

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255140	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/10/2026
NAME OF PROVIDER OR SUPPLIER The Bluffs Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2850 Porter's Chapel Road Vicksburg, MS 39180	
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 - Few	Provide and implement an infection prevention and control program. Based on observation, staff interview, record review and facility policy review, the facility failed to implement Enhanced Barrier Precautions (EBP) when staff did not wear a gown during Percutaneous Endoscopic Gastrostomy (PEG) tube medication administration for one (1) of four (4) residents reviewed for infection control practices. Resident #1. Findings Included: Record review of facility policy, Enhanced Barrier Precautions, latest review date 6/30/25, revealed, Enhanced Barrier Precautions refer to an infection control intervention designed to reduce transmission of multidrug-resistant organisms that employ targeted gown and glove use during high contact resident care activities. EBP are indicated for residents with any of the following: indwelling medical devices. Indwelling medical device examples include feeding tubes. Record review of signage posted outside Resident #1's room revealed a notice indicating Enhanced Barrier Precautions (EBP) and instructed that providers and staff must wear gloves and a gown during high-contact resident care activities, including device care and use involving a feeding tube. Observation on 2/10/26, at 9:00 AM, of Licensed Practical Nurse (LPN) #1 administering medications via Resident #1's Percutaneous Endoscopic Gastrostomy (PEG) tube revealed that she did not don a gown prior to administering medications. Interview with LPN #1 on 2/10/26, at 9:25 AM, revealed that she stated EBP were used to prevent the spread of infection. She verified that she did not wear a gown while administering medications through Resident #1's PEG tube and agreed that she should have worn a gown. Interview with the Director of Nursing (DON) on 2/10/26, at 10:00 AM, revealed that she verified it was her expectation that LPN #1 would have worn a gown when administering medications through a PEG tube in accordance with Enhanced Barrier Precautions. Record review of the admission Record revealed the facility admitted Resident #1 on 11/17/25, with diagnoses including ENCOUNTER FOR ATTENTION TO GASTROSTOMY.		

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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