

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255192	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/19/2025
NAME OF PROVIDER OR SUPPLIER Claiborne County Senior Care		STREET ADDRESS, CITY, STATE, ZIP CODE 2124 Old Hwy 61 South Port Gibson, MS 39150	

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 0605</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function.</p> <p>Based on observation, interview, and record review, and facility policy review the facility failed to discontinue an as-needed (PRN) order for a psychotropic medication beyond the allowable fourteen (14) day period, for one (1) of five (5) medication reviews (Resident #58).</p> <p>Findings included:</p> <p>A review of the facility's policy, Medication Monitoring (Drug Regimen Review Monthly Review), undated, revealed, The facility supports pharmacy services that promote quality care including drug regimen review (DRR). DRR is defined as the systematic evaluation of drug therapy viewed within the context of resident-specific data. The consultant pharmacist reviews the medication regimen of each resident at least monthly. Findings and recommendations are reported to the Administrator, Director of Nursing, the attending physician, and the Medical Director, when appropriate.</p> <p>A record review of Resident #58's Physician Orders revealed an order dated 5/24/2024 for Haldol Decanoate Intramuscular Solution 50 MG/ML (milligrams/milliliters) to inject fifty (50) mg intramuscularly as needed for increased agitation and aggressive behavior, not to exceed 100 mg per month, and an order dated 9/11/24 for Haldol Decanoate Intramuscular Solution 50 MG/ML (Haloperidol Decanoate) to be administered once a month on the twenty-third (23rd) of each month.</p> <p>A record review of Resident #58's Electronic Medication Administration Record (eMAR) for May and June 2025 revealed the resident did not receive the PRN dose of Haldol.</p> <p>On 06/19/2025 at 11:42 AM, during a phone interview with the Nurse Practitioner (NP), they explained that they review all medications and orders. They reported the Haldol order should be discontinued after fourteen (14) days and that Haldol cannot be written as an as-needed medication for a year.</p> <p>On 06/19/2025 at 1:19 PM, during a phone interview with the Pharmacy Consultant, she explained that she visits the facility monthly and review orders. She stated that when an order needs to be stopped after fourteen (14) days, a note is placed in the dashboard. She stated that to continue Haldol beyond fourteen (14) days, a physician must conduct a physical evaluation and rewrite the order.</p> <p>On 06/19/2025 at 2:08 PM, during an interview with the Director of Nursing (DON), she explained the order should have been discontinued after fourteen (14) days. She stated that to maintain the order, a new evaluation and written order are required. She acknowledged that it is their responsibility along with the Charge Nurse to ensure this is completed and reported the oversight was due to human error.</p> <p>(continued on next page)</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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<p>F 0605</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A record review of Resident #58's admission Record revealed an admission date of 12/21/2023, with diagnoses including Schizophrenia, unspecified, and Major Depressive Disorder.</p> <p>A record review of Resident #58's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 3/17/2025 revealed a Brief Interview for Mental Status (BIMS) score of fifteen (15), which indicates cognitively intact.</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, record review and facility policy review, the facility failed to provide peri-care in accordance with professional standards of care for two (2) of four (4) peri-care observations (Resident #9 and Resident #15).</p> <p>Findings included:</p> <p>A review of the facility's policy, Perineal Care Policy, with a revision date of 1/2010, revealed, POLICY It is the policy of this facility to provide perineal cleanliness and comfort to the resident, to prevent infection and skin irritation and to observe the resident skin condition .</p> <p>Resident #9</p> <p>On 06/17/2025 at 2:10 PM, during an observation of peri-care for Resident #9 provided by Certified Nursing Assistant (CNA) 1 and assisted by CNA #2 revealed CNA #1 placed items on the nightstand beside the bed without a barrier in place. CNA #1 pulled out four wipes and cleaned the vaginal area front to back, pulling wipes from the pack a total of four times with soiled gloves. Resident #9 had feces in the back of her brief. CNA #1 removed gloves, sanitized hands, and proceeded to perform care in the buttocks area, again pulling wipes from the pack four times after starting care with dirty gloves. They then removed gloves, applied hand sanitizer, put on clean gloves, and applied a clean brief. Upon request by the State Agency to check for cleanliness, CNA #1 removed the brief and wiped a total of six additional times, each with visible smears of feces, until the resident was clean.</p> <p>On 06/17/2025 at 2:23 PM, during an interview with CNA #2, she explained that Resident #9 had smears of feces during the recheck. They stated that inadequate peri-care can lead to skin breakdown.</p> <p>On 06/17/2025 at 2:31 PM, during an interview with CNA #1, she confirmed that smears of feces were present during the recheck. She acknowledged that improper care could result in infection and skin breakdown.</p> <p>On 06/19/2025 at 1:50 PM, during an interview with the Director of Nursing (DON), She explained that CNAs are expected to follow the procedure for peri-care. She stated that improper care can lead to skin irritation and Urinary Tract Infections (UTIs).</p> <p>A record review of Resident #9's admission Record revealed an initial admission date of 4/26/2022 and a readmission date of 2/28/2025, with diagnoses including Acute Kidney Failure, Vascular Dementia, and Cognitive Communication Deficit.</p> <p>A record review of Resident #9's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 3/6/2025 revealed a Brief Interview for Mental Status (BIMS) score of ninety-nine (99), indicating the interview was not completed. The MDS dated [DATE], Section GG revealed the resident is dependent on toileting and hygiene.</p> <p>Resident #15</p> <p>(continued on next page)</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 06/18/2025 at 4:29 PM, during an observation of peri-care for Resident #15 provided by CNA #3 and assisted by CNA #4 revealed CNA #3 placed a barrier on the bedside table. Both CNAs washed hands and applied clean gloves. CNA #3 removed the brief and began care. She wiped the front to back in the groin area on each side, then wiped down the center of the labia one time. She did not wipe down the labial sides again. CNA #3 then sanitized hands, applied clean gloves, and continued care.</p> <p>On 06/18/2025 at 5:44 PM, during an interview with CNA #4, she confirmed that CNA #3 wiped down the center of the vagina only once. They stated proper care requires wiping each labial side front to back, then down the center. She acknowledged this failure could lead to a UTI.</p> <p>On 06/18/2025 at 5:49 PM, during an interview with CNA #3, she explained they were nervous and forgot to wipe down the sides. She acknowledged that this could result in a UTI for Resident #15.</p> <p>On 06/19/2025 at 1:55 PM, during an interview with the DON, She confirmed CNA #3 should have wiped each labial side and then the middle. She stated failure to do so could cause UTIs or infection and that staff are expected to follow the procedure as trained.</p> <p>A record review of Resident #15's admission Record revealed an admission date of 7/8/2022, with diagnoses including Urinary Tract Infection and Alzheimer's Disease.</p> <p>A record review of Resident #15's MDS with an ARD of 3/26/2025 revealed a BIMS score of ninety-nine (99), indicating the interview was not completed. Section GG revealed the resident is dependent on toileting and hygiene.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation, interview, record review and facility policy review, the facility failed to follow established guidelines for dating and labeling opened food items in the freezer and dry goods storage areas and failed to record food temperatures in the temperature log for breakfast during one (1) of four (4) survey days. This failure resulted in noncompliance with food safety standards and increased the risk of foodborne illness.</p> <p>Findings included:</p> <p>A review of the facility's policy, Food Storage Labeling, revised February 2015, revealed, The facility will ensure the safety and quality of food . 1 .All food items not in original package must be labeled .6.ii. Document the date the food is being stored .</p> <p>A review of the facility's policy, Monitoring Food Temperatures, policy #FP.8, revised February 2015, revealed .4. Storage temperatures should be recorded on the Cooked Food Storage Temperature Log .</p> <p>A record review of an in-service training dated 4/28/2025 revealed that topics included labeling, dating, temperature taking, and recording.</p> <p>On 06/16/2025 at 10:18 AM, during the initial kitchen tour with the Dietary Manager, during an observation, the following was observed: In the freezer, one (1) open, unlabeled box of egg rolls and (1) repackaged but undated bag of biscuits were discovered. In the dry goods area, there was (1) package each of opened and repackaged white cake mix, brownie mix, blueberry muffin mix, gelatin mix, and a five (5)-pack of graham cracker crusts-all without open dates. The temperature log for breakfast on 6/16/2025 did not contain recorded temperatures. The Dietary Manager acknowledged and confirmed all findings at the time of inspection.</p> <p>On 06/17/2025 at 10:20 AM, during a phone interview with the Registered Dietitian (RD), explained that they were disappointed with the department's condition during the inspection. The RD stated that expectations were for kitchen staff include following procedures for opening, dating, and labeling stored food items.</p> <p>On 06/19/2025 at 2:30 PM, during an interview the Administrator, explained the expectations for the dietary department are to follow facility policies and standard precautions regarding food safety and handling.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, record review and facility policy review the facility failed to provide incontinent care in a manner to prevent the possibility of cross-contamination for one (1) of four (4) peri-care observations (Resident #9).</p> <p>Findings included:</p> <p>A review of the facility's policy, Infection Prevention and Control Program, with a revision date of August 2017, revealed, It is a policy of this facility to establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable disease and infection.</p> <p>During an observation of peri-care on 06/17/2025 at 2:10 PM, for Resident #9 provided by Certified Nursing Assistant (CNA) #1 and assisted by CNA #2 revealed CNA #1 placed items on the nightstand beside the bed without a barrier in place. Both CNAs washed their hands and applied clean gloves. CNA #1 pulled out four wipes and cleaned the vaginal area front to back, pulling wipes from the pack a total of four times while wearing soiled gloves. Resident #9 had feces in the back of her brief. CNA #1 then removed gloves, sanitized hands, and continued care in the buttocks area, again pulling wipes from the pack four additional times after starting care with contaminated gloves.</p> <p>During an interview on 06/17/2025 at 2:23 PM, CNA #2, She explained that CNA #1 pulled additional wipes from the pack while still wearing dirty gloves.</p> <p>During an interview on 06/17/2025 at 2:31 PM, CNA #1, acknowledged that wipes should not have been pulled from the pack with soiled gloves. She confirmed a barrier was not used on the bedside table and that all needed wipes should have been removed prior to beginning care. She stated this was an infection control issue.</p> <p>During an interview on 06/18/2025 at 5:08 PM, Registered Nurse (RN) #1/Infection Preventionist (IP), explained that peri-care should be performed by two people: one clean and one dirty. She stated the clean person should pull out wipes for the dirty person to avoid contamination. She reported that improper peri-care can lead to infection and skin breakdown.</p> <p>During an interview on 06/19/2025 at 1:50 PM, the Director of Nursing (DON) stated CNAs are expected to follow established procedures for peri-care. She confirmed that Resident #9 could develop skin irritation and a urinary tract infection (UTI) due to the improper technique used. She reported that CNA #1 should have placed a barrier and removed wipes prior to beginning care.</p> <p>A record review of Resident #9's admission Record revealed an initial admission date of 4/26/2022 and a readmission date of 2/28/2025, with diagnoses including Acute Kidney Failure, Vascular Dementia, and Cognitive Communication Deficit.</p> <p>A record review of Resident #9's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 3/6/2025 revealed a Brief Interview for Mental Status (BIMS) score of ninety-nine (99), indicating the interview was not completed. The MDS, dated [DATE], Section GG revealed the resident is dependent on toileting and hygiene.</p>		