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 **05/21/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COURTYARDS COMM LIVING CENTER	**907 EAST WALKER STREET P.O. BOX 69, FULTON, Mississippi, 38843**

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M0000	Initial Comments The State Agency (SA) conducted an Annual Recertification survey along with a Complaint Investigation (CI) MS #3005320 at the facility from 05/18/26 through 05/21/26. 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 requirements and deficiencies were cited at M500, M610, and M1570. There were no deficiencies cited for CI MS #3005320 related to environment. The facility had a census of 63 and was licensed for 66 beds.	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 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	M0500		

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

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M0500	Continued from page 1 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 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	M0500		

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M0500	Continued from page 2 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 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	M0500		

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M0500	Continued from page 3 exercise of these rights. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Level II Based on observation, staff interview, record review, and facility policy review the facility failed to ensure the residents were treated with dignity and respect by failing to maintain privacy during the provision of care for one (1) of 18 sampled residents. (Resident #55) Findings include: Review of the facility policy titled, "Residents Rights and Quality of Life Policy and Procedure" undated, revealed "All residents have the right to a dignified existence. ..." An observation from the main hallway on 5/19/2026 at 1:59 PM revealed Resident #55 lying in bed, uncovered, with her incontinent brief and legs exposed. The privacy curtain was not drawn, and the room door remained open to the hallway. During the observation, hospice personnel and maintenance staff passed by the resident's room while the resident remained exposed, and the door remained open. An observation and interview on 5/19/2026 at 2:04 PM, Certified Nurse Aide (CNA) #1 entered Resident #55's room carrying a disposable blue pad. CNA #1 stated, "I had to run and get a blue pad," and further stated, "It's been a day." CNA #1 confirmed she left the room door open and acknowledged Resident #55 had been left exposed to individuals passing in the hallway. CNA #1 stated she should have closed the resident's door. During an interview on 5/19/2026 at 2:10 PM, Licensed Practical Nurse (LPN) #1 stated that no resident should ever be left exposed in that manner and the situation was "totally not acceptable practice in the facility." An interview on 5/19/2026 at 2:25 PM, the Director of Nursing (DON) revealed that leaving Resident #55 exposed with the door open was a dignity concern and should not have occurred. The DON further stated the privacy curtain should have been drawn to provide Resident #55 with complete privacy. On 5/19/2026 at 2:40 PM, the facility Administrator revealed it is the facility's expectation that all	M0500		

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M0500	Continued from page 4 residents' dignity be maintained and that resident room doors remain closed while care is being provided. The Administrator further revealed that this was not considered normal practice within the facility. Record review of the "Admission Record" revealed Resident #55 was admitted to the facility on 09/26/2025 with diagnoses that included Major Depressive Disorder, and Systolic (Congestive) Heart Failure. Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 3/4/26 revealed a Brief Interview for Mental Status (BIMS) score of 03 which indicated Resident #55 was severely cognitively impaired.	M0500		
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 PatternBased on observations, resident and staff interviews, record reviews, and facility policy review, the facility failed to provide activities of daily living (ADL) care necessary to maintain personal hygiene for two (2) of sixty (60) residents observed. (Residents #8 and #45) This deficiency was cited at Level II Pattern due to previous citations of M610 on the last two annual licensure surveys completed on 2/20/24 and 5/22/25. Findings include: Review of the facility policy titled "ADL Care of a Resident Policy and Procedure," undated, revealed,	M0610		

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M0610	Continued from page 5 "…Resident ADL care will be provided to the resident according to the individualized resident needs…" Resident #8 During an observation on 5/18/2026 at 11:46 AM, Resident #8's fingernails were observed to be approximately three-fourths (3/4) inch in length with jagged edges. During an observation and interview on 5/19/2026 at 1:26 PM, Licensed Practical Nurse (LPN) #1 confirmed Resident #8's fingernails were long with jagged edges. She further confirmed jagged fingernails could cause the resident to develop a skin tear that could lead to infection. When questioned regarding responsibility for nail care, she stated, "Everyone is responsible unless the resident is diabetic." Record review of the Admission Record indicated Resident #8 was admitted to the facility on 2/20/2025 with medical diagnoses that included mild vascular dementia without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety and need for assistance with personal care. Record review of the Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 4/22/2026, revealed under Section C a Brief Interview for Mental Status (BIMS) score of 6, indicating Resident #8 had severe cognitive impairment. Resident #45 During an observation on 5/18/2026 at 3:15 PM, Resident #45's fingernails were observed to be approximately one (1) inch in length with jagged edges. During an observation and interview on 5/19/2026 at 1:15 PM, Resident #45 stated his fingernails had been cut that morning. He stated, "Someone cut them this morning. They were twice as long yesterday." During an interview on 5/19/2026 at 1:20 PM, Registered Nurse (RN) #1 confirmed Resident #45's fingernails had been trimmed that day except for the thumbnails. She further confirmed residents with long fingernails and jagged edges were at increased risk for skin tears and infection. Record review of the Admission Record indicated Resident #45 was admitted to the facility on 11/6/2025 with a medical diagnosis that included	M0610		

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M0610	Continued from page 6 hypertensive heart disease without heart failure. Record review of the MDS with an ARD of 2/10/2026, revealed under Section C a BIMS score of 9, indicating Resident #45 had moderate cognitive impairment. During an interview on 5/19/2026 at 2:44 PM, the Director of Nursing (DON) confirmed that fingernails should be kept clean and trimmed as needed. She stated, “The Certified Nursing Assistants (CNAs) should trim them on shower days as needed unless the resident is diabetic. Diabetic nails are trimmed by the Registered Nurses (RNs).”	M0610		
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. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Level II Pattern Based on observation, staff interviews, record review and facility policy review the facility failed to maintain infection control practices by failing to ensure respiratory equipment was stored in a sanitary manner to prevent contamination (Resident	M1570		

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M1570	Continued from page 7 #30) and by failing to ensure soiled items were properly discarded (Resident #55) for two (2) of eighteen sampled residents. This deficiency was cited at Level II Pattern due to previous citations of M1510 on the last two annual licensure surveys completed on 2/20/24 and 5/22/25. Findings Include: Review of the facility policy titled, “Infection Control Policy and Procedure”, undated, revealed “Purpose: To 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…” Review of a statement typed on facility letterhead dated 5/21/26 and signed by the Administrator revealed, “We do not currently have a specific Policy and Procedure for the nebulizer mouthpiece to be covered in a bag.” Resident #30 An observation on 5/20/2026 at 9:17 AM revealed Registered Nurse (RN) #2 administered a nebulizer treatment to Resident #30. Prior to administration, the nebulizer mouthpiece was observed not stored in a protective bag and was not cleaned prior to use. On 5/20/2026 at 11:05 AM, RN #2 confirmed the mouthpiece was not in a protective bag. RN #2 acknowledged improper storage of the mouthpiece presented an infection control concern. During an interview on 5/20/2026 at 3:54 PM, the Administrator acknowledged the nebulizer mouthpiece should be stored in a protective bag and confirmed improper storage presented an infection control concern. Record review of Resident #30’s “Order Summary Report” revealed an order with effective date of 5/7/2026, “Albuterol Sulfate Nebulization Solution (2.5 MG (milligrams/3ML(milliliters) 0.083% 3 ml inhale orally via nebulizer four times a day for Shortness of Breath related to Mild Persistent Asthma, Uncomplicated; Primary Spontaneous Pneumothorax.” Record review of Resident #30’s “Order Summary Report” revealed an order with effective date of 5/7/2026, “Pulmicort Suspension 0.5 MG/2ML	M1570		

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M1570	Continued from page 8 (Budesonide) 2 ml inhale orally every 12 hours related to Mild Persistent Asthma, Uncomplicated; Primary Spontaneous Pneumothorax." Record review of "Admission Record" revealed Resident #30 was admitted to facility on 5/7/2026 with diagnoses that included Encounter for Surgical Aftercare Following Surgery on the Nervous System, Unspecified Systolic (Congestive) Heart Failure, and Mild Persistent Asthma. Record review of "BIMS (Brief Interview for Mental Status) Interview MDS 3.0" with effective date of 5/7/2026 revealed a BIMS summary score of 9 indicating Resident #30 is moderately cognitively impaired. Resident #55 An observation from the hallway on 5/19/2026 at 1:59 PM revealed Resident #55 lying in bed. On the resident's floor were two soiled gloves lying near the door, two (2) separate unidentified clothing articles lying on the floor, and a pile of white bath towels containing a large amount of soiled incontinence wipes with a brown substance noted on the wipes. During an observation and interview on 5/19/2026 at 2:04 PM, Certified Nurse Aide (CNA) #1 entered Resident #55's room carrying a disposable blue pad. CNA #1 stated, "I had to run and get a blue pad," and further stated, "It's been a day, yeah, I know I'm going to need to get my mess cleaned up off the floor." CNA #1 confirmed that she had thrown the soiled items she used while rendering peri-care to the resident onto the floor instead of properly discarding them. She confirmed that this practice was unsanitary and posed an infection-control concern. During an interview on 5/19/2026 at 2:10 PM, the Infection Preventionist (IP) revealed that staff have been educated that, while providing peri-care, they are to place soiled items in bags and properly dispose of them. She revealed that it is never acceptable to put any items on the floor, as it could cause cross-contamination. During an interview on 5/19/2026 at 2:25 PM, the Director of Nursing (DON) confirmed that placing soiled items on the floor was unsanitary and posed an infection control concern. She revealed staff were expected to properly dispose of soiled items and stated it was never acceptable to place them on the floor.	M1570		

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M1570	Continued from page 9 Record review of the "Admission Record" revealed Resident #55 was admitted to the facility on 09/26/2025 with diagnoses that included Major Depressive Disorder, and Systolic (Congestive) Heart Failure. Record review of the MDS with an ARD of 3/4/26 revealed a BIMS score of 03 which indicated Resident #55 was severely cognitively impaired.	M1570		