

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  255207	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/26/2026
NAME OF PROVIDER OR SUPPLIER  Plaza Community Living Center		STREET ADDRESS, CITY, STATE, ZIP CODE  4403 Hospital Road Pascagoula, MS 39581	
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>Based on record review, staff interview, and facility policy review, the facility failed to develop the comprehensive person-centered care plan for pressure injuries for one (1) of three (3) sampled residents. (Resident #1). Findings include: A review of the facility's Care Plan Policy and Procedure, undated, revealed, Purpose: To provide a comprehensive person-centered plan of care addressing resident's needs, strengths, goals and approaches. Policy: Each resident's care plan will remain current and inform staff of resident's needs, strengths, goals and approaches. Procedure .2. A Comprehensive Person-Centered Care Plan will be completed .as needed .Record Review of the admission Record revealed Resident #1 was admitted by the facility on 11/18/25 with the diagnoses including Type 2 Diabetes Mellitus with ketoacidosis without coma. A record review of the Discharge Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 1/19/26, revealed Resident #1 had a Brief Interview for Mental Status Score (BIMS) of 12, which indicated her cognition was moderately impaired. Review of Section M revealed two (2) unstageable pressure injuries presenting as deep tissue injury (DTI). A record review of Resident's #1 Order Summary Report revealed physician orders dated 12/10/25 for treatment to right and left DTI pressure ulcers. A record review of resident's #1, Comprehensive Care Plan revealed there was no care plan developed to reflect the DTIs on the Left and Right heels, which was inconsistent with the physician orders. On 3/26/26 at 1:30 PM, during an interview with Licensed Practical Nurse (LPN) #1 and LPN #2 Care Plan Nurse, they explained they are responsible for completion of the MDS and Care Plan (CP). LPN #2 stated that the CP is developed based on the MDS and the physician orders. LPN #1 reviewed Resident's #1's CP and confirmed there was not a CP developed related to the DTIs on the left and right heels. She reported that the wound care nurse was responsible for completing wound care orders and updates in the CP. LPN #2 stated that they audit by comparing orders to the CP periodically and it must have been missed. On 3/26/26 at 2:30 PM, during an interview with Director of Nursing (DON), she stated her expectation is for the wound care nurse to update the care plan with new orders for wound care treatments. On 3/26/26 at 2:37 PM, during an interview with Registered Nurse (RN) #1, she explained she is able to update care plan interventions, but she had not been trained on developing a new focused care plan. She said, she had not developed or added the physician orders for Resident #1's DTIs to her left and right heels on the care plan and was not aware that it was her responsibility to do so.</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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