STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255130	A. Building B. Wing	02/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Tippah County Nursing Home	1005 City Avenue North Ripley, MS 38663

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0801 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician. Based on review of personnel records and staff interviews, the facility failed to ensure that the Dietary Manager was qualified by obtaining or enrolling in a Certified Dietary Manager (CDM) program for three (3) of 3 days of survey. Review of facility policies related to dietary staff qualifications was requested. Facility staff were unable to provide a policy outlining requirements for Certified Dietary Manager (CDM) certification.During an interview on 2/18/26 at 10:55 AM, the Dietary Manager stated he had not completed a Certified Dietary Manager (CDM) program, and he was unaware that he was required to obtain certification.Record review of personnel records revealed the Dietary Manager was hired approximately two years ago and has not completed or enrolled in a CDM program.During an interview on 2/19/26 at 11:25 AM, the Administrator stated she was unaware the Dietary Manager was required to obtain CDM certification.

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 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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255130	A. Building B. Wing	02/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Tippah County Nursing Home	1005 City Avenue North Ripley, MS 38663

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, staff interviews, and facility policy review, the facility failed to implement infection prevention and control practices to prevent the transmission of infections. Specifically, the facility failed to ensure staff used Enhanced Barrier Precautions (EBP) during catheter care and failed to perform hand hygiene during wound care for two (2) of three (3) resident care opportunities. (Residents #3 and #6) Findings include:Review of facility policy titled, Enhanced Barrier Precautions, dated 5/27/2024, revealed, Policy: It is the policy of this facility to implement enhanced barrier precautions for the prevention of transmission of multidrug-resistant organisms.'Indwelling medical devices' would include, indwelling urinary catheters.Enhanced Barrier Precautions are recommended for residents with indwelling medical devices.Review of facility policy titled, Handwashing, dated 1/3/2019, revealed, .When to wash hands.after handling any contaminated items.Resident #3During a wound care observation for Resident #3 on 2/19/2026 at 8:30 AM with Licensed Practical Nurse (LPN) #2, LPN #2 failed to follow infection control practices by not performing hand hygiene after removing Resident #3's soiled dressing and before donning clean gloves.During an interview on 2/19/2026 at 8:45 AM, LPN #2 stated she forgot to perform hand hygiene during the wound care procedure. She stated hand hygiene should be performed before donning gloves to help prevent the possible spread of infection.Record review of the Order Summary Report for Resident #3 revealed, .Cleanse Stage 2 pressure injury to coccyx area with wound cleanser, pat dry, and apply Triad and Opti foam daily until healed every day shift for pressure injury, dated 1/16/2026.Record review of the admission Record for Resident #3 revealed the resident was admitted to the facility on [DATE] with diagnoses including Chronic Obstructive Pulmonary Disease, Unspecified. A record review of Resident #3's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 1/13/26, revealed under Section C a Brief Interview for Mental Status (BIMS) score of 9, indicating moderate cognitive impairment.Resident #6During an observation on 2/18/26 at 3:00 PM of catheter care with Resident #6, Certified Nursing Assistant (CNA) #2 was observed failing to use Enhanced Barrier Precautions during the procedure, when she failed to wear a gown.During an interview on 2/18/26 at 3:10 PM, CNA #2 stated she was aware Enhanced Barrier Precautions should have been used during catheter care; however, she stated she forgot. CNA #2 stated Enhanced Barrier Precautions are used to prevent the spread of infection between the staff and residents and between residents. She further confirmed failure to follow Enhanced Barrier Precautions could place Resident #6 at risk for infection.Record review of Order Summary Report for Resident #6, revealed, Clean Foley with soap and water daily every day shift, dated 1/12/2026.Record review of the admission Record revealed Resident #6 was admitted to the facility on [DATE] with medical diagnoses including Disorder of Muscle, unspecified and Retention of Urine, unspecified. Record review of Resident #6's quarterly MDS with an ARD of 1/19/2026, revealed under Section C a BIMS score of 8, indicating moderate cognitive impairment. During an interview on 2/19/26 at 9:00 AM, the Administrator and Director of Nursing (DON) confirmed Enhanced Barrier Precautions should have been used during catheter care and that hand hygiene should be performed before donning gloves. They confirmed staff had been trained on these practices and stated these measures are intended to prevent the spread of infection. They further confirmed failure to use Enhanced Barrier Precautions and to perform hand hygiene could place Residents #3 and #6 at increased risk for infection.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255130	A. Building B. Wing	02/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Tippah County Nursing Home	1005 City Avenue North Ripley, MS 38663

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0565 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to organize and participate in resident/family groups in the facility. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff and family interview, facility policy review and record review, the facility failed to act on and resolve grievances related to maintaining Activity of Daily Living (ADL) needs for incontinent residents for one (1) of three (3) family interviews conducted. Resident #27 Findings Include: Review of the facility policy titled Activities of Daily Living (ADL) Care, dated 04/09/2018, stated, To ensure all ADL care is provided on a daily basis as needed to ensure that all the residents' needs are met. On each shift all residents are checked every two hours, and adult brief is changed if needed. An interview conducted via telephone with Resident #27's caregiver on 2/18/26 at 8:53 AM, revealed the caregiver reported Resident #27 had been left in a soiled brief on more than one occasion while she was visiting daily. The caregiver stated staff informed her that residents were not to be changed during meals times and meal tray passes. The caregiver expressed concern that her mother remained in a soiled brief for several hours hour until meal service was completed. Review of Resident Council meeting minutes dated 9/09/25, revealed administration instructed staff not to provide incontinence care during mealtimes. During interviews conducted on 2/18/26 at 10:32 AM with Certified Nursing Assistants (CNA) #1 and CNA #2 confirmed staff were expected to complete tray pass and feeding residents before providing incontinence care during meal service. On 2/18/26 at 10:40 AM, during an interview with Licensed Practical Nurse (LPN) #1, she stated that incontinence care is not to be completed during mealtimes. During an interview on 2/19/26 at 11:00 AM, the Administrator stated the expectation was for staff to provide incontinence care every two hours and as needed, including during mealtimes. The Administrator stated residents should not remain in soiled briefs and that she would make sure to address the grievance and work to resolve it and was unaware that it was still an ongoing problem. Review of the admission Record indicated Resident #27 was admitted to the facility on [DATE] with medical diagnoses that included Cerebral Infarction. Review of the Quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 11/20/25, revealed under section C a Brief Interview for Mental Status (BIMS) summary score of 07, indicating Resident #27 has severely impaired cognition.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255130	A. Building B. Wing	02/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Tippah County Nursing Home	1005 City Avenue North Ripley, MS 38663

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, staff interview, and facility policy review, the facility failed to maintain a safe, clean, and homelike environment by ensuring window coverings were intact and in good repair for two (2) of the twenty-nine resident rooms observed. (room [ROOM NUMBER] and #232). Findings Include:Record review of the facility policy titled, Homelike Environment dated 11/21/2024, revealed, Residents are provided with a safe, clean, comfortable, and homelike environment.During the initial tour on 2/17/26 between 10:37 AM and 10:43 AM, observation revealed the window blinds in rooms 230 and room [ROOM NUMBER] had broken and missing slats, leaving an approximate 30-inch gap at the bottom and exposing the outside elements.On 2/18/26 at 10:50 AM, Certified Nurse Aide (CNA) #1 stated that when disrepair is noted in a resident room, nursing staff are notified so maintenance can be contacted. CNA #1 confirmed she observed the window blinds in room [ROOM NUMBER] with multiple broken and missing slats and reported the issue that morning. She further confirmed the blinds in room [ROOM NUMBER] were broken with missing slats, exposing the room to outside elements.On 2/18/26 at 11:10 AM, the Administrator confirmed the window blinds in rooms [ROOM NUMBERS] were broken, looked unsightly, and did not meet the facility's expectation of providing a homelike environment.On 2/18/26 at 1:30 PM, the Maintenance Director stated that maintenance needs are addressed when a work order is submitted. He reported he was notified that morning about replacing the blinds in room [ROOM NUMBER] and confirmed they were broken with missing slats. He stated he had not been made aware of the need to inspect or repair the blinds in room [ROOM NUMBER].

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255130	A. Building B. Wing	02/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Tippah County Nursing Home	1005 City Avenue North Ripley, MS 38663

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0656 Level of Harm - Minimal harm or potential for actual harm 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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, resident and staff interviews, record reviews, and facility policy review, the facility failed to implement comprehensive care plans for one (1) of 13 sampled residents. (Resident #2) Findings include: Review of the facility policy titled Minimum Data Set (MDS) 3.0; Care Plans with review date 6/23/2016, revealed, .The services provided or arranged by the facility must meet professional standards of quality; and be provided by qualified persons in accordance with each resident's written plan of care . Resident #2 Record review of Care Plan for Diabetes Mellitus, initiated 8/26/2024, revealed, .Diabetic nail care on Tuesdays . Record review of Activities of Daily Living (ADL) Care Plan, initiated 8/26/2024, revealed, .Personal Hygiene .The resident is able to perform care with cueing and supervision . On 2/17/2026 at 10:32 AM, during observation and interview Resident #2 was observed to have noticeably long, jagged fingernails measuring approximately one (1) inch in length and a few scattered long facial hairs on her chin, approximately one and one-half inches in length. The resident stated her nails were too long and needed to be trimmed and that she did not want facial hair and would like that to be trimmed. On 2/18/2026 at 9:45 AM,during an interview and observation Licensed Practical Nurse (LPN) #1 confirmed Resident #2 had long, jagged fingernails that could cause the resident to sustain a skin tear. She stated that because Resident #2 has diabetes, a Registered Nurse (RN) is required to trim the resident's nails. She further stated diabetic nail care is scheduled on the Treatment Administration Record (TAR) every Tuesday to be completed by the Registered Nurse (RN). Additionally, she confirmed that Resident #2 did have several long chin hairs. She stated that the shower aide should have taken care of this when she got her shower. During an interview on 2/19/2026 at 10:11 AM, the Minimum Data Set (MDS) Nurse confirmed the ADL and Diabetes Mellitus care plans were not implemented. She stated the purpose of the care plans were to give guidance for individualized care for each resident. Record review of the admission Record indicated Resident #2 was admitted to the facility on [DATE] with medical diagnoses that included Encephalopathy, unspecified and Type Two (2) Diabetes Mellitus without complications. Record review of the Quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 11/13/25, revealed under Section C a Brief Interview for Mental Status (BIMS) summary score of 15, indicating Resident #2 was cognitively intact.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255130	A. Building B. Wing	02/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Tippah County Nursing Home	1005 City Avenue North Ripley, MS 38663

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, resident and staff interviews, record review, and facility policy review, the facility failed to provide Activities of Daily Living (ADL) care to maintain personal hygiene for one (1) of 13 sampled residents. (Resident #2). Findings include: Review of facility policy titled Activities of Daily Living (ADL) Care, revised 4/9/2018, revealed, Purpose: To ensure all ADL care is provided on a daily basis as needed to ensure that all the residents' needs are met .Policy: 6. Nail care is provided every week and as needed to all residents with the exception of diabetics. Only the Registered Nurse (RN) can perform diabetic nail care . Resident #2 During observation and interview on 2/17/2026 at 10:32 AM, Resident #2 was observed to have noticeably long, jagged fingernails measuring approximately one (1) inch in length and a few scattered long facial hairs on her chin, approximately one and one-half inches in length. The resident stated her nails were too long and needed to be trimmed and that she did not want facial hair and would like for that to be trimmed as well. During an interview and observation on 2/18/2026 at 9:45 AM, Licensed Practical Nurse (LPN) #1 confirmed Resident #2 had long, jagged fingernails that could cause the resident to sustain a skin tear. She stated that because Resident #2 has diabetes, a Registered Nurse (RN) is required to trim the resident's nails. She further stated diabetic nail care is scheduled on the Treatment Administration Record (TAR) every Tuesday to be completed by the RN. Additionally, she confirmed that Resident #2 did have several long chin hairs. She stated that the shower aide should have taken care of this when she got her shower. Record review of the TAR dated 2/1/2026-2/28/2026, revealed, .Diabetic Nail Care on Tuesday every day shift every Tuesday TO BE COMPLETED BY RN . During an interview on 2/18/2026 at 9:50 AM, the Administrator stated diabetic nail care was scheduled for Tuesdays to be completed by the Registered Nurse and that it should have been completed the previous day. She confirmed the resident could sustain a skin tear if she scratched herself with the overgrown nails. She further stated that female residents should not have unwanted facial hair. She further stated that the shower aide should have trimmed those while she had her in the shower. Record review of the admission Record indicated Resident #2 was admitted to the facility on [DATE] with medical diagnoses that included Encephalopathy, unspecified and Type Two (2) Diabetes Mellitus without complications. Record review of the Quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 11/13/25, revealed under section C a Brief Interview for Mental Status (BIMS) summary score of 15, indicating Resident #2 was cognitively intact.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255130	A. Building B. Wing	02/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Tippah County Nursing Home	1005 City Avenue North Ripley, MS 38663

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0761 Level of Harm - Minimal harm or potential for actual harm 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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, staff interviews, record reviews, and facility policy review, the facility failed to ensure medications were accurately labeled and corresponded with the physician's order for one (1) of three (3) residents observed during medication pass (Resident #38) Findings Include:Review of facility policy titled, Medication Administration with revision date 6/7/2016, revealed, .Procedures.5. If there is a discrepancy between the Emar and the label, check physician/NP (nurse practitioner) orders before administering the medication. 6. If label is wrong, call resident's personal pharmacy for a new label. If the Emar is wrong, correct the order in the computer system.An observation during medication administration on 2/18/2026 at 8:55 AM revealed Licensed Practical Nurse (LPN) #1 retrieved a pharmacy-prepared blister pack labeled Gabapentin Oral Tablet 300 milligrams (mg) from the locked narcotic box in the medication cart and punched out two (2) tablets. She stated the order on the Medication Administration Record (MAR) read, Gabapentin Oral Tablet 600 mg. Give one (1) tablet by mouth two times a day for Pain so I have to give two (2) tablets to equal the 600 mg dosage. Record review of the MAR confirmed the order was for Gabapentin 600 mg tablet, give one (1) tablet. During this observation, the LPN retrieved another pharmacy-prepared blister pack labeled Propranolol HCl ER Oral Capsule Extended Release 24-hour 80 mg and punched out two (2) capsules. Again, she stated that the order on the MAR read, Propranolol HCl ER Oral Capsule Extended Release 24-hour 160 mg. Give one (1) capsule by mouth two times a day for Hypertension. Record review of the MAR confirmed the order was for Propranolol HCl ER Oral Capsule Extended Release 24-hour 160 mg, give one (1) capsule. The LPN stated that these two blister packs have been labeled like this since admission. The LPN administered the medications along with other morning medications to Resident #38. Medication Administration Record (MAR) did not match the Gabapentin Oral Tablet 300 mg tablets or the Propranolol HCl ER Oral Capsule Extended Release 24-hour 80 mg on hand in the blister packs, revealing a discrepancy between the physician's order and the labeled medication for Resident #38.Record review of Resident #38's Medication Administration Record (MAR) revealed an order dated 2/9/2026 for Gabapentin Oral Tablet 600 mg. Give one (1) tablet by mouth two times a day for Pain and an order dated 2/9/2026 for Propranolol HCl ER Oral Capsule Extended Release 24-hour 160 mg. Give one (1) capsule by mouth two times a day for Hypertension.Review of Resident #38's pharmacy-prepared blister pack of Gabapentin 300 mg tablets revealed, Gabapentin Oral Tablet 300 mg. Give two (2) tablets by mouth two (2) times a day for Pain. Review of Resident #38's pharmacy-prepared blister pack revealed Propranolol HCl ER Oral Capsule Extended Release 24-hour 80 mg. Give two (2) capsules by mouth two times a day for Hypertension.During an interview on 2/18/26 at 9:00 AM, LPN #1 confirmed Resident #38's physician order and medication label did not match. She stated the discrepancy had been present since admission on [DATE] and stated, I've never thought to get it changed. During an interview on 2/19/2026 at 9:00 AM with the Administrator and Director of Nursing (DON), the Administrator and DON revealed they were unaware of the discrepancy and that nursing staff should have reported so it could have been corrected. The DON stated this could cause a medication error when the blister pack medication strength does not match what is ordered on the MAR. Record review of Resident #38's admission Record revealed the facility admitted the resident on 2/9/2026 with diagnoses including Disorder of muscle, unspecified, Pain, unspecified, and Essential Primary Hypertension. A record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 2/16/26 revealed under Section C, a Brief Interview for Mental Status (BIMS) summary score of 13 which indicated Resident #38 was cognitively intact.