduction on Ativan, Restoril, Seroquel, Trazadone or Haloperidol. The physician response indicated "Mood and behavior stable tolerates current regiment."	F0605		
F0880 SS = D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:	F0880		

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F0880 SS = D	Continued from page 8 §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.71 and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.	F0880		

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F0880 SS = D	Continued from page 9 §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, facility policy review and record review, the facility failed to ensure staff implemented Enhanced Barrier Precautions (EBP) during Intravenous (IV) drug administration for one (1) of (1) residents reviewed for IV drug administration. Resident #58 Findings Include: Record review of the facility policy titled "Enhanced Barrier Precautions" dated 10/23 revealed it is the policy of this facility to implement enhanced barrier precautions for the prevention of transmission of multidrug-resistant organisms…" On 05/13/2026 at 9:20 AM, during an observation, Registered Nurse (RN)#1 administered ceftriaxone 1 gram through an intravenous (IV) in the right arm of Resident #58. RN #1 did not don (put on) a gown prior to accessing, flushing, and subsequently administering the drug through the IV site. During an interview on 5/13/26 at 9:30 AM, RN# 1 revealed she was unaware that EBP personal protection equipment such as a gown should be worn during IV drug administration. She noted that the facility follows EBP guidelines during catheter care and Percutaneous Endoscopic Gastrostomy (peg) tube administration but not during IV site care but would if it was a central line. She agreed that an IV is a possible entry point possibly for infection into the body if the proper precautions were not followed handling it. At 12:04 PM on 5/13/26, during an interview the Director of Nursing (DON) stated the purpose of EBP was to prevent the spread of multi-drug-resistant organisms to the residents. She noted that her expectation is that staff will follow EBP guidelines appropriately and as recommended by Centers of Medicare and Medicaid Services (CMS) guidelines. She stated that signs are used throughout the facility to remind staff to wear EBP when ordered for specific residents. She stated that not properly	F0880		

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F0880 SS = D	Continued from page 10 wearing personal protective equipment (PPE) during procedures could lead to increased infection risk for residents. An interview with the infection preventionist at 2:06 PM on 5/13/26, revealed the necessity of EBP is to protect residents with indwelling medical devices such as IV's, catheters, or peg tubes from infections. She noted that if staff do not follow EBP protocol appropriately then the facility could see an increase in infections as IV sites specifically are a portal to the bloodstream. She noted that the facility was unaware that IV sites were to be included in EBP protocol but stated in-services would be initiated to address this oversight. Record review of Resident #58's “Admission Record revealed the resident was admitted 5/12/26 with diagnoses that included Urinary Tract Infection. Record review of Resident #58's “Order Summary Report” with active orders as of 5/13/26 revealed an order dated 5/12/26 for “Ceftriaxone 1gm (gram) intravenously every 24 hours for 3 days.”	F0880		
F0925 SS = D	Maintains Effective Pest Control Program CFR(s): 483.90(i)(4) §483.90(i)(4) Maintain an effective pest control program so that the facility is free of pests and rodents. This REQUIREMENT is NOT MET as evidenced by: Based on observation, interviews, record reviews and facility policy review the facility failed to provide a sanitary environment free of gnats for two (2) of four (4) days of survey. Findings Include: Record review of the facility policy “Resident Environmental Quality” dated 4/2025 revealed, “Policy: It is the policy of this facility to be…maintained to provide a safe, functional, sanitary and comfortable environment for residents, staff and the public..." On 05/11/2026 at 2:33 PM, an observation revealed several gnats flying around in the day room on the Alzheimer’s unit, while residents were watching tv. There were three (3) Certified Nursing Assistants	F0925		

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(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
F0925 SS = D	Continued from page 11 (CNAs) in the day room with the residents. On 05/13/2026 at 12:00 PM, observed residents eating lunch in the dining room. During this time there were 2-3 gnats flying around resident's lunch trays. On 05/13/2026 at 2:20 PM, an observation of CNA #1 providing peri care for Resident # 38 revealed there were gnats flying around in the room at that time. CNA #1 stated that was her first time noticing them in the residents' room. She stated that gnats are usually in the day room. On 05/13/26 at 4:50 PM, an observation of dayroom on the Alzheimer's unit revealed several gnats circling around in the room before dinner trays arrived. On 05/13/2026 at 4:55 PM, an interview with CNA #2 confirmed that the gnats have been in the dayroom for a while. On 05/13/26 at 5:00 PM, an observation of CNA #3 with feeding Resident #25 chicken pasta. CNA #3 was holding the spoon with her right hand and swatting at the gnats with her left hand. She stated the gnats are bad in the room and that management knew about the gnats. She stated, "It's been bad like this for two weeks now, I try to keep gnats away from the residents' food while assisting with feeding." CNA #3 continued to swat at gnats the entire time she was feeding the resident. On 05/13/2026 5:05 PM, an observation of Resident #40 lying in bed. The dinner tray was on the bedside table. An observation of gnats was circling around the resident's dinner tray. On 05/14/2026 at 11:42 AM in an interview, CNA #4 confirmed the gnats have been in the day room for two weeks. She stated she does not know where they come from and stated it's a lot of them when the residents eat. On 05/14/2026 at 12:31 PM, an interview with Maintenance stated the door on C hall would not close good. He stated it is fixed now. He confirmed that there has been a problem with gnats in the facility for over two weeks. On 05/14/2026 at 1:17 PM, in an interview with the acting Nursing Home Administrator (NHA) she stated she was not aware of the gnat problem. She stated they will take care of it. She stated gnats carry all types of germs and should not be in the facility.	F0925		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255192	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/14/2026

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F0925 SS = D	Continued from page 12 On 05/14/2026 at 1:29 PM, an interview with the Director of Nursing (DON) she confirmed she was aware of the gnats. She stated she saw them around the Alzheimer's unit's resident's food. Record reviews of the pest control invoices revealed gnats were identified in the facility on 3/16/26, 4/28/26 and 5/13/26.	F0925		