STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255137	A. Building B. Wing	02/03/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Neshoba County Nursing Home	1001 Holland Avenue Philadelphia, MS 39350

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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. Based on interviews, record reviews, facility policy reviews, and the facility's investigation, the facility failed to provide adequate supervision to prevent residents who were identified as an elopement and wandering risk, from exiting the facility unnoticed and unsupervised for two (2) of 19 residents residing on the secured Alzheimer's unit. Resident #1 and Resident #2. On 1/20/26 at approximately 1:32 PM to 1:35 PM Resident #1 entered the door alarm code and Resident #1 and Resident #2 exited the facility undetected by staff. Resident #1 was unattended and unsupervised until located by law enforcement 29 miles from the facility and returned to the facility at 3:50 PM. Resident #2 was identified by staff to be outside on facility property and was assisted back into the facility at 1:48 PM. The elopement placed Resident #1, Resident #2, and other residents at risk for wandering and elopement, in a situation that was likely to cause serious injury, serious harm, serious impairment, or death. During the investigation, the SA identified an Immediate Jeopardy (IJ) and Substandard Quality of Care (SQC) which began on 1/20/26 and existed at 42 CFR: 483.25 (d)(1)(2)- Free of Accidents Hazards/Supervision/Devices (F689) - Scope and Severity J. The SA notified the facility's Administrator of the IJ and SQC on 2/2/26 at 4:30 PM and provided the Administrator with the IJ template. Based on the facility's implementation of corrective actions on 1/21/26, the SA determined the IJ and SQC to be Past Non-Compliance (PNC) and the IJ was removed on 1/22/26, prior to the SA's entrance on 2/2/26.Findings Include: A review of the facility's policy, Elopement and Wandering Residents, revealed This facility ensures that residents who exhibit wandering behavior and/or at risk for elopement receive adequate supervision to prevent accidents and receive care in accordance with their person-centered plan of care addressing the unique factors contributing to wandering or elopement risk. Record review of the Encounter Information and Diagnosis List forms revealed that the facility admitted Resident #1 on 9/18/25 with diagnoses that included Cerebral Infarct and Schizophrenia. Record review of the Minimum Data Set Assessment (MDS), with an Assessment Reference Date (ARD) of 12/17/25 revealed a Brief Interview for Mental Status (BIMS) score of three (3), indicating that Resident #1 is severely cognitively impaired. Record review of Resident #1's Elopement Risk Score, dated 1/7/26, revealed that his score was 95 indicating he was at risk for elopement. Record review of the Encounter Information and Diagnosis List forms revealed that the facility admitted Resident #2 on 2/12/25 with diagnosis of Dementia. Record review of the MDS, with an ARD of 11/6/25 revealed a BIMS score of five (5), indicating that Resident #2 is severely cognitively impaired. Record review of Resident #2 Elopement Risk Score, dated 1/7/26, revealed that his score was 95 indicating he was at risk for elopement. A record review of the facility's investigation revealed Resident #1 entered the door code and opened the door at the end of the locked Alzheimer unit between 1:32PM and 1:35 PM on 01/20/26. Resident #1 and Resident #2 exited the facility. Resident #2 was seen on facility property and brought back into the facility by staff at approximately 1:48 PM. Resident #1 was noted to be missing at 1:52 PM. A Code Yellow (code for missing resident) was called and a room to (continued on next page)

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

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F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	room search for Resident #1 was initiated. When he was not located Resident #1's Responsible Party (RP) was called, along with the local County Sheriff's office. Resident #1 was believed to have phoned his girlfriend from his personal cell phone; she gave him the door code to get out of the locked unit and sent someone to pick him up. Facility staff phoned Resident #1's cell phone and it was determined by the road sounds that he had already been picked up by someone and was in a vehicle at that time, which was within 30 minutes of him leaving the facility. Resident #1 was asked who he was with, where he was and where he was going, but resident hung up the cell phone. Resident #1 was located in a different county by their local deputies at his home at approximately 3:00 PM. Resident #1 was transported back to the facility by county sheriff deputies and arrived at the facility at 3:50 PM. In an interview with the Administrator (ADM) on 2/2/26 at 1:30 PM, she verified that on 1/20/26 between 1:32 PM and 1:35 PM Resident #1 and Resident #2 exited the building through the back door of the unit and then left the courtyard through the gate. She stated staff responded to the alarm but did not see anyone outside. At around 1:48 PM Resident #2 was seen by a staff member outside on facility property and was brought back in. She stated Resident #2 confirmed that Resident #1 opened the door and they went out and then Resident #1 patted him on the shoulder and walked off. She further verified that Resident #1 was not located on the unit and a code yellow was called and a multifacility search was initiated. When Resident #1 was not found the Resident's Representative (RR) and local law enforcement was notified. Staff called Resident's cell phone and law enforcement was able to locate him on Highway 21, using the phone signal. Resident was located at his former home address and arrived back at the facility at 3:50 PM on 01/20/26. During an interview with Registered Nurse (RN) #1 on 2/2/26 at 2:00 PM she stated on 1/20/26 she was at the nurse's station with another RN when a door alarm sounded. She stated that the other RN responded to the alarm but did not see anyone outside. Approximately 20 minutes later one of the Certified Nursing Assistants (CNA) reported that Resident #2 was outside on facility property but, Resident #1 was missing. She stated that the other RN called a Code Yellow and a room-to-room search was initiated, but the resident could not be located. During an interview with CNA #1 on 2/2/226 at 2:15 PM, she stated that she had last seen Resident #1 and Resident #2 right after their lunch around 1:00 PM leaving the dining area. She stated she then went to lunch and returned a little after 1:30 PM, and upon her return a door alarm was sounding. She stated she went to the door that leads to the courtyard and did not see anyone outside. In an interview with CNA #2 on 2/2/26 at 2:20 PM, she stated she had last seen Resident #1 and Resident #2 around 1:00 PM leaving the dining room. She stated that while in the room caring for another resident, she saw Resident #2 outside on facility property and alerted the staff. She stated that Resident #1 told her that Resident #2 let him outside. She stated that they did not see Resident #2, so they notified the nurse and a Code Yellow was called. She stated that they have given the door code to family and visitors in the past so that they can get in and out of the unit. She further stated Resident #1 was wearing a pullover shirt, black leather jacket, long pants and tennis shoes. Resident #2 was wearing a long shirt, sweatpants and gray shoes. Telephone interview with Resident #1's RR on 2/2/26 at 2:40 PM, she stated she believed that Resident #1's girlfriend gave him the door code and arranged a ride for him back to his home. She did not have contact information/name for resident's girlfriend. She stated that no family members gave him a ride to his home and she was unaware of who did. Interview with Resident #2 on 2/2/26 at 2:55 PM, he stated that Resident #1 opened the door and let him outside. He stated he just went out for some fresh air and came back inside. Interview with Resident #1 on 2/2/26 at 3:00 PM he stated that he knew the code to the back door so he entered it and left the facility. He stated that he just wanted to go home. Resident #1 denied getting the code from (continued on next page)

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F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	anyone else. He stated he walked to the school near Highway 21 where his cousin picked him up and took him home. Record review of local historical weather revealed it was between 45 and 50 degrees between 1:30 PM and 4:00 PM on 1/20/26. Corrective Action Plan The facility implemented the following Corrective Action Plan prior to the State Agency's entrance on 2/2/26: On 01/20/26 at approximately 1:32-1:35 PM, the door alarm sounded to exit door into enclosed courtyard of Facility Alzheimer's Unit. Certified Nurse Aide (CNA) Staff Member noted no residents visualized in courtyard and silenced the alarm. On 01/20/26 at approximately 1:48-1:50 PM, Certified Nurse Aide noted resident # 2 standing outside of Alzheimer's Unit. On 01/20/26, at approximately 1:50 PM, CNA Staff immediately recovered resident # 2 and returned him to unit and immediately placed on one-to-one monitoring to ensure safety. Resident # 2 stated that resident # 1 let him out. On 01/20/26 at approximately 1:52PM, a resident head count performed on Unit with all residents accounted for except resident #1. On 01/20/26 at approximately 1:59 PM, the Unit Manager initiated Code Yellow. On 01/20/26 at approximately 1:59 PM, Facility Administration and Law Enforcement were notified. On 01/20/26 at approximately 2:00 PM, multifacility property search was initiated by all departments of the Nursing Home and Hospital. On 01/20/26 at approximately 2:15 PM, Facility Administrator obtained residents cellphone number from Residents responsible party and called resident. Law enforcement was able to ping cellphone location. On 01/20/26 at approximately 2:25 PM, residents responsible party arrived at facility and informed facility administration that she knew her dad was headed home. Responsible party stated resident called his sister and informed her he had busted out and headed home with assistance of his girlfriend and girlfriend's family per private auto. On 01/20/26 at approximately 3:00 PM, resident was located by Sheriff's Department at his home address. On 01/20/26 at 3:50 PM, Resident # 1 returned to facility by Sheriff's Department and was immediately placed one to one monitoring by unit manager to ensure safety. On 01/20/26 at 3:57 PM, the Mississippi State Department of Health notified via hotline by Assistant Director of Nursing. On 01/20/26 at 4:00 PM, Resident # 1 was assessed by the Unit Manager for any distress or injury with no abnormal findings. On 01/20/26 at approximately 4:00 PM, all the exit doors to Alzheimer's unit codes were changed to secure unit by Maintenance staff. On 01/20/26 at 6:00 PM, Assistant Director of Nursing initiated Elopement and Wandering In-service with all staff and all staff to be in serviced on next scheduled working day. No staff will be allowed to work until in-service are completed. This Inservice included Policy and Procedures for elopement and wandering, security of door code privacy, resident supervision, and safety. On 01/20/26 at 8:00 PM, the Administrator, Director of Nursing and Assistant Director of Nursing reviewed Elopement and Wandering Resident Polices with no changes. On 01/20/26 at 8:30 PM, Assistant Director of Nursing reviewed 100% of Alzheimer's Unit Residents Elopement Care plans with no issues noted. On 01/21/26 at 1:30 PM, a doorbell was obtained and installed by maintenance staff on unit to allow visitors to call unit for visitation access. No visitor will have access to unit codes. On 01/21/26 at 2:00 PM, Quality and Regulatory Affairs Director held Post Elopement Event Review/ Quality Assurance Meeting to review safety Measures and ongoing monitoring. Medical Director was in attendance via phone. Other staff in attendance were Nursing Home Administrator, Director of Nursing, Assistant Director of Nursing, Unit Managers, Quality Assurance Nurse, Director of Facility Maintenance, Director of Security, Infection Preventionist, Quality and Regulatory Affairs representative. Event details, root cause analysis with corrective actions that have been implemented were discussed by the committee with no recommended changes at this time. Committee agreed to continue current monitoring and will follow up at later date to review monitoring. On 01/21/26 at 3:00 PM, the Safety alarm was placed on exit gate by Maintenance staff of Alzheimer's unit to notify staff when gate in courtyard is ajar. On 01/21/26 at (continued on next page)

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F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	approximately 3:00 PM, Safety Alarm Checks initiated to ensure door closed and proper alarm functioning by Facility Administrator and nursing to continue every shift. On 01/22/26 at 07:00 AM, Resident # 1 was changed to every fifteen-minute checks. On 01/22/26 at approximately 2:00 PM, the Information Technology Director ordered Badge access for all entry/exit doors on Alzheimer's unit and will be installed upon arrival. On 01/22/26 at 7:38 PM, the Assistant Director of Nursing submitted a written investigation report via email to Mississippi State Department of Health. On 01/26/26 at approximately 09:00 AM, Activity Staff member scheduled by Activity Director Monday through Friday 09:00 AM - 5:00 PM, for increased monitoring and activities on Alzheimer's unit. On 01/26/26 at 5:00 PM, the Assistant Director of Nursing placed resident # 1 back on one-to-one monitoring for increased exit seeking behaviors and will remain ongoing unless acute status changes. On 01/27/26 at approximately 11:00 AM, live view cameras with screen installed at nurses' station for increased supervision of all entrance/exit doors to Alzheimer's unit by Information Technology Director. On 01/27/26 at 08:00 AM, the Director of Facility Maintenance ordered hallway mirrors for increased visualization of hallways and exit doors, and these will be installed upon arrival. On 01/30/26 at 11:00 AM, Quality and Regulatory Affairs Director held a follow up facility quality assurance meeting to discuss ongoing Elopement Plan, effectiveness, and monitoring. The committee recommended no changes to current plan. Attendees included: Medical Director, Administrator, Director of Nursing, Assistant Director of Nursing, Unit Managers, Quality Assurance Performance improvement nurse, Minimum Data Set Coordinator, Licensed Dietician, Activities Director, Director of Environmental Services, Director of Facility Maintenance, Director of Rehab, Director of Social Services, Dietary Director, Infection Preventionist, Medicare Coordinator, Emergence Operations Plan Director, Facility Family Nurse Practitioner, Quality and Regulatory Affairs Representative. All corrective actions were completed on 1/21/26 and the facility alleges the IJ was removed on 1/22/26. Validation: The State Agency (SA) validation of the Corrective Action Plan was made on-site during the Complaint Investigation (CI) MS #2722725 through observation, record review and interviews on 2/3/26. The SA determined all corrective actions were completed on 1/21/26 and the IJ was removed on 1/22/26.