

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255161	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2025
NAME OF PROVIDER OR SUPPLIER Nmmc Baldwyn Nursing Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 739 4th Street South Baldwyn, MS 38824	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>30908</p> <p>Based on resident and staff interviews, and facility policy review, the facility failed to honor a resident right to vote in the 2024 election for one (1) of 23 sampled residents. Resident #72</p> <p>Findings Include:</p> <p>Review of the facility policy titled Resident Rights: Participation in Groups and Activities of Choice with a review date of 2/12/24 revealed under, Procedure: . Residents should be encouraged to exercise their rights to vote in local, state, and national elections.</p> <p>An interview with Resident #72 on 1/8/24 at 8:11 AM revealed she had lived at the facility for over a year and did not get to vote this past election. She explained that she was registered to vote in a different county and had waited for the staff to bring her the necessary forms to complete, but no-one ever did. She revealed she always voted in the past, and it was important for her to continue to do so.</p> <p>An interview with Social Services (SS) on 1/8/24 at 10:10 AM revealed she did not go room to room and speak with the residents individually regarding their desire to vote in the past election. She explained that she spoke with some residents in a resident council meeting and told them, if they wanted to vote, they needed to come talk to her. She revealed Resident #72 did not tell her that she wanted to vote and confirmed that she should have directly spoke with the resident regarding her wishes and acknowledged this was the resident's right to participate and cast her vote.</p> <p>An interview with the Administrator (ADM) on 1/8/24 at 10:43 AM confirmed the facility should have spoken with Resident #72 regarding her desire to vote and ensured she was able to vote.</p> <p>Record review of the Face Sheet revealed the facility admitted Resident #72 on 11/29/23.</p> <p>Record review of the Annual Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 11/27/24, revealed under, section C, a Brief Interview for Mental Status (BIMS) summary score of 15, which indicated Resident #72 is cognitively intact.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255161	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2025
NAME OF PROVIDER OR SUPPLIER Nmmc Baldwyn Nursing Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 739 4th Street South Baldwyn, MS 38824	
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p>41878</p> <p>Based on observation, staff interviews, and facility policy review, the facility failed to provide a clean, safe, and homelike environment as evidenced by bugs in ceiling lights, walls and ceiling in disrepair, blind slats broken and bent, broken wood molding, unclean air/heating unit and floors for six (6) of 67 rooms in facility.</p> <p>Findings include:</p> <p>Record review of facility policy titled, Resident Rights: Dignity and Respect, dated 2/12/24, revealed, To provide the kind of care to our residents that should maintain and enhance their dignity, individuality, and quality of life by the following treatment. a living environment that is safe, clean, and comfortable.</p> <p>During an initial observation on 1/6/25 at 12:10 PM, room A-12 was noted to be in disrepair and had multiple areas of the room that had paint missing on the walls. Several areas of the room were observed that included an area by door measuring approximately eight (8) inches x 6 inches, an area near the bathroom counter measuring approximately four (4) inches x five (5) inches, and other smaller areas scattered around the room that were all missing paint. Approximately 15 dead bugs were observed in the ceiling light fixture and multiple water stains were covering most of the ceiling tiles. The wood molding on the center of the wall approximately shoulder high behind the resident's headboard was broken with a sharp point protruding from the wall surface. The window blinds were noted to be in disrepair with multiple bent and broken slats, along with dust and debris that was noted in the corners of the room and on edges of the floor around the floor molding.</p> <p>On 1/8/25 at 9:30 AM, during an interview and observation of room A-12, the Environmental Service (EVS) Manager confirmed the areas of concern in this room which included missing paint, water stains on ceiling tiles, bugs in light fixture, blind slats bent and broken, floor with dust and debris, and broken wood molding with sharp point that could cause an injury. She stated their process for repairs was for staff to note these concerns and notify her and she would put in a work order for maintenance and this process was not followed for this room. She confirmed the facility failed to maintain the room in good repair and to ensure each resident had a safe, clean, comfortable, and homelike environment.</p> <p>During an interview on 1/8/25 at 11:20 AM, the Assistant Administrator confirmed the environmental and maintenance concerns for this room. He confirmed the facility failed to ensure each resident had a clean, safe, and homelike environment.</p> <p>45598</p> <p>ROOM #C-14</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255161	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2025
NAME OF PROVIDER OR SUPPLIER Nmmc Baldwyn Nursing Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 739 4th Street South Baldwyn, MS 38824	
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An observation in room C-14 bathroom on 01/06/25 at 9:55 AM and on 01/07/25 at 8:30 AM revealed a foul odor was noted. Further observations revealed there was an area measuring approximately one foot by one foot of yellow dried substance on the floor to the right of the commode in the resident's bathroom.</p> <p>An observation and interview with the Assistant Administrator on 01/07/25 at 3:35 PM in Room C-14, revealed that resident rooms and bathrooms were supposed to be cleaned every day. He agreed that the bathroom in room C-14 had an odor and confirmed that there was a dried yellow substance on the floor to the right of the commode. He revealed that he would get housekeeping in to mop it now.</p> <p>An interview with EVS Manager on 01/08/25 at 9:08 AM revealed that all resident rooms and bathrooms were supposed to be cleaned and mopped every day. She revealed that she wasn't sure why the floor in Room C-14 bathroom was missed and stated, That's an issue with me. The EVS Manager confirmed that not mopping the bathroom in Room C-14 was not acceptable and she agreed that the room was not a clean, homelike environment for the resident. She also revealed that she would address this issue with her staff.</p> <p>ROOM #E-3</p> <p>An observation in Room E-3 on 01/06/25 at 11:45 AM revealed an area approximately two feet by three feet on the wall behind the resident's bed with paint scraped off, sheet rock peeling and an electrical wall outlet cover broken off with the left half missing.</p> <p>An interview with Maintenance on 01/08/25 at 9:00 AM revealed that if staff noticed anything needing his attention in the facility, they put in a work order, and he got to it as soon as he could. He revealed that when he received work orders, he prioritized their needs and addressed the issues as soon as he could. Maintenance revealed that with the age of the building, it was hard to keep up. Maintenance confirmed that the wall behind the bed in Room E-3 was in disrepair and confirmed that the electrical wall socket cover was broken. He revealed that he had not received a work order on that room and would get it taken care of. He also agreed that room E-3 was not a homelike environment for the resident.</p> <p>An observation in Room E-3 and interview with the EVS Manager on 01/08/25 at 9:15 AM, confirmed that the wall behind the head of the bed was in disrepair and in need of painting. She also confirmed that the electrical socket behind the bed was broken and needed to be replaced and revealed that she would put in a work order now. The EVS Manager revealed that any concerns with the building in need of repair were supposed to be reported to Maintenance and if he couldn't fix the problem, he contacted someone from the main unit. EVS Manager stated, This should have been noticed and reported and we'll take care of it.</p> <p>An interview with the Administrator on 01/08/25 at 10:45 AM, revealed that it was the responsibility of anyone who noticed a problem to put a work order in to maintenance. He revealed that this was an older building with challenges and stated, We need to put work orders in and follow up.</p> <p>47874</p> <p>ROOM B-7, B-9 AND B-15</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255161	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2025
NAME OF PROVIDER OR SUPPLIER Nmnc Baldwyn Nursing Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 739 4th Street South Baldwyn, MS 38824	
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An observation of room B-7 on 1/06/25 at 9:30 AM revealed a clear rectangular ceiling light covering with 12 dead brown insects inside.</p> <p>An observation of room B-9 on 1/06/25 at 9:46 AM revealed the outer plastic airflow vent on the air/heat unit was covered in a black and white substance that was in a droplet pattern.</p> <p>An observation of room B-15 on 1/06/25 at 11:51 AM revealed two clear rectangular ceiling light coverings with 15-20 dead brown insects inside.</p> <p>An observation and interview with EVS Manager on 1/8/25 at 9:30 AM revealed housekeeping was responsible for cleaning all the resident rooms every day. She explained that cleaning involved sweeping, mopping, dusting, emptying the garbage and whatever else that was needed. She revealed that the rooms were deep cleaned once weekly, which was a more in-depth cleaning such as wiping down the mattresses. The EVS Manager revealed the facility just started doing angel rounds a couple of weeks ago, which entailed an assigned staff member to every room to do a daily walkthrough and to look for any environmental concerns. She revealed if the residents had a complaint about their room or an issue was identified, a work order must be completed for maintenance to be fixed. She revealed after maintenance resolved the issue, he was required to sign off on the work order to show completion. During a walkthrough of rooms B-7 and B-15, the EVS Manager confirmed the dead insects in the ceiling light covers and stated, That's some kind of bug. She revealed maintenance would be responsible for cleaning the light covers. She explained that any staff member who noticed a concern could have reported the issue. During a walkthrough of room B-9, the EVS Manager confirmed the air/heat unit vents were covered in a black and white substance. She explained it could be coming from a dirty filter. She revealed housekeeping was responsible for cleaning the vents daily with a Swiffer duster, and maintenance was responsible for changing and cleaning the filter. The EVS Manager confirmed her expectations were for the residents to have a clean, safe environment.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255161	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2025
NAME OF PROVIDER OR SUPPLIER Nmmc Baldwyn Nursing Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 739 4th Street South Baldwyn, MS 38824	
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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>47874</p> <p>Based on staff interview and record review, the facility failed to accurately complete section A of the Minimum Data Set (MDS) for a resident with a serious mental illness for two (2) of 26 MDS reviewed. Resident #2 and #76</p> <p>Findings Include:</p> <p>The facility provided a statement on letterhead dated 1/8/25 and signed by the Administrator that read, We follow the CMS (Centers for Medicare and Medicaid) RAI (Resident Assessment Instrument) version 3.0 for policy information regarding MDS (Minimum Data Set) accuracy.</p> <p>Resident #2</p> <p>Record review of Resident #2's PASRR (Preadmission Screening and Resident Review) Summary Findings dated 6/25/24 revealed under, Mental Health: . The individual meets criteria for having a diagnosis of mental illness as defined by PASRR. Also revealed under, Axis I primary: Schizophrenia was listed.</p> <p>Record review of the Admission MDS with an Assessment Reference Date (ARD) of 8/5/24 revealed under section A 1500, Is the resident considered by state level II PASRR process to have serious mental illness and /or intellectual disability or a related condition? No was answered.</p> <p>Resident #76</p> <p>Record review of Resident #76's PASRR Summary Findings dated 2/27/24, revealed under, Mental Health: . The individual meets criteria for having a diagnosis of mental illness as defined by PASRR. Also revealed under, Axis I primary: Bipolar Disorder, Axis I secondary: Mood Disorder, Axis I tertiary: Post Traumatic Stress Disorder was listed.</p> <p>Record review of Resident #76's Annual MDS with an ARD of 6/5/24 revealed, under section A 1500, Is the resident considered by state level II PASRR process to have serious mental illness and /or intellectual disability or a related condition? No was answered.</p> <p>An interview with the MDS Nurse on 1/8/25 at 2:50 PM revealed, she was informed by Social Services (SS) that they did not have any residents that was considered by the state PASRR process to have a serious mental illness and required a level II. She confirmed Resident #2 and #72's MDS was coded inaccurately and revealed the purpose of having correct information was to ensure the residents' plan of care was created and for billing purposes.</p> <p>An interview with SS on 1/8/25 at 3:10 PM revealed, she was aware Resident #2 and #76 received a level II PASRR and confirmed she did not relay the information to the MDS department.</p> <p>Record review of the Patient Demographics revealed the facility admitted Resident #2 on 7/29/24.</p> <p>Record review of the Patient Demographics revealed the facility admitted Resident #76 on 6/20/23.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255161	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2025
NAME OF PROVIDER OR SUPPLIER Nmmc Baldwyn Nursing Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 739 4th Street South Baldwyn, MS 38824	
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 0851</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41878</p> <p>Based on staff interview and record review, the facility failed to submit accurate information into the Payroll Based Journal (PBJ) system for one (1) of four (4) quarters reviewed. Fourth Quarter 2024</p> <p>Findings include:</p> <p>Record review of facility policy titled, Staffing Guidelines, undated, revealed, Guidelines for Payroll Based Journal submission: 1. The facility shall submit staffing data to the Centers for Medicare and Medicaid Services (CMS) via CMS's Payroll Based Journal electronic data submission portal. 2. The facility shall submit staffing data in a uniform format according to specifications established by CMS.</p> <p>Record review of PBJ Staffing Data Report revealed the facility had Excessively Low Weekend Staffing for the fourth quarter of 2024.</p> <p>Upon entry into the facility on [DATE] at 9:10 AM, an interview with the Assistant Administrator revealed the facility had not been short staffed during the weekends or the week and he was uncertain why the PBJ report reflected that. He stated he would gather the necessary information for this concern.</p> <p>During an interview on 1/8/25 at 10:35 AM, the Managerial Assistant revealed she was the person responsible for entering the information into the PBJ system. She stated she began this job on 6/3/24, so during the fourth quarter she was new to the position. She revealed the clocking system automatically entered the hourly staff working into the system, but when a salary staff member works outside their normal hours, their time had to be entered manually. She stated the shifts were sufficiently covered during the fourth quarter and she confirmed that since she was new to the position it was likely that the data was not entered accurately. She stated she now had a better system of entering the salary employees' time, but at that time it was very likely it was entered inaccurately.</p> <p>An interview with the Assistant Administrator on 1/8/25 at 10:55 AM, revealed each shift was sufficiently staffed during the fourth quarter. He acknowledged the employee responsible for entering the information into the PBJ system was new to that position. He confirmed that since the facility was adequately staffed, the concern had to be due to the salary employees' time not entered into the system accurately. He confirmed the data entered should reflect the accurate staffing information in the facility.</p>		