

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  255146	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/02/2025
NAME OF PROVIDER OR SUPPLIER  Yazoo City Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  925 Calhoun Avenue Yazoo City, MS 39194	

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)
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>Based on observation, resident and staff interview, and facility policy review, the facility failed to provide incontinence care in accordance with the resident's care plan for one (1) of 10 residents reviewed for activities of daily living (ADLs). Resident #1 Findings Include: Record review of the facility policy titled Activities of Daily Living, Supporting revealed Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming and personal and oral hygiene. Appropriate care and services will be provided for residents who are unable to carry out ADLs independently in accordance with the plan of care including appropriate support and assistance with: c. elimination (toileting). Record review of the Care Plan Report for Resident #1 revealed The resident has and ADL self-care performance deficit related to Paraplegia, Hypertension (HTN), C5-C7 spinal cord injury. Interventions included: Toilet use: The resident requires total assistance times two (2) staff for toileting. Further review of revealed I have potential for impairment of my skin integrity related to Paraplegia. Interventions included: Incontinent care as needed. Observation and interview on 12/2/25 at 8:19 AM, with Certified Nursing Assistant (CNA) #1 of Resident #1's incontinence pad and brief, she verified the presence of a light brown ring of dried urine and a saturated brief. She agreed that the discoloration and saturation were consistent with urine and likely occurred because the resident had not been changed throughout the night and confirmed that he had not been changed since her shift began at 7:00AM. In an interview with the Director of Nursing (DON) on 12/2/25 at 11:00 AM, she stated that the care plan is used so that staff know what care to provide to the resident. She agreed that facility failed to follow Resident #1's care plan when they failed to provide incontinent care throughout the night. Record review of the admission Record revealed that the facility admitted Resident #1 on 8/20/25 with a diagnosis of Paraplegia. Record review of Minimum Data Set Assessment (MDS) with an Assessment Reference Date (ARD) of 8/29/25 revealed a Brief Interview for Mental Status (BIMS) score of 15 which indicated that Resident #1 was cognitively intact. Further review of the MDS revealed that Resident #1 was dependent with toileting.</p>

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>Based on observation, resident and staff interview, and facility policy review the facility failed to provide Activities of Daily Living (ADL) assistance to a dependent resident related to incontinent care for one (1) of 10 residents reviewed for ADLs. Resident #1. Findings Include: Record review of the facility policy titled Activities of Daily Living, Supporting revealed Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming and personal and oral hygiene. Appropriate care and services will be provided for residents who are unable to carry out ADLs independently including appropriate support and assistance with: c. elimination (toileting). On 12/2/25 at 8:15 AM, in an interview with Resident #1, he stated that a Certified Nursing Assistant (CNA) did not come in and change him during the night. He stated that if he is asleep, staff will not check or change him, and would they leave him wet. On 12/2/25 at 8:17 AM, an observation of Resident #1's incontinence pad and brief revealed a light brown colored ring of urine covering the pad and his incontinence brief was saturated with urine and spilling out onto the incontinence pad. On 12/2/25 at 8:19 AM, during an observation and interview with Certified Nursing Assistant (CNA) #1 who was assigned to Resident #1, confirmed that his incontinence pad and brief had a light brown ring of urine and his brief was saturated with urine. CNA #1 confirmed that the discoloration and urine saturation were consistent with the resident not being changed throughout the night. She stated he should have been changed him this morning already but hasn't. On 12/2/25 at 8:25 AM, in an interview with the Director of Nursing (DON) and Assistant Director of Nursing (ADON), they stated that residents should be checked and provided incontinent care at least every two (2) hours. They agreed that the light brown ring on the incontinence pad and the saturated brief indicated the resident had not been provided incontinent care timely. Record review of the admission Record revealed that the facility admitted Resident #1 on 8/20/25 with a diagnosis of Paraplegia. Record review of Minimum Data Set Assessment (MDS) with an Assessment Reference Date (ARD) of 8/29/25 revealed a Brief Interview for Mental Status (BIMS) score of 15 indicated that Resident #1 was cognitively intact. Further review of the MDS revealed that Resident #1 was dependent with toileting.</p>		