STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255153	A. Building B. Wing	11/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bedford Care Center of Newton	1009 South Main Street Newton, MS 39345

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 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to provide required written notice of its bedˆhold policy and transfer/discharge notification for a resident who was transferred to an acute care hospital two (2) times for one (1) of one resident reviewed for hospitalizations. Resident #36Findings include:A record review of the facility's policy, Transfer and Discharge, revised 10/01/22 revealed . It is the policy of this facility to permit each resident to remain in the facility, and not initiate transfer or discharge for the resident from the facility, except in limited circumstances . Definitions.'Transfer and discharge' includes movement of a resident to a bed outside of the certified facility whether that bed is in the same physical place or not . Policy Explanation and Compliance Guidelines: . 4. The facility's transfer/discharge notice will be provided to the resident and the resident's representative in a language and manner in which they can understand. The notice will include all of the following at the time it is provided: a. The specific reason and basis for transfer or discharge. b. The effective date of transfer or discharge. c. The specific location .to which the resident is to be transferred or discharged .A record review of the admission Record revealed the facility admitted Resident #36 originally on 10/15/25 with a re-admission on [DATE]. He had diagnoses including Hemiplegia And Hemiparesis Following Cerebral Infarction.A record review of the Discharge Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 10/17/25 revealed Resident #36 was discharged to an acute hospital with return anticipated. A review of Section C Staff Assessment for Mental Status revealed Resident #36 had memory problems and moderately impaired cognitive skills for daily decision making. A record review of the Discharge MDS with an ARD of 11/01/25 revealed Resident #36 was discharged to acute hospital with return not anticipated. On 11/19/2025 at 11:33 AM, during an interview with Administrator Assistant, she reported she is the staff member responsible for mailing out hospital transfer and bed hold notifications. She explained for Resident #36 she did not mail a notification to his Resident Representative (RR) because he was discharged each time he was transferred to the hospital. She further explained that Resident #36's RR opted to not pay for bed hold when he was admitted , and confirmed the RR was not provided written notification upon each transfer that occurred on 10/17/25 and 11/1/25. The Administrator Assistant stated she was not aware that if the resident was discharged and chose not to pay bed hold upon admission, that she should provide written notification with each transfer or discharge. On 11/19/2025 at 4:00 PM, during an interview with the Business Office Manager, she confirmed that the Assistant Administrator did not mail or provide written notification regarding resident transfer and bed hold information for Resident #36 for 10/17/25 and 11/1/25. She was not aware that if a resident was discharged , the facility must provide written notification regarding the resident transfer and bed hold information. On 11/19/2025 at 04:25 PM, during a phone interview with Resident #36's RR, she confirmed that she signed on admission for Resident to not have a bed hold due to not having a payment source. She confirmed that she never received written notification regarding the transfers or bed hold information when the resident was transferred to an acute hospital on [DATE] and 11/1/25. On 11/20/2025 at 2:18 PM, during an interview with the Administrator, she reported she had been (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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	informed that the facility failed to provide written notification of resident transfer/discharge for Resident #36 on 10/17/25 and 11/1/25. She stated she expected written notification to be provided to the resident and/or the RR at each transfer and discharge.