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

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
M0000	Initial Comments The State Agency (SA) conducted an annual re-licensure survey at the facility from 5/11/26 to 5/14/26. During the survey, the SA determined the facility was in compliance with the Minimum Standards of Operations for Alzheimer's Disease/Dementia Care unit. There were no deficiencies cited. The census at the time of the survey was 13 with a bed capacity of 18.	M0000		
M0000	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 Minimum Standards for Institutions for the Aged or Infirm, state licensure requirements and cited M500, M645, M970, 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	M0500		

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

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M0500	Continued from page 1 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 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	M0500		

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M0500	Continued from page 2 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 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	M0500		

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M0500	Continued from page 3 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. This LICENSURE 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 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)	M0500		

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M0500	Continued from page 4 #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. 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	M0500		

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M0500	Continued from page 5 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 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	M0500		

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M0500	Continued from page 6 Haloperidol. The physician response indicated “Mood and behavior stable tolerates current regiment.”	M0500		
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: 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 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,	M0645		

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M0645	Continued from page 7 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 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	M0645		

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M0645	Continued from page 8 Brief Interview for Mental Status score of 10 indicating moderate cognitive impairment.	M0645		
M0970	45.33.4 Control of insects, rodents, etc. Control of insects, rodents, etc. The facility shall be kept free of ants, flies, roaches, rodents, and other insects and vermin. Proper methods for their eradication and control shall be utilized. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on observation, interviews, 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 (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 on 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	M0970		

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M0970	Continued from page 9 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) 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. On 05/14/2026 at 1:29 PM, an interview with the Director of Nursing (DON) 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.	M0970		
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	M1570		

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M1570	Continued from page 10 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, 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.	M1570		

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

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
M1570	Continued from page 11 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 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.”	M1570		