| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 255072 | A. Building<br>B. Wing | 06/18/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| Winston County Nursing Home | 17560 East Main Street<br>Louisville, MS 39339 |

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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0656<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few | Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, record reviews, facility document review, and facility policy review, the facility failed to develop and implement care plans to address a physician-ordered fluid restriction for two (2) of five (5) dialysis residents, Resident #43 and Resident #58.<br><br>Findings include:<br><br>Record review of the facility policy titled Care Plan, revised 2/1/23, revealed under Purpose: To direct resident care from admission to discharge.<br><br>Resident #43<br><br>Record review of Resident #43's dialysis Care Plan revealed Hemodialysis – I am at increased risk for complications related to I have diagnosis of: ESRD (end stage renal disease) with hemodialysis. There was no mention of fluid restrictions on the care plan.<br><br>Record review of Resident #43's orders revealed, Hemodialysis at (Proper Name) Monday-Wednesday-Friday with active date 4/30/25.<br><br>Record review of Resident #43's orders revealed, 1000 milliliters (mL) fluid restriction every 24 hours with active date 8/12/25.<br><br>Record review of Resident #43's Nutritional Risk assessment dated [DATE], revealed, .Oral intake: Fluids.Consumes 1000-1499 mL/day.<br><br>Record review of Progress Note dated 5/25/2026, revealed, .Resident stated that he will be going back to dialysis tomorrow (5/26/26) due to having too much fluid .<br><br>Record review of Progress Note dated 5/28/2026, revealed, .Resident is in bed at this time.Reported not feeling the best this AM due to going to dialysis back-to back the past three (3) days.<br><br>During an interview on 6/17/2026 at 9:21 AM, the Administrator confirmed that Resident #43 was on a 1000 mL per day fluid restriction.<br><br>During an interview on 6/17/2026 at 4:58 PM, the Minimum Data Set (MDS) nurse confirmed Resident #43's dialysis care plan had not been fully developed to include fluid restrictions related to dialysis. MDS nurse stated that because the care plan did not include the resident's fluid restriction, staff could be unaware of the restriction and provide more fluids than allowed. She further verbalized that<br>(continued on next page) |



| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| F 0656<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few | this practice could lead to fluid excess and even fluid overload that could lead to hospitalization.<br><br>Record review of Resident #43's admission Record revealed the facility admitted the resident on 4/30/2025 with diagnoses including End Stage Renal Disease.<br><br>A review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 4/12/26 revealed under section C, a Brief Interview for Mental Status BIMS summary score of 15 which indicated Resident #43 was cognitively intact.<br><br>Resident #58Record review of Resident #58's Care Plan Report revealed under Focus: I hemodialysis – I am at increased risk for complications R/T (related to) I have dx (diagnosis) of: ESRD (end stage renal disease) w/(with) hemodialysis. Record review also revealed under Interventions: I am on a 1200 cc (cubic centimeter) fluid restriction.During an observation with Resident #58 on 6/15/26 at 12:30 PM, she was lying in bed and a 32-ounce water pitcher full of water was sitting on the bedside table. Further observation revealed a case of bottled water and Diet Mountain Dew stored in her room.An interview with Licensed Practical Nurse (LPN) #1 on 6/17/26 at 8:18 AM revealed Resident #58's water intake provided during medication administration was not documented on the MAR.During an interview with Certified Nurse Aide (CNA) #1 on 6/17/26 at 12:35 PM, she revealed Resident #58's family brought beverages into the room; however, she only documented fluids consumed during meals.An interview with the MDS Nurse on 6/18/26 at 12:15 PM revealed the purpose of the care plan was to ensure staff were aware of the care Resident #58 was supposed to receive. She confirmed the plan of care was not followed because fluids were not tracked and the resident exceeded the prescribed limit on several occasions.Record review of the Transfer/Discharge Report revealed the facility admitted Resident #58 on 12/20/23 with medical diagnoses that included Anemia, Dependence on Renal Dialysis, and chronic kidney disease.Record review of the MDS with an ARD of 4/12/26 revealed under Section C, a BIMS summary score of 15, indicating Resident #58 was cognitively intact. |

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| F 0698<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few | Provide safe, appropriate dialysis care/services for a resident who requires such services.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, record review, facility document review, and facility policy review, the facility failed to ensure a physician-ordered fluid restriction was implemented and monitored for three (3) of five (5) dialysis residents. Resident #12, #43, and #58. Findings Include:<br><br>Record review revealed that the facility does not have a policy and presented a statement on facility letterhead dated 06/17/26, that stated, (Proper name) nursing home does not have a policy specific to fluid restrictions on dialysis residents, signed by the Administrator.<br><br>Resident #12An observation and interview with Resident #12 on 6/16/26 at 8:30 AM revealed she was lying in bed. A 32-ounce water pitcher full of ice water was located on the bedside table. The resident stated she attended dialysis three times weekly and was not aware of a fluid restriction.Record review of Resident #12's Order Summary Report revealed an order dated 2/20/26, Hemodialysis with 'proper name of dialysis company' Mon (Monday), Wed (Wednesday), Fri (Friday) @ (at) 11:30.Record review of Resident #12's Order Summary Report revealed no physician order for a fluid restriction was present in the facility medical record.An interview with the Quality Assurance (QA) Nurse on 6/17/26 at 9:38 AM revealed Resident #12 had never been on a fluid restriction since she started dialysis in February 2026.An interview with the Registered Dietitian (RD) on 6/17/26 at 10:32 AM confirmed she was aware Resident #12 was supposed to have a physician order for a fluid restriction, stating, Yes she has a 1200 milliliter (ml) fluid restriction, dialysis has already told me. She confirmed she did not relay this information to the nursing staff and stated it must have been a miscommunication. Record review of the RD Fluid Restriction Tracking Record revealed Resident #12 was documented as having a daily 1200 milliliter fluid restriction.A telephone interview with Proper name of the dialysis company RD on 6/17/26 at 10:54 AM revealed every dialysis resident should have a 1200 milliliter fluid restriction unless notified otherwise. She stated Resident #12's fluid restriction had been communicated to the facility on numerous occasions. The RD confirmed the resident should not have a water pitcher in her room because she could easily exceed her fluid limit.Record review of Resident #12's June 2026 Medication Administration Record (MAR) revealed an order dated 6/3/24, Glucerna one-time daily HS (bedtime) snack.Record review of Resident #12's Nutrition/Fluids Task Summary and June 2026 MAR revealed no evidence nursing staff were monitoring or documenting fluid intake to ensure the resident did not exceed the prescribed fluid restriction.Record review of the admission Record revealed the facility admitted Resident #12 on 1/16/18 with medical diagnoses that included Chronic Kidney Disease, Dependence on Renal Dialysis, and Unspecified Sequela of Cerebral Infarction.Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 5/24/26 revealed under section C, a Brief Interview for Mental Status (BIMS) summary score of 15, indicating Resident #12 was cognitively intact.<br><br>Resident #43<br><br>Record review of Resident #43's orders revealed, Hemodialysis at (Proper Name) Monday-Wednesday-Friday with active date 4/30/25.<br><br>Record review of Resident #43's orders revealed, 1000 milliliters (mL) fluid restriction every 24 hours with active date 8/12/25.<br><br>Record review of Resident #43's Nutritional Risk assessment dated [DATE], revealed, .Oral intake: Fluids.Consumes 1000-1499 cc (cubic centimeters) /day.<br>(continued on next page) |

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| F 0698<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few | Record review of Resident #43's MARs for May 2026 and June 2026 revealed no documentation of monitoring related to the resident's physician-ordered fluid restriction.<br><br>Record review of Progress Note dated 5/25/2026, revealed, .Resident stated that he will be going back to dialysis tomorrow (5/26/26) due to having too much fluid .<br><br>Record review of Progress Note dated 5/28/2026, revealed, .Resident is in bed at this time.Reported not feeling the best this AM due to going to dialysis back-to-back the past three (3) days.<br><br>Record review of Resident #43's Communication Form with Dialysis dated 6/1/26, revealed, .was heavy with fluid. Did not reach Estimated Dry Weight (EDW). Remains 2.0 kilograms (kg) over EDW. Plan to bring patient back on Thursday for another treatment depending on how much fluid he has on Wednesday.<br><br>Record review of Resident #43's Communication Form with Dialysis dated 6/8/26, revealed, .Please help patient with fluid restriction control, patient shouldn't have over 32 ounces (oz) daily.<br><br>Record review of Progress Note dated 6/12/2026, revealed, Pharmacy Recommendations to reduce Ativan and Medical Director (MD) disagrees at this time due to resident having severe anxiety associated with dialysis.<br><br>Record review of Resident #43's Nutrition-Fluids Intake Amount flowsheet for dates 5/19/2026 through 6/16/2026 revealed oral fluid intake exceeded the physician-ordered 1000 mL fluid restriction on the following dates:<br><br>5/19/26 - 1400 mL<br><br>5/21/26 - 1660 mL<br><br>5/22/26 - 1560 mL<br><br>5/23/26 - 1760 mL<br><br>5/24/26 - 1280mL<br><br>5/27/26 - 1440 mL<br><br>5/28/26 - 1880 mL<br><br>5/29/26 - 1520 mL<br><br>5/30/26 - 1920 mL<br><br>5/31/26 - 1080 mL<br><br>6/1/26 - 1400 mL<br><br>6/2/26 - 1440 mL<br>(continued on next page) |

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| F 0698<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few | 6/3/26 - 1380 mL<br><br>6/4/26 - 1560 mL<br><br>6/5/26 - 1328 mL<br><br>6/6/26 - 1740 mL<br><br>6/7/26 - 1930 mL<br><br>6/8/26 - 1810 mL<br><br>6/9/26 - 1440 mL<br><br>6/10/26 - 1440 mL<br><br>6/11/26 - 2030 mL<br><br>6/12/26 - 2390 mL<br><br>6/13/26 - 1940 mL<br><br>6/14/26 - 1940 mL<br><br>6/15/26 - 1540 mL<br><br>6/16/26 - 1750 mL<br><br>During an interview on 6/17/2026 at 9:21 AM, the Administrator confirmed that Resident #43 was on a 1000 mL per day fluid restriction.<br><br>During a phone interview on 6/17/2026 at 10:00 AM, the Dialysis Nurse stated Resident #43 has had too large of a gain recently. She also confirmed Resident #43 has required extra treatments in the past few weeks for fluid.<br><br>During a phone interview on 6/17/2026 at 10:49 AM, the Dialysis Registered Dietitian stated that her review of recent dialysis treatments showed fluid removal ranging from 2.6 liters to 3.10 liters, depending on the day. She also stated that she did not feel Resident #43 was purposefully non-compliant with his fluid intake, however, she stated, He's going to drink what he's given.<br><br>During an interview on 06/17/2026 at 12:35 PM, the Administrator stated that Dialysis Communication Forms were received from dialysis by fax to the facility after the treatment and then placed in a notebook near the fax machine. She confirmed they were not always reviewed by the nurse.<br><br>Record review of Resident #43's admission Record revealed the facility admitted the resident on 4/30/2025 with diagnoses including End Stage Renal Disease.<br><br>A record review of the MDS with an ARD of 4/12/26 revealed under section C, a BIMS summary score of 15 which indicated Resident #43 was cognitively intact.<br>(continued on next page) |

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| F 0698<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few | Resident #58An observation and interview with Resident #58 on 6/15/26 at 12:30 PM revealed she was lying in bed and a 32-ounce water pitcher full of water was sitting on the bedside table. She stated she attended dialysis and was not aware of having a fluid restriction. Further observation revealed a case of bottled water and soft drinks stored in her room.Record review of Resident #58's Order Summary Report revealed an order dated 7/11/25, Dialysis @ (at) 'proper name of dialysis company' Monday, Wednesday, Friday @ (at) 7:00 AM. Record review also revealed an order dated 6/4/25 for a 1200 milliliter per day fluid restriction.Record review of Resident #58's Nutrition/Fluids Task on the MAR revealed the resident exceeded the 1200 milliliter per day fluid restriction on the following dates:6/4/26 - 1680 milliliters6/7/26 - 1314 milliliters6/9/26 - 1680 milliliters6/11/26 - 1440 milliliters6/13/26 - 1680 milliliters6/14/26 - 1680 millilitersAn interview with Licensed Practical Nurse (LPN) #1 on 6/17/26 at 8:18 AM revealed she had never known Resident #58 to exceed her fluid restriction and stated, We usually have to stay on her to drink. She revealed she provided the resident Glucerna twice daily and approximately 120 milliliters of water with medications but did not document the water intake on the MAR. She confirmed a water pitcher at the bedside was not appropriate for a dialysis resident and stated fluid intake should be closely monitored to prevent excess fluid accumulation.An interview with the Administrator on 6/17/26 at 9:12 AM revealed residents on fluid restrictions were only allowed what the nurse provided and what dietary provided at meals. She confirmed all fluids should be documented and tracked for accurate accounting of fluid intake.An interview with Certified Nurse Aide (CNA) #1 on 6/17/26 at 12:35 PM revealed every resident received a water pitcher full of ice water unless they were on thickened liquids, even if they were on a fluid restriction. She stated Resident #58's family also brought beverages into the room, but she only documented what was consumed during meals.Record review of the Transfer/Discharge Report revealed the facility admitted Resident #58 on 12/20/23 with medical diagnoses that included Anemia, Dependence on Renal Dialysis, and chronic kidney disease.Record review of the MDS with an ARD of 4/12/26 revealed under section C, a BIMS summary score of 15, indicating Resident #58 was cognitively intact. |

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| F 0812<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Many | Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.<br><br>Based on observation, staff interview, and facility policy review, the facility failed to store foods in kitchen refrigeration that was maintained in a clean, sanitary condition and good repair for one (1) of two (2) kitchen tours. Findings Include:Review of the facility policy titled Food Handling Guidelines: Cooling Process and Cold Holding, revised 4/26, revealed under, Policy: . An effective preventative maintenance plan is in place for each piece of food service equipment. All refrigeration is maintained in good working order and is calibrated, serviced, or tested per the manufacturer's instructions .During the initial kitchen tour on 6/15/26 at 11:00 AM, observation of the tray line cooler revealed the interior lower metal surface contained an excessive amount of moisture and was covered with a greenish-black substance in spotty patches. The interior lower door gasket was covered with a black substance, and the gasket was dangling from the refrigerator door, visibly preventing a proper seal.An observation and interview with Dietary Staff #3 on 6/15/26 at 11:06 AM confirmed the refrigerator was unclean and contained a black substance that she stated, Looks like mold. She stated the refrigerator was supposed to be cleaned weekly and confirmed, based on its appearance, that it had not been cleaned in some time. She confirmed the condition of the refrigerator could contaminate food and make someone sick. She also confirmed the seal (gasket) was loose and hanging, preventing a proper seal and potentially affecting the temperature inside the refrigerator.An observation and interview with the Dietary Manager on 6/15/26 at 11:14 AM confirmed the refrigerator was unclean and that the lower gasket was dislodged from the door, creating an improper door seal. She stated the lack of a proper seal could result in improper food storage temperatures inside the refrigerator, which could make someone sick. |

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| F 0550<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.<br><br>Based on observations, resident interviews, staff interviews, record review, and facility policy review, the facility failed to promote dignity and maintain independence during meal service by failing to provide a table knife to residents who were capable of independently cutting their own food for six (6) of eight (8) residents reviewed during a dining observation in the Cypress Cottage. Residents #6, Resident #16, Resident #34, Resident #49, Resident #70, and Resident #90Findings Include:Review of the facility policy titled Resident Rights revised 2/1/23 revealed under, Policy: It is the nursing home's policy to provide the kind of care that will maintain and enhance dignity, respect individuality and quality of life .An observation of the lunch meal and resident interviews in the Cypress Cottage on 6/17/26 at 12:31 PM revealed residents were served pork chop with gravy, rice, squash and zucchini, and a roll. During the observation, Resident #6 was observed attempting to cut her pork chop with a fork without success. She then used a spoon to attempt to cut the meat while holding it in place with a fork. When asked whether she had a table knife to cut the meat, she stated, We are not allowed to have a knife, and stated the facility only allowed them to have a plastic knife. Residents #16, #34, #49, #70, and #90 were also observed unable to cut their meat due to not having a knife. Resident #90 stated he was not sure why the facility would not provide knives and stated they all had to wait for an aide to cut up their meat. The residents were observed to be independent with eating but were required to request assistance and wait for the staff to help them to cut their meat. This resulted in residents being unable to independently consume their meals in a manner consistent with their assessed abilities.An interview with the Ambassador of Food Service #2 on 6/17/26 at 12:48 PM revealed she had been told residents could not have a butter knife and must wait for nursing staff or aides to assist with cutting their meat. She confirmed the residents were independent and capable of performing this task and stated residents should be treated with dignity and respect in a home-like environment.An interview with the Administrator on 6/17/26 at 3:49 PM revealed she was not aware residents were not receiving a knife at meals and confirmed residents who were capable should be allowed to independently cut up their own meat.An interview with the Interim Director of Food Services on 6/19/26 at 8:45 AM revealed she was not aware residents were not receiving a knife with meals. She stated every meal tray should be provided with a spoon, fork, and knife to promote a dignified dining experience.Record review of the Transfer/Discharge Report revealed the facility admitted Resident #6 on 11/14/25 with medical diagnoses that included Age-Related Osteoporosis, Hypokalemia, Vitamin B-12 Deficiency Anemia, Hypo-Osmolality and Hyponatremia.Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 6/1/26 revealed under Section C, a Brief Interview for Mental Status (BIMS) summary score of 10, indicating Resident #6 was moderately cognitively impaired. Additionally, review of Section GG revealed the resident required set up or clean-up assistance with meals.Record review of the Transfer/Discharge Report revealed the facility admitted Resident #16 on 5/14/25 with medical diagnoses that included chronic kidney disease and Type 2 Diabetes Mellitus without Complications.Record review of the MDS with an ARD of 4/19/26 revealed under Section C, a BIMS summary score of 11, indicating Resident #16 was moderately cognitively impaired. Additionally, review of Section GG revealed the resident required set up or clean-up assistance with meals.Record review of the Transfer/Discharge Report revealed the facility admitted Resident #34 on 10/10/19 with medical diagnoses that included Hyperlipidemia, Vitamin D Deficiency, and Type 2 Diabetes Mellitus without Complications.Record review of the MDS with an ARD of 6/14/26 revealed under Section C, a BIMS summary score of 15, indicating Resident #34 was cognitively intact. Additionally, review of Section GG revealed the resident required set up or clean-up assistance with meals.Record review of the Transfer/Discharge Report revealed the facility admitted Resident #49 on 3/20/20 with medical diagnoses that included Hypokalemia, Vitamin D Deficiency, and Essential (Primary) Hypertension.Record review of the MDS with an ARD of 6/7/26 (continued on next page) |

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| F 0550<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | revealed under Section C, a BIMS summary score of 15, indicating Resident #49 was cognitively intact. Additionally, review of Section GG revealed the resident required set up or clean-up assistance with meals.Record review of the Transfer/Discharge Report revealed the facility admitted Resident #70 on 3/5/26 with medical diagnoses that included Hypokalemia and Type 2 Diabetes Mellitus without Complications.Record review of the MDS with an ARD of 5/31/26 revealed under Section C, a BIMS summary score of 10, indicating Resident #70 was moderately cognitively impaired. Additionally, review of Section GG revealed the resident required set up or clean-up assistance with meals.Record review of the Transfer/Discharge Report revealed the facility admitted Resident #90 on 6/9/25 with medical diagnoses that included Essential (Primary) Hypertension and Atrial Fibrillation.Record review of the MDS with an ARD of 5/17/26 revealed under Section C, a BIMS summary score of 9, indicating Resident #90 was moderately cognitively impaired. Additionally, review of Section GG revealed the resident required set up or clean-up assistance with meals. |

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| F 0565<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Honor the resident's right to organize and participate in resident/family groups in the facility.<br><br>Based on record review, observations, resident interviews, staff interviews, and facility policy review, the facility failed to make prompt efforts to resolve resident grievances related to food quality, food preferences, alternative menu selections, meal variety, food temperature, and food palatability as evidenced by unresolved concerns identified during six (6) of 12 months of Resident Council meetings reviewed. Resident #6, #13, #25, #28, #34, #38, #42, #49, #69, #81, and #99<br><br>Findings Include:Review of the facility policy titled Grievances-Family and Resident Grievances revealed under, Policy: It is the policy of this facility to support each resident's and family member's right to voice grievances without discrimination, reprisal, or fear of discrimination. Additionally revealed under, Policy Explanation and Compliance Guidelines: . 12. The facility will make prompt efforts to resolve grievances.Record review of Resident Council meeting minutes dated 12/1/25, 1/5/26, 3/2/26, 4/1/26, 5/4/26, and 6/1/26 revealed repeated resident complaints regarding food quality, alternative menu requests not being honored, food temperature, lack of variety, tough meats, poor food preparation, excessive seasoning, insufficient seasoning, and repetitive menu items.An interview with Resident #34 on 6/15/26 at 12:30 PM revealed the food was awful. She stated the facility frequently served string beans and the food lacked flavor due to insufficient seasoning. She reported these concerns had been ongoing.An interview with Resident #49 on 6/15/26 at 4:30 PM revealed the facility frequently served the same foods, including green beans, sometimes twice daily. She stated foods were often overly spicy or salty and indicated these concerns continued.An interview with Resident #6 on 6/16/26 at 4:48 PM revealed the food was terrible. She stated the food lacked seasoning, meats were frequently too tough to chew, and repetitive menu items remained a concern.An interview with Resident #81 on 6/17/26 at 11:45 AM revealed food quality had significantly declined. She stated meats were tough, menu items were repeatedly served, fruit and desserts were not regularly available, and residents had repeatedly voiced these concerns without improvement.An interview with Resident #13 on 6/17/26 at 11:52 AM revealed food concerns had been discussed in resident council numerous times. He stated residents had been told concerns would be corrected; however, the concerns continued.An interview with Licensed Practical Nurse (LPN) #1 on 6/17/26 at 8:16 AM revealed food quality had been a concern among residents for an extended period. She stated residents frequently complained about food quality, appearance, repetitive menu items, and foods they did not like.An interview with the Dietary Meal Server on 6/17/26 at 8:38 AM revealed residents constantly complained about the foods served and the taste of the food. She stated the concerns had been discussed during Resident Council meetings and stated, nothing gets done.An observation of the lunch meal on 6/17/26 at 12:48 PM revealed residents continued to voice concerns regarding tough meats, excessive seasoning, repetitive menu items, and alternative meal requests not being honored.<br><br>Record review of the Transfer/Discharge Report revealed the facility admitted Resident #6 on 11/14/25 with medical diagnoses that included Age-Related Osteoporosis, Hypokalemia, Vitamin B-12 Deficiency Anemia, Hypo-Osmolality and Hyponatremia.Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 6/1/26 revealed under Section C, a Brief Interview for Mental Status (BIMS) summary score of 10, indicating Resident #6 was moderately cognitively impaired.<br><br>Record review of the Transfer/Discharge Report revealed the facility admitted Resident #13 on 8/10/22 with medical diagnoses that included Irritable Bowel Syndrome and Type 2 Diabetes Mellitus without Complications.<br>(continued on next page) |

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| | 255072 | A. Building<br>B. Wing | 06/18/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| Winston County Nursing Home | 17560 East Main Street<br>Louisville, MS 39339 |

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| F 0565<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Record review of the MDS with an ARD of 4/26/26 revealed under Section C, a BIMS summary score of 14, indicating Resident #13 was cognitively intact.<br><br>Record review of the Transfer/Discharge Report revealed the facility admitted Resident #34 on 10/10/19 with medical diagnoses that included Hyperlipidemia, Vitamin D Deficiency, and Type 2 Diabetes Mellitus without Complications.Record review of the MDS with an ARD of 6/14/26 revealed under Section C, a BIMS summary score of 15, indicating Resident #34 was cognitively intact. Record review of the Transfer/Discharge Report revealed the facility admitted Resident #49 on 3/20/20 with medical diagnoses that included Hypokalemia, Vitamin D Deficiency, and Essential (Primary) Hypertension.Record review of the MDS with an ARD of 6/7/26 revealed under Section C, a BIMS summary score of 15, indicating Resident #49 was cognitively intact.<br><br>Record review of the Transfer/Discharge Report revealed the facility admitted Resident #81 on 1/25/19 with medical diagnoses that included Anemia, Magnesium Deficiency, Type 2 Diabetes Mellitus without Complications.<br><br>Record review of the MDS with an ARD of 6/14/26 revealed under Section C, a BIMS summary score of 12, indicating Resident #81 was moderately cognitively impaired.<br><br>On 6/17/2026 3:28 PM, during a Resident Council meeting, multiple residents voiced ongoing concerns regarding food quality, menu variety, food temperature, food palatability, and alternative meal selections. Residents reported the concerns had been discussed previously without improvement. During the meeting, Resident #25 stated the food tasted bad and that residents would like more variety in menu selections. Resident #28 stated, We always have chicken. Then he stated, I take that back, we had pork chops today, and you would have to be an alligator to eat it because it was so tough! Resident #38 stated bread products such as muffins, toast, and biscuits were frequently unavailable at breakfast and that breakfast meals often lacked a meat option. Resident #42 stated residents had repeatedly discussed food concerns with staff and during Resident Council meetings; however, no improvements had been made. Resident #42 stated food was frequently overcooked, cold, overly bland, or excessively seasoned. Resident #69 stated she did not like the food served and would like additional menu choices. Resident #99 stated the food quality was poor and that the alternative meal option was not any better than the regular meal selection. Resident #99 stated changes to the food service program were needed. They all confirmed that they had voiced their grievances, but they had gone unresolved.<br><br>An interview with the Administrator on 6/17/26 at 3:49 PM revealed awareness of resident concerns regarding food quality, seasoning, menu selections, and dietary services. She confirmed residents had expressed dissatisfaction with the current dietary services provider and acknowledged resident grievances regarding food had not been addressed and resolved.An interview with the Interim Director of Food Services on 6/19/26 at 8:45 AM revealed ongoing concerns related to food quality, food preferences, communication failures, and alternative menu requests. She acknowledged there had been significant breakdowns in communication regarding resident food preferences and stated resident preferences and disliked foods were not consistently being reflected on meal tickets. She confirmed the food should be better and acknowledged the facility had ongoing problems related to food quality and resident food preferences.<br><br>Record review of Resident #25's admission Record revealed the facility admitted the resident on 2/17/2023 with diagnoses including Unspecified Dementia.<br>(continued on next page) |

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| F 0565<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | A review of the MDS with an ARD of 5/17/2026 revealed under section C, a BIMS summary score of 06 which indicated Resident #25 had severe cognitive impairment.<br><br>Record review of Resident #28's admission Record revealed the facility admitted the resident on 6/20/2023 with diagnoses including End Stage Renal Disease.<br><br>A review of the MDS with an ARD of 4/23/2026 revealed under section C, a BIMS summary score of 15 which indicated Resident #28 was cognitively intact.<br><br>Record review of Resident #38's admission Record revealed the facility admitted the resident on 7/02/2025 with diagnoses including Anxiety Disorder, Unspecified.<br><br>A review of the MDS with an ARD of 6/07/2026 revealed under section C, a BIMS summary score of 15 which indicated Resident #38 was cognitively intact.<br><br>Record review of Resident #42's admission Record revealed the facility admitted the resident on 6/07/2013 with diagnoses including End Stage Renal Disease.<br><br>A review of the MDS with an ARD of 6/07/2026 revealed under section C, a BIMS summary score of 15 which indicated Resident #42 was cognitively intact.<br><br>Record review of Resident #69's admission Record revealed the facility admitted the resident on 7/24/2025 with diagnoses including Unspecified Dementia.<br><br>A review of the MDS with an ARD of 4/05/2026 revealed under section C, a BIMS summary score of 15 which indicated Resident #69 was cognitively intact.<br><br>Record review of Resident #99's admission Record revealed the facility admitted the resident on 3/21/2024 with diagnoses including Unspecified Atrial Fibrillation.<br><br>A review of the MDS with an ARD of 4/19/2026 revealed under section C, a BIMS summary score of 10 which indicated Resident #99 had moderate cognitive impairment. |

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| F 0804<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.<br><br>Based on observations, resident interviews, staff interviews, test tray review, and facility policy review, the facility failed to ensure food was palatable and consistent with resident food preferences and dislikes for nine (9) of 23 residents reviewed for food services in the Elm and Cypress cottages (Residents #6, #8, #16, #34, #49, #58, #70, #81, and #90). Findings included repetitive menu items, tough meats that were difficult to chew, food that was excessively salty, spicy, undercooked, or otherwise unpalatable, and failure to honor resident food preferences and alternative meal requests. Findings Include:Review of the facility policy titled Guidelines for Patient Food Service revised 8/22 revealed under, Policy/Purpose: To ensure that all food served from the FNS (Food and Nutrition Service) is of the highest quality, prior to each serving period. Additionally revealed under, Procedure: . Prior to meal service, a designated team member will taste each prepared food item on the patient serving line. The following criteria will be used for testing food items: . Is food properly seasoned? Does the food have eye appeal? Is the food overcooked or undercooked? .An observation of Resident #8 on 6/15/26 at 12:45 PM revealed she ate her meal in her room and received a puree diet of pork chop, lima beans, and sweet potatoes. The resident stated, I wish you could do something about serving a lot of green beans. She stated green beans were served morning, noon, and night. Further observation revealed there was no dessert or fruit provided with the meal.An interview with Resident #34 on 6/15/26 at 12:30 PM revealed the food was awful. She stated the facility frequently served green beans and that the food lacked flavor due to insufficient seasoning. She reported her family kept snacks available because she became hungry between meals.An interview with Resident #49 on 6/15/26 at 4:30 PM revealed the facility frequently served the same foods, including green beans, sometimes twice daily. She stated foods were sometimes spicy and that sauce or gravy was frequently added to meats, making them overly salty.An observation of the lunch meal in the Elm and Cypress cottages on 6/16/26 at 11:36 AM revealed the residents were served meatloaf, mashed potatoes, carrots, and green beans, which corroborated resident concerns regarding the frequent serving of green beans. No dessert or fruit was provided with the meal.Observation of Resident #8's lunch meal on 6/16/26 at 12:10 PM revealed she received pureed meatloaf, mashed potatoes, pureed green beans, pureed carrots, and lemonade. No fruit or dessert was observed.On 6/16/26 at 2:36 PM, a telephone interview with a family member who wished to remain anonymous voiced concerns regarding food quality. She stated residents were not receiving a balanced diet, frequently did not receive desserts or fruit, and were often served foods they did not like. She reported meats were often difficult to chew and expressed concern regarding the overall quality and variety of foods served.An interview with Licensed Practical Nurse (LPN) #1 on 6/17/26 at 8:16 AM revealed food quality had been a concern among residents. She stated residents frequently reported the food did not taste good and she had personally observed concerns regarding food appearance. She stated residents frequently reported dissatisfaction with foods served by the kitchen and often refused certain menu items. She further stated residents were repeatedly served the same vegetables, including broccoli, green beans, and spinach, and reported meals were frequently served without fruit or dessert.An interview with the Ambassador of Food Service #2 on 6/17/26 at 8:38 AM revealed residents frequently complained about food quality and taste. She confirmed green beans were served frequently and stated they had been served twice the previous day for lunch and dinner. She reported residents frequently complained that meat was tough. She further stated food was sometimes brought from the dietary department and placed in warming equipment in the cottages well before meal service, causing food to become dry, overcooked, and less palatable. She reported that many residents contacted family members to bring them food from outside the facility.An interview with Resident #81 on 6/17/26 at 11:45 AM revealed food quality had significantly declined. She stated the food tasted old, meats were tough, vegetables lacked variety, and menu items were repeatedly served. She stated vegetables such as spinach, potatoes, rice, and green beans were frequently<br>(continued on next page) |

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| F 0804<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | repeated. She further stated fruit and desserts were not regularly available and that dinner meals were often unappealing.An interview with Resident #6 on 6/17/26 at 12:04 PM revealed desserts were frequently replaced with gelatin products. She stated the food either lacked flavor or was excessively spicy. She reported green beans were frequently served and stated she did not receive fruit regularly. She stated meats were frequently difficult to chew and that she had repeatedly informed staff she disliked oatmeal; however, she continued to receive oatmeal despite documenting this preference on her meal ticket. She further stated she had requested alternative meal selections on multiple occasions but did not receive them.An interview with Resident #16 on 6/17/26 at 12:14 PM revealed food quality had been a concern for an extended period. She stated salads appeared old and unappetizing and expressed a desire for more fruit options.Observation of the lunch meal on 6/17/26 at 12:31 PM revealed residents were served pork chops with gravy, rice, squash and zucchini, and a roll. Residents #6, #16, #34, #49, #70, and #90 reported the pork chop was excessively tough and difficult to cut or chew. Residents also reported the vegetables were overly spicy and the meat was salty, rendering the food as not palatable. Observation of Resident #58's lunch meal on 6/17/26 at 12:55 PM revealed she received pork chops with gravy, rice, squash and zucchini, and a roll. She stated the pork chop was too tough and required excessive effort to chew. She further stated the vegetables were salty.A test tray reviewed on 6/17/26 at 12:59 PM revealed the regular diet meal consisted of pork chops with gravy, zucchini and squash, and rice. The pork chop was difficult to cut and chew. The squash and zucchini were firm, appeared undercooked, and lacked flavor other than excessive black pepper seasoning. The pureed pork chop and gravy were excessively salty. The pureed squash and zucchini were not palatable and had an unpleasant flavor. Overall, the meal was not palatable.An interview with the Administrator on 6/17/26 at 3:49 PM revealed awareness of resident concerns regarding food quality, seasoning, and menu selections. She confirmed residents had expressed dissatisfaction with the current dietary services provider and acknowledged resident concerns regarding food quality and menu selections remained unresolved.An interview with the Interim Director of Food Services on 6/19/26 at 8:45 AM revealed she identified significant concerns regarding food appearance, preparation, and communication of resident food preferences. She confirmed residents should receive food that was pleasing to the palate and consistent with their food preferences. She confirmed resident food preferences and dislikes should be reflected on meal tickets to help ensure residents received foods that were acceptable and palatable to them. She further confirmed the Registered Dietitian was responsible for updating meal tickets to ensure resident preferences and disliked foods were reflected and stated, This is not being done. She acknowledged there were ongoing concerns related to food quality and communication regarding resident food preferences.Record review of the Transfer/Discharge Report revealed the facility admitted Resident #6 on 11/14/25 with medical diagnoses that included Age-Related Osteoporosis, Hypokalemia, Vitamin B-12 Deficiency Anemia, Hypo-Osmolality and Hyponatremia.Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 6/1/26 revealed under section C, a Brief Interview for Mental Status (BIMS) summary score of 10, indicating Resident #6 was moderately cognitively impaired.Record review of the Transfer/Discharge Report revealed the facility admitted Resident #8 on 8/28/19 with medical diagnoses that included Anemia, Vitamin D deficiency, and Type 2 Diabetes Mellitus with Diabetic Neuropathy.Record review of the MDS with an ARD of 5/6/26 revealed under section C, a BIMS summary score of 7, indicating Resident #8 was severely cognitively impaired.Record review of the Transfer/Discharge Report revealed the facility admitted Resident #16 on 5/14/25 with medical diagnoses that included Chronic Kidney Disease and Type 2 Diabetes Mellitus without Complications.Record review of the MDS with an ARD of 4/19/26 revealed under section C, a BIMS summary score of 11, indicating Resident #16 was moderately cognitively impaired.Record review of the Transfer/Discharge Report revealed the facility admitted Resident #34 on 10/10/19 with medical diagnoses that included Hyperlipidemia, Vitamin D Deficiency, and Type 2 Diabetes Mellitus without Complications.Record review of the MDS with an ARD of 6/14/26 revealed<br>(continued on next page) |

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| F 0804<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | under section C, a BIMS summary score of 15, indicating Resident #34 was cognitively intact.Record review of the Transfer/Discharge Report revealed the facility admitted Resident #49 on 3/20/20 with medical diagnoses that included Hypokalemia, Vitamin D Deficiency, and Essential (Primary) Hypertension.Record review of the MDS with an ARD of 6/7/26 revealed under section C, a BIMS summary score of 15, indicating Resident #49 was cognitively intact.Record review of the Transfer/Discharge Report revealed the facility admitted Resident #58 on 12/20/23 with medical diagnoses that included Anemia, Dependence on Renal Dialysis, and Chronic Kidney Disease.Record review of the MDS with an ARD of 4/12/26 revealed under section C, a BIMS summary score of 15, indicating Resident #58 was cognitively intact.Record review of the Transfer/Discharge Report revealed the facility admitted Resident #70 on 3/5/26 with medical diagnoses that included Hypokalemia and Type 2 Diabetes Mellitus without Complications.Record review of the MDS with an ARD of 5/31/26 revealed under section C, a BIMS summary score of 10, indicating Resident #70 was moderately cognitively impaired.Record review of the Transfer/Discharge Report revealed the facility admitted Resident #81 on 1/25/19 with medical diagnoses that included Anemia, Magnesium Deficiency, Age-Related Osteoporosis and Type 2 Diabetes Mellitus without Complications.Record review of the MDS with an ARD of 6/14/26 revealed under section C, a BIMS summary score of 12 indicating Resident #81 was moderately cognitively impaired.Record review of the Transfer/Discharge Report revealed the facility admitted Resident #90 on 6/9/25 with medical diagnoses that included Essential (Primary) Hypertension and Atrial Fibrillation.Record review of the MDS with an ARD of 5/17/26 revealed under section C, a BIMS summary score of 9 indicating Resident #90 was moderately cognitively impaired. |

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| F 0761<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.<br><br>Based on observation, staff interviews, and facility policy review, the facility failed to ensure medications were stored in a properly secured refrigerator for one (1) of four (4) medication storage rooms. C Hall Findings include:Review of the facility's policy titled Medication Storage-Controlled Medication Storage revised 2/1/23, revealed: Medications included in the Drug Enforcement Administration (DEA) classification as controlled substances are subject to special handling, storage, disposal and record keeping in the nursing care center in accordance with federal, state and other applicable laws and regulations .An observation on 6/16/2026 at 10:05 AM with Licensed Practical Nurse (LPN) #2, revealed the medication storage room on C Hall contained 44 Lorazepam syringes prescribed to Resident #50, and were maintained on the center shelf of the refrigerator rather than within the locked, affixed controlled-substance storage box.During an interview conducted with LPN #2 at 10:06 AM, she stated the syringes would not fit in the locked storage drawer in the refrigerator. During an observation and interview conducted on 6/16/2026 at 11:01 AM with the Director of Nursing (DON), she confirmed the syringes were not in the drawer that locks because they would not all fit in the drawer but confirmed that they should have been locked and secured.Record review of Resident #50's admission Record revealed the facility admitted Resident #50 on 1/09/2025 with diagnoses including Anxiety Disorder, Unspecified.A record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 4/05/2026 revealed under section C, a Brief Interview for Mental Status BIMS summary score of 00 which indicated Resident #50 had severe cognitive impairment. |

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| F 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide and implement an infection prevention and control program.<br><br>Based on observation, staff interview, record review and facility policy review, the facility failed to ensure staff implemented Enhanced Barrier Precautions (EBP) during medication administration for one (1) of four (4) care areas observed. Resident #9Findings Include:Review of the facility policy titled Infection Control-EBP with an effective date of 4/01/2024 revealed, It is the policy of this facility to implement enhanced barrier precautions for the prevention of transmission of multidrug-resistant organisms .2. Initiation of Enhanced Barrier Precautions: i .indwelling medical devices (e.g . feeding tubes .)On 6/16/26 at 4:15 PM, an observation during medication administration with Licensed Practical Nurse (LPN) # 2 revealed, she administered medications to Resident #9 via a Percutaneous Endoscopic Gastrostomy (PEG) tube and did not don a gown, required for EBP.An interview on 6/16/26 at 4:30 PM with LPN #2, confirmed she did not don a gown to administer Resident #9's medications and stated she forgot to wear the gown.An interview with the Director of Nursing (DON) on 6/17/2026 at 5:08 PM, confirmed LPN #2 should have donned a gown to administer Resident #9 's PEG medications to prevent the spread of infection to another resident.Record review of Resident #9's admission Record revealed the facility admitted the resident on 1/25/2022 with diagnoses including Cerebral Infarction.A review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 5/10/2026 revealed under section C, a Brief Interview for Mental Status (BIMS) summary score of 03 which indicated Resident #9 had severe cognitive impairment. |

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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
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| F 0919<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Make sure that a working call system is available in each resident's bathroom and bathing area.<br><br>Based on observations, resident and staff interviews, facility document review, and facility policy review, the facility failed to provide an effective system for residents to summon staff assistance when the call light system was nonfunctional for two (2) of 24 residents residing on one (1) nursing unit, Unit C. (Resident #52 and #95)Findings include:Review of facility policy titled, Answering and Responding to Call Lights with revision date: 2/1/23, revealed, Purpose: To ensure that resident's needs are responded to and met in a timely manner .During initial rounds on 6/15/2026 at 12:39 PM, observation of the call light system was not functioning, and residents were using handbells to request assistance.During an interview on 6/15/2026 at 12:42 PM, Licensed Practical Nurse (LPN) #3 confirmed the call light system was down yesterday (6/14/2026) and today. During an interview on 06/15/2026 at 12:43 PM, the Director of Nursing (DON) revealed the call system went out midday Friday. She stated maintenance was working on the roof Friday, and something caused the call system to go down. She further stated that the Maintenance Director had called in to the company to have the system repaired and stated they are supposed to be here tomorrow to fix it. During an observation and interview on 06/15/2026 at 12:56 PM, Resident #52 revealed she was not aware the call system wasn't working properly and she was not given a handbell to ring for assistance. She stated she had just moved to this room on Friday, 6/12/26. Resident #52 stated, It normally takes a good while for someone to answer my call light. During an observation on 06/15/26 at 1:10 PM, surveyor walked down the hall and around to the nurse's station to inquire about the call light system. Registered Nurse (RN) #1 confirmed the call light system did not light up or alarm for Resident #52. She verbalized that she worked yesterday and the system was down then too. When asked how residents were to notify staff they needed assistance, she stated, they all have handbells at bedside. The RN walked to Resident #52's room with surveyor and confirmed Resident #52 did not have a handbell to ring for assistance. She stated, Maintenance had passed out bells to everyone this morning, before lunch, and had informed the nurse that he had enough for everyone.An interview with Maintenance Staff #1 on 06/15/2026 at 1:12 PM, he stated, We had a few bells. Some got one and some didn't. He further stated he got the bells on Friday when the system first went down. He confirmed that some of the residents received a handbell to use and some did not, but he did not know which residents did and which ones didn't. During an interview on 6/15/2026 at 1:25 PM with Resident #95, she confirmed that she did not have a handbell to ring for assistance and she was not aware that the call system was not working properly. Record review of Resident #52's admission Record revealed the facility admitted the resident on 4/1/2026 with diagnoses including Encounter for other Orthopedic Aftercare and Other Fracture of T9-T10 Vertebra, Subsequent Encounter for Fracture with Routine Healing.A record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 4/7/26 revealed under section C, a Brief Interview for Mental Status (BIMS) summary score of 10 which indicated Resident #52 had moderate cognitive impairment.Record review of Resident #95's admission Record revealed the facility admitted the resident on 8/28/2025 with diagnoses including Encounter for Surgical Aftercare following Surgery on the Digestive System and Acute Gastric Ulcer with Perforation.A record review of the MDS with an ARD of 5/10/26 revealed under section C, a BIMS summary score of 5 which indicated Resident #95 had severe cognitive impairment. |