STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255326	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST HEALTH AND REHABILITATION	**1116 FOREST AVENUE , JACKSON, Mississippi, 39206**

(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 eight (8) Complaint Investigations (CI MS #3020262, CI MS #3007186, CI MS #2985189, CI MS #2985198, CI MS #2981857, CI MS #2981883, CI MS #2981968, and CI MS #2982038) at the facility from 5/26/26 through 5/28/26. The SA investigated CI MS #2981857 and CI MS #2981883 for abuse; CI MS #2981968 and CI MS #2985198 for nursing services; CI MS #2982038 for abuse and nursing services; CI MS #2985189 for misappropriation of funds; CI MS #3007186 for Activities of Daily Living (ADL) care; and CI MS #3020262 for nursing services, abuse, and trust fund services. During the survey the SA determined the facility was not in compliance with the requirements of participation in Medicare and Medicaid cited F880 related to CI MS# 3007186. The facility had a census of 102 and was licensed for 120 beds.	F0000		
F0880 SS = E	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: §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	F0880		

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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F0880 SS = E	Continued from page 1 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. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary.	F0880		

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F0880 SS = E	Continued from page 2 This REQUIREMENT is NOT MET as evidenced by: Based on observation, interviews, record reviews and facility policy review the facility failed to prevent the possibility of spreading infection during Activities of Daily Living (ADL) care for one (1) of four (4) care observations. Resident #7. Findings Include: Record review of facility policy “Hand Hygiene” with a revision date of 5/2023 revealed, “…Staff involved in direct resident contact shall perform proper hand hygiene procedures to prevent the spread of infection to other personnel, residents, and visitors…” On 5/27/26 at 3:00 PM, an observation of Activities of Daily Living (ADL) care was conducted for Resident #7 with Certified Nursing Assistant (CNA) #1. CNA #1 entered the resident's room carrying supplies and was not wearing a gown. She did not perform hand hygiene upon entering the room. CNA #1 donned (put on) gloves, informed the resident she would be providing care, adjusted the bed using the bed remote, and pulled back the bed sheet while wearing the same gloves. CNA #1 then removed her gloves and exited the room. CNA #1 returned to the room accompanied by the Respiratory Therapist (RT). Both staff members were wearing gowns upon reentry. CNA #1 did not perform hand hygiene upon entering the room before applying a new pair of gloves. While wearing clean gloves, she adjusted the bed using the bed remote and removed the television remote from the resident's bed. The RT changed the resident's tracheostomy dressing and assisted CNA #1 with turning the resident. CNA #1 removed the resident's gown, turned the resident onto his left side, and performed peri care. During the care, the resident's brief was observed to be soiled with urine. CNA #1 folded the soiled brief and tucked it underneath the resident. She subsequently adjusted the bed using the same contaminated gloves. A lift pad underneath the resident was observed to be yellow and soiled with urine. CNA #1 did not perform hand hygiene before providing care, during glove changes, or after completion of care. Upon completion, she removed her gloves, gathered supplies, and exited the room without performing hand hygiene. On 5/27/26 at 3:27 PM, during an interview, CNA #1 stated she did not know why she provided care in that manner and acknowledged she had made a mistake during peri care. CNA #1 stated the care she	F0880		

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F0880 SS = E	Continued from page 3 provided was an infection control concern and confirmed the resident could become ill as a result. She further confirmed she failed to perform hand hygiene before, during, and after resident care. On 5/27/26 at 4:44 PM, during an interview, Registered Nurse (RN) #1, who also served as the Infection Preventionist, stated CNA #1 had received training regarding hand hygiene. RN #1 stated CNA #1 should have performed hand hygiene upon entering the room, during care when contamination occurred, and upon exiting the room. RN #1 further stated the care observed could place the resident at risk for urinary tract infections, moisture associated skin damage, fungal infections, and cellulitis. RN #1 stated staff were expected to follow infection control practices and provide baseline standards of care. On 5/27/26 at 5:22 PM, during an interview, the Director of Nursing (DON) stated CNA #1 should have performed hand hygiene upon entering the room, during care activities, and after completion of care. The Director of Nursing stated when staff touch environmental surfaces or equipment while wearing contaminated gloves, they should remove the gloves, perform hand hygiene, and don clean gloves before resuming resident care. The DON confirmed residents could develop skin infections, wounds, and bacterial contamination when proper infection control practices are not followed. The DON stated she expected staff to provide care correctly to prevent residents from becoming ill. Record review of Resident #7's Admission Record revealed an admission date of 4/17/26 with diagnoses that included tracheostomy status and dysphagia, oropharyngeal phase. Record review of Resident #7's "Order Summary Report" with active orders as of 5/27/26 revealed an order dated 4/17/26, " Trach size #6 Shirley flex tracheostomy with disposable inner cannula and an additional order for enteral feeding with Jevity 1.5 at 50 milliliters (ml) per hour with 100 ml water flushes every three hours." Record review of Resident #7's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 4/30/26 revealed a Brief Interview for Mental Status (BIMS) score of 99, indicating the resident was unable to complete the interview. Resident #7 was dependent upon staff for care.	F0880		