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 **05/28/2026**

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
M0000	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 Minimum Standards for Institutions for the Aged or Infirm, state licensure requirements and cited M1570.	M0000		
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.	M1570		

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

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M1570	Continued from page 1 This LICENSURE 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	M1570		

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M1570	Continued from page 2 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.	M1570		