

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

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 05/14/2026
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)		
F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide enough food/fluids to maintain a resident's health. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interviews, record reviews and facility policy review the facility failed to provide sufficient weight management for one (1) of two (2) residents with weight loss. Resident #40. Findings Include: Record review of the facility policy, Management of Residents With Nutrition Problems dated 7/24 revealed A resident identified with nutrition problems or who are at risk of inadequate nutrition/hydration shall be evaluated and monitored by the Director of Food and Nutrition Services (DFNS)/ consultant dietician (CD) to ensure appropriate and timely interventions to maintain or improve nutrition status clinical conditions demonstrates that this is not possible. On 05/13/2026 at 11:35 AM, in an interview with Certified Nursing Assistant (CNA) #5 stated Resident #40 does not eat her meals. She prefers junk food and soda. She stated resident was in the day room and did not eat her food. CNA #5 pointed at the tray on the table. Nothing was eaten off the lunch tray. She stated that is typical of the resident. She stated residents do not eat breakfast or lunch. She may eat some if it is something she likes. On 05/13/2026 at 1:37 PM, in a phone interview with the Registered Dietician (RD) stated Resident #40 only wants sweets. She stated resident weight is up and down. The RD stated that the staff was telling her that the resident eats junk food. She stated she did not think about ordering an appetite enhancer. She stated honestly, I should have ordered it. On 05/13/2026 at 5:05 PM, during an observation, Resident #40 was lying in bed. The dinner tray was sitting on the bedside table. It contained chicken pasta, steamed broccoli, and a roll. She stated I am not eating that. I do not like pasta. Resident #40 had eaten 0% of the dinner tray. On 05/14/2026 at 1:26 PM, an interview with the Director of Nursing (DON) confirmed that Resident #40 has had significant weight loss. She stated the resident had a Percutaneous Endoscopic Gastrostomy (peg) tube and had pulled it out several times. She stated it was taken out after she pulled it out several times. She stated they tried placing a border over the peg tube and she still pulled it out. She stated residents have schizophrenia and will not eat food. On 05/15/26 at 8:22 AM, in a post survey phone interview with the Medical Doctor (MD) stated that Resident #40 has never had a peg tube. He stated the Resident Representative (RR) would not agree to a peg tube. He stated they tried Megace and it did not work. He stated Resident #40 she has been hospitalized numerous times, and they cannot find anything wrong. He stated the weight loss was contributed to Dementia. Record review of the Weights and Vitals Summary with a date range of 11/1/25 through 5/31/26 revealed the following: On 12/16/2025, Resident #40's weight was documented as 140 pounds (lbs.). On 03/10/2026, the resident weighed 118 lbs. On 04/7/2026, the resident weighed 116 lbs. On 05/05/2026, the resident weighed 114 lbs. indicating significant weight loss. Record review of the RD assessment dated [DATE] revealed .Reason for Assessment; SWL (significant weight loss) x 90 and 180 days, WL (weight loss) x 30 days. interventions recommended included Boost with morning tray for 60 days . Record review of the Order Summary Report with active orders as of 5/14/26 revealed an order dated 4/30/24 NAS (No added salt) Carb (carbohydrate) Consistent diet, Mechanical Soft texture, Regular liquids consistency. and an order dated 4/30/26, Boost in the morning. Record review of the admission Record revealed an admission date of 1/11/19 with current diagnoses that included Alzheimer's early onset and Abnormal weight loss. Record review of the Minimum Data Set with an Assessment (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
--	-------	-----------

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

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 05/14/2026
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)		
F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Reference Date of 4/21/26 revealed a Brief Interview for Mental Status score of 10 indicating moderate cognitive impairment.		

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 05/14/2026
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)		
F 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function. Based on observation, interview, facility policy review and record review, the facility failed to ensure that a resident was free from unnecessary medications, specifically by failing to monitor and respond to clinically significant adverse effects including excessive daytime sedation associated with a concurrent regimen of five (5) sedating/psychotropic medications for one (1) of (5) sampled residents reviewed for unnecessary medication. Resident #3. Findings included: Record review of the facility policy Unnecessary Medications dated 5/24 revealed, It is the policy of this facility that unnecessary medications will not be given to the resident . During an observation on 5/11/26 at 2:10 PM, revealed the resident was asleep in bed and not easily awakened. During a follow-up observation on 5/12/26 at 3:20 PM, the resident was again found asleep in bed. On 5/13/26 at 11:38 AM, the resident was observed in the dining room falling asleep while seated upright in her wheelchair chair, with her head bobbing repeatedly while awaiting her meal tray. On 5/13/26 at 12:29 PM, during a medication administration observation, the resident was asleep in the day room. Licensed Practical Nurse (LPN) #2 had to physically pat Resident #3 on the shoulder to administer her scheduled Ativan. She fell back asleep immediately upon completion of the interaction. An interview with Certified Nursing Assistant (CNA) #6 on 5/12/26 at 3:21 PM, revealed the resident sleeps almost all day and that the night shift reports the resident sleeps most of the night as well. The most activity observed was occasional mumbling while speaking out of her head. An interview with LPN #2 on 5/13/26 at 12:31 PM, revealed the resident typically sleeps throughout the day and often becomes drowsier following the lunch time Ativan administration. LPN #2 identified five concurrent sedating medications Ativan, Restoril, Seroquel, Haloperidol, and Trazodone. LPN#2 stated she believed the resident could benefit from a possible dose decrease given the constant sleeping and absence of recent behavioral episodes. An interview with Registered Nurse (RN) #1 on 5/14/26 at 9:21 AM, confirmed the resident is drowsy at times. She noted no observed behavioral episodes in the past year. She acknowledged the resident had previously been combative and refused medications but now only occasionally yells or talks out of her head during care. An interview with the pharmacist on 5/14/26 at 10:47 AM revealed the purpose of gradual dose reductions (GDRs) is to identify the lowest effective therapeutic dose. She confirmed standard GDR reviews occur in July and January and stated that no staff members had reported unwanted side effects to her at this time. An interview with the attending physician on 5/14/26 at 10:53 AM, revealed he was aware the resident had been on Ativan, Haldol, Seroquel, Restoril, and Trazodone, and acknowledged the combination could be a little much, particularly given that the resident required awakening for scheduled Ativan administration. He further noted that Ativan was originally intended as a short-term, as-needed medication and that benzodiazepines can sometimes worsen behavioral symptoms in elderly patients. He stated the standard protocol is for nursing staff or the Director of Nursing (DON) to notify him of excessive daytime sleepiness for medication adjustment, but that no one had contacted him regarding this concern. An interview with the Director of Nurses (DON) on 5/14/26 at 11:10 AM, revealed she was aware of the resident's prior behavioral episodes (scratching herself and cursing at staff) and noted the resident had been hospitalized the previous month, after which her medications had not been reassessed since return. She acknowledged that staff could notify the physician when a resident exhibits excessive daytime sleepiness, and that unnecessary psychotropic medications can cause unwanted effects such as lethargy. Record review of Resident #3's admission Record revealed an admission date of 7/8/22 with diagnoses that included unspecified dementia. Record review of the Minimum Data Set (MDS) with an Assessment Reference date of 3/26/26 revealed a Brief Interview for Mental Status (BIMS) score of 99 which indicated the resident was unable to complete the interview. Record review of Resident #3's Order Summary Report revealed orders as follows: Ativan Oral Tablet 0.5 mg (milligram) (Lorazepam) Give 1 tablet by mouth three times a day related to generalized anxiety disorder, (continued on next page)		

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 05/14/2026
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)		
F 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	dated3/20/24; Haloperidol Oral Tablet 0.5 mg Give 1 tablet by mouth two times a day for psychosis with an order date of 8/22/24; Restoril Oral Capsule 15 mg Give 15 mg by mouth at bedtime for insomnia with an order date of 3/7/23; Seroquel Oral Tablet 25 mg Give 25 mg by mouth in the morning related to restlessness and agitation with an order date of 8/14/24; Trazodone Oral Tablet 50 mg Give 50mg by mouth at bedtime related to unspecified dementia. Record review of Resident # 3's Medication Administration Record for the month of May 2026 revealed administration as follows: Ativan Oral Tablet 0.5 mg (milligram) (Lorazepam) Give 1 tablet by mouth three times a day related to generalized anxiety disorder, dated3/20/24 not given 05/01/2026 through 05/14/2026 08:00 p.m.; ; Haloperidol Oral Tablet 0.5 mg Give 1 tablet by mouth two times a day for psychosis with an order date of 8/22/24given 05/01/2026 through 05/14/2026 08:00 a.m. and 6:00 p.m. ; Restoril Oral Capsule 15 mg Give 15 mg by mouth at bedtime for insomnia with an order date of 3/7/23 given 05/01/2026 through 05/14/2026 08:00 p.m.; Seroquel Oral Tablet 25 mg Give 25 mg by mouth in the morning related to restlessness and agitation with an order date of 8/14/24 given 05/01/2026 through 05/14/2026 08:00 a.m.; Trazodone Oral Tablet 50 mg Give 50mg by mouth given 05/01/2026 through 05/14/2026 08:00 p.m.; Record review of the Pharmaceutical Consultant Report- Psychoactive Gradual Dose Reduction dated 1/28/26 revealed there was not a dose reduction on Ativan, Restoril, Seroquel, Trazadone or Haloperidol. The physician response indicated Mood and behavior stable tolerates current regiment.		

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 05/14/2026
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)		
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, facility policy review and record review, the facility failed to ensure staff implemented Enhanced Barrier Precautions (EBP) during Intravenous (IV) drug administration for one (1) of (1) residents reviewed for IV drug administration. Resident #58 Findings Include: Record review of the facility policy titled Enhanced Barrier Precautions dated 10/23 revealed it is the policy of this facility to implement enhanced barrier precautions for the prevention of transmission of multidrug-resistant organisms. On 05/13/2026 at 9:20 AM, during an observation, Registered Nurse (RN)#1 administered ceftriaxone 1 gram through an intravenous (IV) in the right arm of Resident #58. RN #1 did not don (put on) a gown prior to accessing, flushing, and subsequently administering the drug through the IV site. During an interview on 5/13/26 at 9:30 AM, RN# 1 revealed she was unaware that EBP personal protection equipment such as a gown should be worn during IV drug administration. She noted that the facility follows EBP guidelines during catheter care and Percutaneous Endoscopic Gastrostomy (peg) tube administration but not during IV site care but would if it was a central line. She agreed that an IV is a possible entry point possibly for infection into the body if the proper precautions were not followed handling it. At 12:04 PM on 5/13/26, during an interview the Director of Nursing (DON) stated the purpose of EBP was to prevent the spread of multi-drug-resistant organisms to the residents. She noted that her expectation is that staff will follow EBP guidelines appropriately and as recommended by Centers of Medicare and Medicaid Services (CMS) guidelines. She stated that signs are used throughout the facility to remind staff to wear EBP when ordered for specific residents. She stated that not properly wearing personal protective equipment (PPE) during procedures could lead to increased infection risk for residents. An interview with the infection preventionist at 2:06 PM on 5/13/26, revealed the necessity of EBP is to protect residents with indwelling medical devices such as IV's, catheters, or peg tubes from infections. She noted that if staff do not follow EBP protocol appropriately then the facility could see an increase in infections as IV sites specifically are a portal to the bloodstream. She noted that the facility was unaware that IV sites were to be included in EBP protocol but stated in-services would be initiated to address this oversight. Record review of Resident #58's admission Record revealed the resident was admitted [DATE] with diagnoses that included Urinary Tract Infection. Record review of Resident #58's Order Summary Report with active orders as of 5/13/26 revealed an order dated 5/12/26 for Ceftriaxone 1gm (gram) intravenously every 24 hours for 3 days.		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

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 05/14/2026
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)		
F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure there is a pest control program to prevent/deal with mice, insects, or other pests. Based on observation, interviews, record reviews and facility policy review the facility failed to provide a sanitary environment free of gnats for two (2) of four (4) days of survey. Findings Include:Record review of the facility policy Resident Environmental Quality dated 4/2025 revealed, Policy: It is the policy of this facility to be.maintained to provide a safe, functional, sanitary and comfortable environment for residents, staff and the public. On 05/11/2026 at 2:33 PM, an observation revealed several gnats flying around in the day room on the Alzheimer's unit, while residents were watching tv. There were three (3) Certified Nursing Assistants (CNAs) in the day room with the residents.On 05/13/2026 at 12:00 PM, observed residents eating lunch in the dining room. During this time there were 2-3 gnats flying around resident's lunch trays. On 05/13/2026 at 2:20 PM, an observation of CNA #1 providing peri care for Resident # 38 revealed there were gnats flying around in the room at that time. CNA #1 stated that was her first time noticing them in the residents' room. She stated that gnats are usually in the day room.On 05/13/26 at 4:50 PM, an observation of dayroom on the Alzheimer's unit revealed several gnats circling around in the room before dinner trays arrived.On 05/13/2026 at 4:55 PM, an interview with CNA #2 confirmed that the gnats have been in the dayroom for a while.On 05/13/26 at 5:00 PM, an observation of CNA #3 with feeding Resident #25 chicken pasta. CNA #3 was holding the spoon with her right hand and swatting at the gnats with her left hand. She stated the gnats are bad in the room and that management knew about the gnats. She stated, It's been bad like this for two weeks now, I try to keep gnats away from the residents' food while assisting with feeding. CNA #3 continued to swat at gnats the entire time she was feeding the resident.On 05/13/2026 5:05 PM, an observation of Resident #40 lying in bed. The dinner tray was on the bedside table. An observation of gnats was circling around the resident's dinner tray.On 05/14/2026 at 11:42 AM in an interview, CNA #4 confirmed the gnats have been in the day room for two weeks. She stated she does not know where they come from and stated it's a lot of them when the residents eat.On 05/14/2026 at 12:31 PM, an interview with Maintenance stated the door on C hall would not close good. He stated it is fixed now. He confirmed that there has been a problem with gnats in the facility for over two weeks.On 05/14/2026 at 1:17 PM, in an interview with the acting Nursing Home Administrator (NHA) she stated she was not aware of the gnat problem. She stated they will take care of it. She stated gnats carry all types of germs and should not be in the facility.On 05/14/2026 at 1:29 PM, an interview with the Director of Nursing (DON) she confirmed she was aware of the gnats. She stated she saw them around the Alzheimer's unit's resident's food.Record reviews of the pest control invoices revealed gnats were identified in the facility on 3/16/26, 4/28/26 and 5/13/26.		