

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  255173	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/17/2026
NAME OF PROVIDER OR SUPPLIER  Grand Trace Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  555 John R. Junkin Drive Natchez, MS 39120	
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>Based on interviews, record review, and facility policy review, the facility failed to ensure the resident's right to receive visitors of her choosing for one (1) of five (5) residents sampled for resident rights. Resident #1. Findings include: A review of the facility's policy titled, Resident Rights, with Review/Revision Date 11/14/25, revealed, Resident Rights. The resident has the right to dignified existence, self-determination, and communication and access to person and services inside and outside the facility. 5. Self-determination. d. The resident has a right to receive visitors of his or her choosing at the time of his or her choosing, subject to the resident's right to deny visitation when applicable, and in a manner, that does not impose on the rights of another resident. On 2/17/26 at 11:30 AM, during an interview, Resident #1 reported she was aware that on the afternoon of 1/11/26 her friend had been turned away by staff and was not allowed to visit her. On 2/17/26 at 3:16 PM, during a telephone interview, the complainant reported he was a friend of Resident #1 and had visited her several times each week without prior concern. He explained that during a visit one afternoon in January 2026, between lunch and dinner, staff told him to leave the facility and refused to allow him to stay or notify Resident #1 that he was there. On 2/17/26 at 3:50 PM, during an interview, Resident #1 stated, I really hope I get to see my friend again. We didn't do anything wrong and we are both adults. On 2/17/26 at 5:30 PM, during an interview, the Interim Director of Nursing (IDON) reported she was aware residents have the right to visitors of their choice at a time of their choice. She confirmed Resident #1 had a friend she met at a day program and that the complainant had been prohibited from visiting Resident #1 in January 2026. She stated, I'm the one that asked him to leave the premises, and confirmed staff did not notify Resident #1 that she had a visitor. On 2/17/26 at 5:32 PM, during a telephone interview, the Administrator reported he was not aware of the situation in which a resident's visitor had been asked to leave the facility. He stated residents have the right to receive visitors of their choosing at a time of their choosing. He explained that if safety concerns exist, the facility can implement care-planned interventions such as supervision or a designated location for visits. A record review of the admission Record revealed the facility admitted Resident #1 on 11/2/22 with diagnoses including Major Depressive Disorder. A record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 12/31/25 revealed Resident #1 had a Brief Interview for Mental Status (BIMS) score of fifteen (15), which indicated she was 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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:  255173	Facility ID:  255173  If continuation sheet Page 1 of 1