

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255229	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/19/2025
NAME OF PROVIDER OR SUPPLIER Holly Springs Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1315 Highway 4 East Holly Springs, MS 38635	

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 observation, staff interview, record review and facility policy review, the facility failed to ensure a resident's dignity was maintained as evidenced by a resident wearing a visibly soiled shirt and pants hanging below the hips, exposing undergarments for one (1) of 41 sampled residents. Resident #44</p> <p>Findings Include:</p> <p>Review of the facility policy titled Dignity, revised 2/2021, revealed under Policy Statement: Each resident shall be cared for in a manner that promotes and enhances his or her sense of well-being, satisfaction with life, and feelings of self-worth and self-esteem .</p> <p>An observation of Resident #44 on 6/16/25 at 10:29 AM revealed he was sitting in his recliner in his room with the door open. He was wearing a soiled shirt with yellow orange smeared food and five circular stains the size of nickels and quarters, resembling spilled liquids. His pants were pulled down past his hips, exposing his protective underwear. A staff member was observed changing the resident's linen but did not interact with or provide care to the resident.</p> <p>During an observation and interview with Licensed Practical Nurse (LPN) #4 on 6/16/25 at 10:41 AM, she confirmed that Resident #44's shirt was soiled, and his underwear was exposed. She stated, Yes, it looks bad. She acknowledged this was a dignity issue and stated the resident's clothes should be changed when soiled.</p> <p>An interview with Certified Nurse Aide (CNA) #3 on 6/16/25 at 10:50 AM, she revealed she was assigned to Resident #44 and was aware his shirt was soiled. She stated, I saw it after breakfast, but I got busy with another resident and never returned. CNA #3 acknowledged this was a dignity concern.</p> <p>An interview with the Administrator on 6/19/25 at 8:50 AM revealed his expectation was that staff should address Resident #44's needs as soon as they were identified.</p> <p>Record review of the admission Record revealed the facility admitted Resident #44 on 8/24/24 with a diagnosis of Unspecified Dementia.</p> <p>Record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 5/13/25 indicated in section C, a Brief Interview for Mental Status (BIMS) score of 11, indicating moderate cognitive impairment.</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: 255229	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/19/2025
NAME OF PROVIDER OR SUPPLIER Holly Springs Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1315 Highway 4 East Holly Springs, MS 38635	
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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Resident #48</p> <p>Observations on 6/17/25 at 8:25 AM and 10:45 AM revealed that Resident #48 was in bed with the call light hanging down behind the bed and inaccessible to the resident.</p> <p>An observation and interview on 6/17/25 at 3:05 PM revealed Resident #48 lying in bed, the call light remains hanging down behind the bed and inaccessible to the resident. Resident #48 acknowledged that she was unable to reach her call light.</p> <p>During an observation and interview on 6/17/25 3:20 PM, Certified Nurse Aide (CNA) #4 revealed she is responsible for the resident today. She confirmed the call light was hanging down behind the bed, lying on the floor, and inaccessible to the resident. She revealed I must have forgotten to attach it to her pillow. CNA #4 revealed the call light is supposed to be attached to the resident's pillow so she can call if she needs anything.</p> <p>During an interview on 6/17/25 at 3:30 PM the DON confirmed that staff are expected to ensure call lights are always within residents' reach. She revealed they should always have access to their call lights to request assistance.</p> <p>Record review of the admission Record revealed that Resident #48 was admitted to the facility on [DATE] with diagnoses that included Alcoholic Polyneuropathy, repeated falls, and Schizophrenia.</p> <p>Record review of the MDS with an ARD of 04/18/2025 for Resident #48 revealed a BIMS score of 14, indicating that the resident is cognitively intact.</p> <p>Resident #44</p> <p>An observation of Resident #44 on 6/16/25 at 10:30 AM revealed he was sitting in his recliner in his room. His call light was out of reach, hanging from the wall outlet box onto the floor.</p> <p>An observation and interview with LPN #4 on 6/16/25 at 10:41 AM confirmed Resident #44's call light was tangled on the floor and out of his reach. She stated the resident knew how to use the call light and confirmed it should be within reach for safety, so he could alert staff if needed. She revealed that all staff were responsible for ensuring call lights were accessible.</p> <p>Record review of the admission Record revealed the facility admitted Resident #44 on 8/24/24 with a diagnosis of Unspecified Dementia.</p> <p>Record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 5/13/25 indicated in section C, a Brief Interview for Mental Status (BIMS) score of 11, indicating moderate cognitive impairment.</p> <p>Resident #82</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255229	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/19/2025
NAME OF PROVIDER OR SUPPLIER Holly Springs Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1315 Highway 4 East Holly Springs, MS 38635	
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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An observation and interview with Resident #82 on 6/16/25 at 10:55 AM revealed he was lying in bed, and his call light was not visible. He stated, It's in the floor over there somewhere, while pointing toward the center of the room. He explained this happens often and, if he needed something, he had to wait for staff to come in and check on him. The call light was observed lying on the floor and not accessible to the resident.</p> <p>An observation and interview with LPN #4 on 6/16/25 at 11:05 AM confirmed Resident #82's call light was not accessible and was located on the floor. She stated the resident should have his call light within reach in case he needed help and acknowledged it was a safety concern, as he might try to get up alone with no way to call for assistance.</p> <p>Record review of the admission Record revealed the facility admitted Resident #82 on 4/18/25 with a medical diagnosis of other Specified Diseases of the Biliary Tract.</p> <p>Record review of the MDS with an ARD of 4/25/25 revealed under section C, a BIMS summary score of 15, which indicated Resident #82 was cognitively intact.</p> <p>Based on observation, staff interview, record review and facility policy review, the facility failed to ensure that resident call lights were within reach, which limited a resident's ability to request assistance (Residents #39, #44, #48 and #82) and failed to ensure adequate mattress size needed (Resident #45) for five (5) of 83 residents residing in the facility.</p> <p>Findings include:</p> <p>Review of the facility policy dated October 2022 titled Resident Call System revealed, Residents are provided with a means to call staff for assistance through a communication system that directly calls a staff member or a centralized workstation .</p> <p>Resident #39</p> <p>An observation on 6/16/25 at 11:00 AM and again on 6/17/25 at 11:08 AM revealed Resident #39's call light was not within reach. On 6/16/25 at 11:00 AM the observation revealed the call light was wrapped around the back of the bed and out of reach. And on 6/17/25 at 11:08 AM, the call light was observed on the floor, behind the bed, out of reach.</p> <p>During an observation and interview with Licensed Practical Nurse (LPN) #5 on 6/18/25 at 11:18 AM she confirmed the Resident #39's call light was out of reach and on the floor. She stated, The call light should always be in reach so that the resident can call us if needed, it should not be on the floor out of reach.</p> <p>During an interview with the Director of Nursing (DON) on 6/18/25 at 11:45 AM, she stated, The call light should be within reach of Resident #39, the call light is the resident's voice.</p> <p>Record review of Resident #39's admission Record revealed the resident was admitted [DATE] with diagnosis of Unspecified Dementia.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255229	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/19/2025
NAME OF PROVIDER OR SUPPLIER Holly Springs Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1315 Highway 4 East Holly Springs, MS 38635	

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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of Resident #39's Minimum Data Set (MDS), Section C, with an Assessment Reference Date (ARD) of 4/17/2025, revealed a Brief Interview for Mental Status (BIMS) score of 6 indicating the resident was severely cognitively impaired.</p> <p>Resident #45</p> <p>On 6/16/25 at 11:00 AM, 1:00 PM, and 2:30 PM Resident #45 was observed lying in bed with his feet hanging off the end of the mattress. He was positioned with his head at the head of the bed but both feet were extended past the end of the mattress with no support.</p> <p>During an observation and interview with the DON on 6/17/25 at 8:30 AM, she confirmed that Resident #45's mattress was too short and that he needed a mattress extender. She stated, His feet hanging off of the mattress could result in an injury to his feet.</p> <p>Record review of Resident #45's admission Record revealed the resident was admitted [DATE] with diagnoses of Other Reduction Deformities of Brain.</p> <p>Record review of Resident #45's MDS, Section C, with an ARD of 4/30/2025, revealed a BIMS score of 7, indicating that the resident is severely cognitively impaired.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255229	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/19/2025
NAME OF PROVIDER OR SUPPLIER Holly Springs Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1315 Highway 4 East Holly Springs, MS 38635	
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Resident #20</p> <p>An observation and interview on 6/16/25 at 11:33 AM, revealed Resident #20 sitting in his wheelchair. The right armrest was noted to have 95% of the vinyl missing from the top, exposing the padding, and the remaining vinyl was tattered. The left arm rest revealed tattered and torn vinyl. The wheelchair frame and spokes of the wheels were covered in a thick, gray substance. The resident revealed he wasn't sure why his wheelchair looked like this and wasn't sure when it would be cleaned.</p> <p>An observation and interview on 6/17/25, at 3:25 PM with the Administrator (ADM) revealed that Resident #20's wheelchair remained in need of repair and cleaning, with the frame and spokes of the wheels covered in a thick, gray substance. The Administrator confirmed the wheelchair was dirty and needed to be cleaned, and the armrests were tattered and needed to be replaced. He revealed he did not know which staff member was responsible for cleaning the wheelchairs, but dirty and disrepaired equipment was not acceptable.</p> <p>In an interview on 6/17/25 at 4:25 PM, the Director of Nurses (DON) revealed that wheelchairs are supposed to be cleaned during the night shift, and the resident's wheelchair should have been cleaned.</p> <p>During an interview on 6/17/25 at 4:31 PM the Maintenance Director revealed he was unaware that the arm rests were so tattered, with missing vinyl exposing the padding. He revealed that the staff should have either notified him or put it in the TELS system. He revealed that replacing the armrest was an easy fix, and it should have already been taken care of.</p> <p>Record review of Resident #20's admission Record revealed the resident was admitted [DATE].</p> <p>Record review of Resident #20's MDS, Section C, with an ARD of 3/28/2025, revealed a BIMS score of 15, indicating the resident is cognitively intact.</p> <p>Resident #50</p> <p>An observation of Resident #50's room on 6/16/25 at 10:21 AM revealed a 4-drawer dresser with the fourth drawer broken and missing, leaving the contents inside visible. Several flies were observed flying around inside the room.</p> <p>Resident #55</p> <p>An observation of Resident #55's room on 6/17/25 at 2:46 PM revealed the lower portion of the privacy curtain had eight circular dark brown stains of various sizes, the largest approximately the size of a nickel.</p> <p>Resident #82</p> <p>On 6/16/25 at 10:55 AM, an observation of Resident #82's room revealed a straight chair located beside the bed with the right armrest broken and hanging down, exposing a silver screw.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255229	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/19/2025
NAME OF PROVIDER OR SUPPLIER Holly Springs Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1315 Highway 4 East Holly Springs, MS 38635	
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 and interview with Maintenance Director on 6/17/25 at 3:51 PM confirmed Resident #82's room had a chair with its right arm broken hanging down. Maintenance stated he had not been made aware of the issue and confirmed that a resident or visitor could be injured if they sat in it. He also confirmed Resident #50's dresser drawer was broken and remarked, That's an easy fix, if someone would have let me know. He acknowledged residents should have a homelike environment with furniture in good condition and added, This is their home. He explained that nurses and aides, who are constantly in and out of the rooms, were responsible for reporting such concerns so they could be entered into TELS (the work order platform) for repair.</p> <p>An observation and interview with the Housekeeping Supervisor on 6/18/25 at 3:25 PM revealed that housekeepers were responsible for daily room cleaning and, during that time, were expected to check privacy curtains for cleanliness and condition. She stated she was responsible for replacing them when needed. She confirmed Resident #55's privacy curtain was soiled with a dark brown substance and stated, It needs to be changed. She added that residents should have a clean and healthy living environment and that a clean room makes them feel better.</p> <p>An interview with the ADM on 6/17/25 at 9:05 AM revealed staff were assigned to make daily rounds of the residents' rooms and were supposed to report any repair concerns.</p> <p>Record review of the Proper Name of Pest Control Work Order revealed a visit date of 6/9/25 which targeted flies.</p> <p>Based on observations, resident and staff interviews, record reviews, and facility policy reviews, the facility failed to provide a safe, clean, and homelike environment for five (5) of the 83 residents residing in the facility. (Residents #9, #20, #50, #55, and #82).</p> <p>Findings include:</p> <p>Review of the facility policy titled, Statement of Resident Rights undated revealed, You have a right to: .2. Safe, decent and clean conditions.</p> <p>Review of the facility policy titled Cleaning Cubicle Curtains revised 9/05/17 revealed under, Training &(and) Method: . If the curtain is stained, remove immediately.</p> <p>The facility provided a statement on facility letterhead that read, Currently, we do not have a specific policy in place which is implemented on keeping and maintaining equipment.</p> <p>Resident #9</p> <p>An observation of the footrests of Resident #9's motorized wheelchair on 6/16/25 at 11:35 AM revealed they were covered with dirt and crumbs. There was also the presence of a fly in the resident's room.</p> <p>During an interview on 6/19/25 at 11:30 AM, Resident #9 stated that his wheelchair had not been cleaned since he received it approximately six months ago.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255229	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/19/2025
NAME OF PROVIDER OR SUPPLIER Holly Springs Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1315 Highway 4 East Holly Springs, MS 38635	

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>During an observation and interview on 6/19/25 at 11:42 AM with the Housekeeping Manager confirmed that Resident # 9's motorized wheelchair was indeed dirty and required cleaning. She also confirmed that the Certified Nursing Assistants (CNAs) were responsible for cleaning the wheelchairs.</p> <p>Record review of the admission Record revealed Resident #9 was admitted to the facility on [DATE].</p> <p>Record review of the Minimum (MDS) with an Assessment Reference Date (ARD) of 3/14/25 revealed, under Section C, a Brief Interview for Mental Status (BIMS) score of 15, which indicated the resident was cognitively intact.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255229	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/19/2025
NAME OF PROVIDER OR SUPPLIER Holly Springs Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1315 Highway 4 East Holly Springs, MS 38635	
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 - Some</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Resident #30</p> <p>A record review of Resident #30's Care Plan revealed that the resident is resistant to care as evidenced by refusing showers, refusing to get out of bed . Interventions that included: If possible, negotiate a time for ADLs so that the resident participates in the decision-making process. Return at the agreed-upon time.</p> <p>On 6/16/25 at 11:17 AM an observation and interview revealed that Resident #30's fingernails were approximately three-fourths (3/4) of an inch long past the tip of the fingers, with a jagged appearance. Resident #30 stated, I don't like my nails this long and I want them cut. He revealed I don't know when the last time they were trimmed, but I know it's been a while.</p> <p>In an interview on 6/17/25 at 2:58 PM, the Director of Nurses (DON) revealed that the resident has, at times, refused to have his fingernails trimmed. However, we are still responsible for assessing the resident's fingernails each month and documenting his nail care, as well as any refusals. She confirmed that his long and jagged fingernails could cause skin breakdown.</p> <p>During an interview on 6/19/25 at 11:07 AM, the MDS nurse revealed that she and the MDS Coordinator are responsible for developing individualized care plans for each resident. She revealed that even if Resident #30 has at times refused his baths, his nail care should still be addressed and his ADL's should always be offered. She revealed that his intervention needs to be followed, regarding negotiating a time for ADLs, so that the resident participates and is more willing. She revealed that if his hygiene, which includes nail care, had not been addressed, then his plan of care was not being followed.</p> <p>A record review of the admission Record for Resident #30 revealed he was admitted to the facility on [DATE] with diagnoses that included Type 2 Diabetes Mellitus, Hemiplegia, and Hemiparesis following Cerebral Infarction affecting the Left Non-Dominant side.</p> <p>A record review of the MDS with an ARD of 3/31/25, revealed Resident #30 had a BIMS score of 15, indicating the resident was cognitively intact.</p> <p>Resident #70</p> <p>Record review of Resident #70's Care Plans revealed a care plan was not developed for dementia care.</p> <p>Record review of Resident #70's admission Record revealed a new diagnosis of Dementia Unspecified Severity with other Behavioral Disturbance was added on 12/27/24.</p> <p>During an interview on 6/18/25 at 9:05 AM, with the MDS Coordinator, she confirmed Resident #70 did not have a dementia care plan and stated the resident should have one so that the staff knew he had dementia and how to provide appropriate care for him.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255229	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/19/2025
NAME OF PROVIDER OR SUPPLIER Holly Springs Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1315 Highway 4 East Holly Springs, MS 38635	
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 - Some</p>	<p>An interview with Social Services #1 on 6/18/25 at 9:22 AM, she confirmed that Resident #70 should have a care plan in place for dementia so that the staff knew what care to provide.</p> <p>Record review of the admission Record revealed the facility admitted Resident #70 on 6/26/24 with a diagnosis of Post Traumatic Seizures.</p> <p>Record review of the MDS with an ARD of 3/24/25 revealed under section C, a BIMS score of 9, which indicated Resident #70 was moderately cognitively impaired.</p> <p>Resident #41</p> <p>Record review of Resident #41's ADL Care Plan revealed the resident has an ADL self-care performance deficit related to (r/t) Activity intolerance, Limited Mobility .Interventions .Bathing/Showering: The resident requires Substantial/Max assistance by staff with bathing/showering (Q) every Tues-Thurs-Sat and as necessary .</p> <p>On 6/16/25 at 11:22 AM during an observation and interview Resident # 41 was noted to have approximately half an inch of facial hair on his chin, cheeks and upper lip. He expressed a desire to be clean shaven and indicated he needed a shower, stating, I don't remember for sure the last time I got a shower, but it has been a long time.</p> <p>On 6/17/25 at 3:00 PM during a follow-up observation and interview with Certified Nursing Assistant (CNA) #2, confirmed that Resident #41 needed both shaving and a shower. She stated that he often refuses personal care but typically gets shaved when he takes a shower. CNA #2 emphasized the staff's responsibility to ensure that residents are maintained in a neat and clean condition, describing it as a dignity issue.</p> <p>Record review of Resident #41's personal hygiene tasks record indicated that he only refused care three (3) times in the past 30 days.</p> <p>During an interview on 6/19/25 at 3:08 PM with the MDS Coordinator, she confirmed that care plans were established to guide staff in providing necessary care. She pointed out that when the staff do not adhere to these care plans, it results in residents not receiving the care they deserve.</p> <p>Record review of the admission Record revealed the facility admitted Resident #41 on 7/24/24 with medical diagnoses that included Chronic Obstructive Pulmonary Disease, Unspecified.</p> <p>Record review of the MDS with an ARD of 4/24/25 revealed, under Section C revealed, a BIMS score of 12, which indicated the resident had moderate cognitive impairment.</p> <p>Resident #78</p> <p>Record review of Resident #78's care plans revealed the resident had an ADL self-care performance deficit r/t Dementia, Impaired balance, Limited Mobility with Interventions that include .The resident requires substantial/max assistance from staff with personal hygiene .</p> <p>On 6/16/25 at 11:33 AM during an observation with Resident # 78 revealed the resident had curly, coarse chin hair.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255229	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/19/2025
NAME OF PROVIDER OR SUPPLIER Holly Springs Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1315 Highway 4 East Holly Springs, MS 38635	
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 - Some</p>	<p>An observation and interview with Registered Nurse (RN) #1 on 6/17/25 at 1:16 PM, revealed, She (Resident #78) refuses, she will not let us shave her.</p> <p>Record review of Resident #78'S task for personal hygiene revealed the resident only refused care one (1) time in the past 30 day look back.</p> <p>During an interview on 6/19/25 at 3:08 PM the MDS Coordinator confirmed that care plans are put in place so that the staff know how to provide care for their residents. She further stated that when the staff does not follow the care plan, that's failure for them to follow the care plan and residents are not receiving the care they deserve.</p> <p>Record review of the admission Record revealed Resident #78 was admitted to the facility on [DATE] with medical diagnoses that included Dementia.</p> <p>Record review of the MDS with an ARD of 5/22/25 revealed, under Section C revealed, a BIMS score of 00, which indicated the resident had severe cognitive impairment.</p> <p>Based on observation, resident and staff interview, record review, and facility policy review, the facility failed to:</p> <ol style="list-style-type: none"> 1) develop a care plan for dementia care (Resident #70) and 2) failed to implement an Activities of Daily Living (ADL) care plan for dependent residents (Resident #11, #30, #41, #43 and #78) for six (6) of 30 resident care plans reviewed. <p>The scope of this deficiency was increased to E due to F656 cited on the last annual recertification survey.</p> <p>Findings Include:</p> <p>Review of the facility's policy titled, Care Plan, Comprehensive Person-Centered with a revision date of 6/02/25, revealed under Policy Statement: A comprehensive, person-centered care plan that includes objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident.</p> <p>Resident #11</p> <p>Record review of the Care Plan Report for Resident #11 revealed: The resident has an ADL self-care performance deficit r/t Activity Intolerance, Limited Mobility . Interventions . requires total assistance of staff for shower/ bath three times weekly and as necessary .requires substantial- maximum assistance by staff with personal hygiene .</p> <p>An observation and interview with Resident #11 on 6/17/25 at 8:15 AM, revealed that he had not received a bath or shower since his admission. He stated, It's been a month since I've had a bath or shower. A dark brown substance was noted underneath all of the residents fingernails.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255229	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/19/2025
NAME OF PROVIDER OR SUPPLIER Holly Springs Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1315 Highway 4 East Holly Springs, MS 38635	

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 - Some</p>	<p>An observation and interview on 6/17/25 at 1:30 PM, Resident #11 stated he had received his first bath earlier that day and that it was the first since admission. An observation revealed a dark brown substance remained under his fingernails and his toenails were observed to be long, with a brown substance under them. The resident stated he would like his fingernails and toenails trimmed and cleaned.</p> <p>An interview with Registered Nurse (RN) #1 at 6/17/25 at 2:03 PM, she confirmed that Resident #11 had not had a bath, shower, or nail care since being admitted because he refuses every time.</p> <p>Record reviews do not reveal any progress notes or documentation of Resident #11 refusing a bath, shower, or nail care.</p> <p>During an interview with the Minimum Data Set (MDS) Coordinator on 6/19/25 at 3:08 PM, she stated, Care Plans are in place so that staff know how to provide care. She further stated, when staff do not follow the plan of care, it's failure for them to follow the plan of care and residents are not receiving the care they deserve.</p> <p>Record review of Resident #11's admission Record revealed the resident was admitted [DATE] with diagnosis of End Stage Renal Disease.</p> <p>Record review of Resident #11's Minimum Data Set (MDS), Section C, with an Assessment Reference Date (ARD) of 5/23/25, revealed a Brief Interview for Mental Status (BIMS) score of 13, indicating the resident is cognitively intact.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255229	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/19/2025
NAME OF PROVIDER OR SUPPLIER Holly Springs Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1315 Highway 4 East Holly Springs, MS 38635	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Resident #30</p> <p>An observation and interview on 6/16/25 at 11:17 AM with Resident #30 revealed his fingernails were long and jagged. Resident #30 recalled that it had been a while since anyone had provided nail care. He then admitted that he does not like his nails this long.</p> <p>An interview and observation on 6/17/25 at 9:25 AM, Resident #30 revealed that no one had come to do his fingernails and stated that he wanted them cut. His fingernails remain long and jagged, measuring approximately three-fourths (3/4) inch past the tips of the fingers.</p> <p>During an observation and interview on 6/17/25 at 2:23 PM, RN #1 confirmed Resident #30's fingernails were long and jagged and needed to be cut. She revealed that with his fingernails being this long and jagged, he could scratch himself and create a skin tear. RN #1 asked Resident #30 if he wanted his fingernails cut, and Resident #30 replied, Yes.</p> <p>On 6/17/25 at 2:58 PM, the DON revealed that the resident (Resident #30) sometimes refuses to have his fingernails trimmed, but we are still responsible for assessing the resident's fingernails each month and documenting his nail care, as well as any refusals. She confirmed that his long and jagged fingernails could cause skin breakdown.</p> <p>A record review of the admission Record for Resident #30 revealed he was admitted to the facility on [DATE] with diagnoses that included Type 2 Diabetes Mellitus, Hemiplegia, and Hemiparesis following Cerebral Infarction affecting the Left Non-Dominant side.</p> <p>A record review of the MDS with an ARD of March 31, 2025, revealed Resident #30 had a BIMS score of 15, indicating the resident was cognitively intact.</p> <p>Resident #41</p> <p>During an observation on 6/16/25 at 11:22 AM, Resident # 41 was noted to have approximately half an inch of facial hair on his chin, cheeks and upper lip. In an interview, he expressed a desire to be shaved and indicated he needed a shower. He stated that he did not remember for sure the last time he got a shower but knows that it has been a long time.</p> <p>During a follow-up observation and interview on 6/17/25 at 3:00 PM with Certified Nursing Assistant (CNA) #2, she confirmed that Resident #41 needed both shaving and a shower. She stated that he often refuses personal care but typically gets shaved when he takes a shower. CNA #2 emphasized the staff's responsibility to ensure that residents are maintained in a neat and clean condition. She also expressed concern that neglecting personal care could lead to a decline in the residents' health.</p> <p>Record review of Resident #41's personal hygiene tasks record indicated that he only refused care three (3) times in the past 30 days.</p> <p>Record review of the admission Record revealed Resident #41 was admitted to the facility on [DATE] with medical diagnoses that included Chronic Obstructive Pulmonary Disease, Unspecified.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255229	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/19/2025
NAME OF PROVIDER OR SUPPLIER Holly Springs Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1315 Highway 4 East Holly Springs, MS 38635	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review of the MDS with an ARD of 4/24/25 revealed, under Section C revealed Resident #41 had a BIMS score of 12, which indicated the resident had moderate cognitive impairment.</p> <p>Resident #78</p> <p>During an observation on 6/16/25 at 11:33 AM for Resident #78, the resident was noted to have curly, coarse hair on her chin.</p> <p>On 6/17/25 at 1:16 PM, an observation and interview with RN #1, revealed that Resident #78 often refuses to allow staff to shave her.</p> <p>Record review of Resident #78's personal hygiene tasks record indicated that Resident #78 only refused care once in the past 30 days.</p> <p>During an interview on 6/17/25 at 4:22 PM with the DON expressed her expectations for residents to be shaved, if needed, during their showers. She emphasized the importance of maintaining personal grooming, particularly for female residents, noting that having facial hair can significantly affect a resident's dignity and may lead to feeling of embarrassment and lower self-esteem. She acknowledged that the resident may not fully understand the implications of having facial hair but underscored that this does not lessen the importance of addressing the issue.</p> <p>Record review of the admission Record revealed Resident #78 was admitted to the facility on [DATE] with medical diagnoses that included Dementia.</p> <p>Record review of the MDS with an ARD of 5/22/25 revealed, under Section C revealed, a BIMS score of 00, which indicated the resident had severe cognitive impairment.</p> <p>Based on observation, resident and staff interviews, record reviews, and facility policy review, the facility failed to provide activities of daily living (ADL) care for residents who are dependent on staff assistance for five (5) of 83 residents reviewed for ADLs. (Residents #11, #30, #41, #43, and #78)</p> <p>The scope for this deficiency was increased to E due to a previous citation of F677 on the last annual recertification survey completed on 1/4/24.</p> <p>Findings include:</p> <p>Review of the facility policy titled Activities of Daily Living (ADL) with a revision date of March 2018, revealed the following: Policy Statement: Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming and personal and oral hygiene .4. If residents with cognitive impairment or dementia resist care, staff will attempt to identify the underlying cause of the problem and not just assume the resident is refusing or declining care. Approaching the resident in a different way or at a different time or having another staff member speak with the resident may be appropriate .</p> <p>Resident #11</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255229	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/19/2025
NAME OF PROVIDER OR SUPPLIER Holly Springs Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1315 Highway 4 East Holly Springs, MS 38635	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 6/17/25 at 8:15 AM, an observation and interview with Resident #11 revealed that he had dirty fingernails with a brown substance under each nail bed. Resident #11 stated had not received a bath since his admission and thought it had been a month.</p> <p>On 6/17/25 at 1:30 PM, an observation and interview with Resident #11 revealed he had received a bath today for the first time since he got to the facility, but an observation of his fingernails revealed no change in appearance and his toenails were long with a brown substance underneath them.</p> <p>During an interview with Registered Nurse (RN) #1 at 6/17/25 at 2:03 PM, she confirmed that Resident #11 had not had a bath, shower, or nail care since being admitted . She stated he has not had these things because he always refuses.</p> <p>Record reviews do not reveal any progress notes or documentation of Resident #11 refusing a bath, shower, or nail care.</p> <p>During an interview with the Director of Nursing (DON), she stated that the residents should get a bath and have their nails cleaned and trimmed. She confirmed that not being clean would increase the risk of infection in Resident # 11.</p> <p>Record review of Resident #11's admission Record revealed the resident was admitted [DATE] with diagnosis of End Stage Renal Disease.</p> <p>Record review of Resident #11's Minimum Data Set (MDS), Section C, with an Assessment Reference Date (ARD) of 5/23/25, revealed a Brief Interview for Mental Status (BIMS) score of 13, indicating Resident #11 is cognitively intact.</p> <p>Resident #43</p> <p>On 6/16/25 at 10:45 AM, an observation and interview with Resident #43 revealed long fingernails and a brown substance underneath. When asked if she wanted her nails trimmed, the resident states, Yes, I would like them trimmed.</p> <p>During an interview with Licensed Practical Nurse (LPN) #1 at Resident #43's bedside, on 6/17/25 at 1:48 PM, she confirmed that the resident's fingernails were long and had a brown substance under them and stated, Her fingernails should be cleaned and trimmed.</p> <p>During an interview on 6/17/25 at 2:04 PM with RN #1, she stated that her (Resident #43) fingernails should be kept clean and trimmed. If she had a break in her skin, her dirty nails could lead to an infection.</p> <p>During an interview with the DON on 6/17/25 at 3:00 PM, she stated that, The expectation is that a resident's nails be kept clean and trimmed.</p> <p>Record review of Resident #43's admission Record revealed the resident was admitted [DATE] with diagnoses of Chronic Systolic (Congestive) Heart Failure and Dementia.</p> <p>Record review of Resident #43's MDS, Section C, with an ARD of 4/11/2025, revealed a BIMS score of 9, which indicates the resident is severely cognitively impaired.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255229	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/19/2025
NAME OF PROVIDER OR SUPPLIER Holly Springs Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1315 Highway 4 East Holly Springs, MS 38635	

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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, staff interviews, record review, and facility policy review, the facility failed to:</p> <p>1) label and store food properly and maintain the kitchen and the equipment in a clean and sanitary condition for two (2) of three (3) kitchen tours, and</p> <p>2) prevent the potential for foodborne illness as evidenced by meal trays left in rooms for a prolonged time (Resident #24, #52, #68, #83) for one (1) of four (4) survey days.</p> <p>Findings Include:</p> <p>Review of facility policy titled, Food Storage: Dry Goods dated 2/2023 revealed, .All packaged and canned food items will be kept clean, dry, and properly sealed .</p> <p>Review of facility policy titled, Food Storage: Cold Foods dated 2/2023 revealed, .All foods will be stored wrapped or in covered containers, labeled and dated, and arranged in a manner to prevent cross contamination .</p> <p>Review of facility policy titled, Environment revised date 9/2017 revealed, Policy Statement: All food preparation areas, food service areas, and dining areas will be maintained in a clean and sanitary condition .</p> <p>Review of facility policy titled, Environment revised date 9/2017 revealed, Policy Statement: All foodservice equipment will be clean, sanitary, and in proper working order .</p> <p>Review of facility training titled, Glove Usage - Term 2 - 2025 revealed, Our policy requires kitchen staff to be educated on proper glove usage including how to properly put on gloves, activities where gloves are required, when to change gloves, and how to properly remove gloves .</p> <p>Review of facility training titled, Glove Usage In-service revealed, .When to change or remove your gloves: When they are dirty, torn, damaged, discolored or contaminated; Before taking ONE STEP away from your work area .</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255229	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/19/2025
NAME OF PROVIDER OR SUPPLIER Holly Springs Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1315 Highway 4 East Holly Springs, MS 38635	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During the initial kitchen tour with the Dietary Manager (DM) on 6/16/25 at 10:14 AM, several observations were made regarding food storage practices. In the reach-in cooler number one (1), several items, including orange juice, tomato juice, ham, shredded cheddar cheese, bell peppers, sliced tomatoes, tomato paste, spaghetti sauce, lettuce, a sliced onion, cold slaw, sliced pears, parmesan cheese, and BBQ sauce were present without dates indicating when they were opened or when they expired. The prep table located next to the reach-in cooler revealed multiple seasonings with open lids, an open cup of salt with no lid, an open bag of bacon bits without an opened date, a five (5) pound container of peanut butter, a container of mixed peanut butter and jelly sitting out, without a date indicating when it was made or when it would expire. An additional prep table in the middle of the workspace area contained a cardboard box on the bottom shelf with gnats flying around inside it. Upon further investigation, several potatoes were found inside the box. The DM remarked, That box is garbage because the garbage can was full and overflowing. Furthermore, flies were observed flying around in the kitchen prep and cook area. The return vent located to the left of the stove was heavily covered with dust. Additionally, five (5) lids for the steam table containers located on the bottom shelf of the steam table that were covered with grease and food crumbs. Three (3) fry baskets on top of the deep fryer contained old grease and crumbs.</p> <p>During an interview on 6/16/25 at 10:30 AM with the DM, she confirmed that no open food items should be stored without an open date. She further emphasized that this practice is unacceptable as it could lead to foodborne illnesses. Additionally, she confirmed the maintenance supervisor was supposed to clean the return vent every other weekend and that it could cause food contamination when it is that dirty. Concerning the lids for the steam table, the DM stated, those were from last night. She further stated that the three (3) fry baskets were used yesterday to cook lunch and that they were supposed to be cleaned daily, if used. The DM verbalized that one of the deep fryers didn't work and hasn't been in working condition for two to three months now. She confirmed that she submitted a work order with TELS (maintenance work request program) two to three months ago.</p> <p>During a second observation of the kitchen on 6/16/25 at 2:41 PM, two (2) half gallon pitchers of tea and lemonade were revealed sitting out on the drink station without a date. Additionally, the stove top was covered with old grease and food buildup.</p> <p>During an interview on 6/16/25 at 2:52 PM, the District Dietary Manager confirmed that the facility policy mandates that all open food items be labeled with an open date for safety and organization.</p> <p>An interview with the District Dietary Manager and the Administrator on 6/16/25 at 3:34 PM revealed that no entries had been made in the TELS system regarding the deep fryer that was out of order.</p> <p>During an observation on 6/18/25 at 11:02 AM with DM focused on dish washing and sanitation practices, the low-temp dishwasher temperature reading was 110 degrees Fahrenheit, which is below the acceptable range of 120 to 140 degrees Fahrenheit necessary for effective sanitation.</p> <p>Review of facility's Dish Machine Log dated June 25 revealed Wash and Rinse temperatures for Lunch were not documented for June 1-16 and they were not documented for Dinner for June 2-17.</p> <p>An observation on 6/18/25 at 11:10 AM noted that the dietary cook walked away from her station and into the office, where she placed her hands in her personal bag. She then returned to the steam table to perform temperature checks without changing her gloves or washing her hands.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255229	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/19/2025
NAME OF PROVIDER OR SUPPLIER Holly Springs Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1315 Highway 4 East Holly Springs, MS 38635	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>An interview on 6/18/25 at 11:15 AM with the DM confirmed that gloves should be changed any time staff leave the line, get dirty or become torn, and emphasized the importance of washing hands and re-gloving to maintain hygiene standards.</p> <p>During an interview with the District Dietary Manager on 6/18/25 at 1:00 PM, she confirmed that the dishwasher temperatures should be checked during each meal cleanup, affirming that these records had not been documented. She stressed that maintaining proper temperature readings is essential to ensure that dishes are sanitized effectively.</p> <p>Record review of the facility's infection log revealed no indications of any food-borne illnesses.</p> <p>Resident #24, #52, #68, and #83 Meal Trays</p> <p>The facility provided a statement on letterhead that read, Currently, we do not have a specific policy in place which is implemented on time frames for picking up food trays.</p> <p>An observation of Resident #24 on 6/16/25 at 10:24 AM revealed she was lying in bed, verbal, and confused. Her breakfast tray was in front of her on an overbed table and contained grits, a sausage patty, and French toast. The resident was not eating and stated she was done.</p> <p>On 6/16/25 at 11:18 AM, an observation and interview with Resident # 83, who was found lying in bed with a breakfast tray placed on the bedside table. The tray contained a bowl of oatmeal, which the resident confirmed was from breakfast.</p> <p>An observation of Resident #52 on 6/17/25 at 10:37 AM revealed he was lying in bed with his eyes closed. The breakfast tray had not been removed and was still sitting on the overbed table beside his bed.</p> <p>An observation of Resident #68 on 6/17/25 at 12:11 PM revealed she was lying in bed, verbal, and confused. Her breakfast tray was placed on a chair beside the bed and contained leftovers of French toast and a sausage patty.</p> <p>During an interview with the Infection Preventionist (IP) on 6/17/25 at 3:26 PM, she stated there was no excuse for the breakfast trays not to be picked up in a timely manner and certainly should not be left in the resident rooms until lunchtime. She confirmed leaving the breakfast tray out for long periods of time could make someone sick.</p> <p>An interview with the Administrator on 6/19/25 at 8:56 AM revealed meal trays should be removed from the rooms when the residents were done eating and confirmed that someone could get sick from eating leftover food.</p> <p>Record review of the admission Record revealed the facility admitted Resident #24 on 5/02/25 with a medical diagnosis of Unspecified Dementia.</p> <p>Record review of the admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 5/12/25 revealed under section C, a Brief Interview for Mental Status (BIMS) score of 9, indicating Resident #24 was moderately cognitively impaired.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255229	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/19/2025
NAME OF PROVIDER OR SUPPLIER Holly Springs Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1315 Highway 4 East Holly Springs, MS 38635	

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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Record review of the admission Record revealed the facility admitted Resident #52 on 5/08/25 with a medical diagnosis of Unspecified Dementia.</p> <p>Record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 5/29/25 revealed under section C, a Brief Interview for Mental Status (BIMS) score was not conducted for Resident #52 due to cognitive skills for daily decision making was severely impaired.</p> <p>Record review of the admission Record revealed the facility admitted Resident #68 on 1/04/24 with a medical diagnosis of Major Depressive Disorder.</p> <p>Record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 3/26/25 revealed under section C, a Brief Interview for Mental Status (BIMS) score of 14, indicating Resident #68 was cognitively intact.</p> <p>Record review of the admission Record revealed Resident #83 was admitted to the facility on [DATE] with medical diagnoses that included Dementia.</p> <p>Record review of the MDS with an ARD of 5/17/25 revealed, under Section C revealed, Resident #83 had a BIMS score of 6, which indicated severe cognitive impairment.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255229	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/19/2025
NAME OF PROVIDER OR SUPPLIER Holly Springs Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1315 Highway 4 East Holly Springs, MS 38635	
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 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** Resident #32</p> <p>An observation on 6/18/25 at 9:05 AM revealed Licensed Practical Nurse (LPN) #3 entering Resident #32's room to provide medications through a Percutaneous Endoscopic Gastrostomy (PEG) tube. Resident #32 had an EBP signage located on her door that instructed staff to wear a gown and gloves during high-contact resident care activities. LPN #3 administered the resident's medications through the PEG tube but did not wear a gown.</p> <p>During an interview on 6/18/25 at 9:30 AM, LPN #3 confirmed that Resident #32 was on EBP because she has a PEG tube. She further revealed that wearing the proper protective equipment is to protect both ourselves and the residents from the possible spread of infection. She confirmed that she did not wear a protective gown and revealed that she should have.</p> <p>Record review of the Order Summary Report for Resident #32 revealed an order for EBP related to Peg tube every shift with an order date of 04/14/2025.</p> <p>Record review of Resident #32's admission Record revealed an admission date of 06/26/2024 with medical diagnoses that included Gastrostomy status.</p> <p>Resident #64</p> <p>On 6/17/25 at 1:30 PM, the Wound Care Nurse and Certified Nurse Aide (CNA) #1 were observed entering Resident #64's room to provide wound care. Resident #64 had an EBP signage located on his room door, instructing staff to wear a gown and gloves during high-contact resident care activities. The Wound Care Nurse and CNA #1 were observed performing hand hygiene. Then, CNA #1 assisted Resident #64 with the sit-to-stand lift, unfastened his brief, and then assisted the Wound Care Nurse during the provision of his wound care. The Wound Care Nurse and CNA #1 did not wear a gown.</p> <p>A record review of the Order Summary Report for Resident #64 revealed an order for EBP related to chronic wound every shift with an order date 4/14/2025.</p> <p>Record review of the admission Record revealed the facility admitted Resident #63 on 6/26/2023.</p> <p>Based on observation, staff interviews, record review, and facility policy review, the facility failed to the spread of infection, as evidenced by failure to practice Enhanced Barrier Precautions (EBP)(Resident #32, #62, #64) during care for three (3) of four (4) resident care observations.</p> <p>Findings Include:</p> <p>Review of the facility policy titled Infection Prevention and Control Program with a revision date of 3/18/25 revealed under, Policy Statement: An infection prevention and control program (IPCP) is established and maintained to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255229	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/19/2025
NAME OF PROVIDER OR SUPPLIER Holly Springs Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1315 Highway 4 East Holly Springs, MS 38635	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of the facility policy Enhanced Barrier Precautions dated 4/1/2024, revealed Enhanced Barrier Precautions, (EBP) refer to an infection control intervention designed to reduce transmission of multidrug-resistant organisms that employ targeted gown and glove use during high contact resident care activities. EBP are indicated for residents with any of the following: Wounds and/or indwelling medical devices .</p> <p>Resident #62</p> <p>During an observation and interview on 6/18/25 at 10:00 AM with the Wound Care Nurse during PEG site care for Resident #62, the Wound Care Nurse did not adhere to the EBP that was required for this procedure. There was appropriate signage posted outside of Resident #62's door indicating the need for EBP. A cart containing Personal Protective Equipment (PPE) supplies was readily available across the hall. While reading the EBP sign aloud during the observation, the nurse acknowledged that she should have worn a gown and gloves for the PEG site care. The nurse articulated the purpose of using EBP, which includes protecting both the resident and staff from infections and preventing the transfer of infection between residents.</p> <p>Record review of the admission Record revealed Resident #62 was admitted to the facility on [DATE].</p> <p>Record review of the MDS with an ARD of 4/7/25 revealed, under Section C revealed, a BIMS score of 9, which indicated the resident had moderate cognitive impairment.</p> <p>During an interview on 6/18/25 at 10:17 AM, the Infection Preventionist (IP) revealed education has been provided to the nursing staff regarding EBP, and Personal Protective Equipment (PPE) is kept outside the resident's door. She confirmed that Residents #32, #62, and #64 were supposed to have EBP used, and the staff should have worn the protective equipment, which includes a gown. She revealed that wearing the PPE protects not only the staff but also the residents from the potential spread of any infections.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255229	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/19/2025
NAME OF PROVIDER OR SUPPLIER Holly Springs Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1315 Highway 4 East Holly Springs, MS 38635	
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 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Resident #24</p> <p>An observation of Resident #24 on 6/16/25 at 10:24 AM revealed she was lying in bed, verbal but confused with two visible flies flying over her bed. Her overbed table was pulled across her bed with a remaining breakfast tray uncovered with left over food and the flies were attempting to land on the food tray.</p> <p>Resident #52</p> <p>An observation of Resident #52 on 6/17/25 at 10:37 AM revealed he was lying in bed with his eyes closed and two flies were flying around his bed and attempting to land on the table beside his bed that had a left over breakfast tray.</p> <p>Resident #70</p> <p>An observation of Resident #70 on 6/16/25 at 12:22 PM revealed he was lying in bed with multiple flies (3-5) flying around his room, circling over the resident and landing on his covers.</p> <p>An interview with Maintenance on 6/17/25 at 3:51 PM confirmed flies had been a problem for months despite everything they had tried. He admitted that there is a pest control company that visits twice monthly. He revealed that flies could be entering residents opened windows because some screens were damaged. He stated he had been in the process of replacing the damaged screens.</p> <p>An interview with the Administrator (ADM) on 6/17/25 at 9:05 AM confirmed that flies were a concern in the facility despite pest control coming to the facility even recently. He admitted he had not contacted anyone or explored additional pest control services. He additionally revealed leaving the meal trays in the residents' rooms could attract insects.</p> <p>Review of the Proper Name of Pest Control Work Order revealed a visit date of 6/9/25 which targeted flies.</p> <p>Record review of the admission Record revealed Resident #15 was admitted to the facility on [DATE] with medical diagnoses that included Complete Traumatic Amputation at Right Hip Joint, Subsequent and Adult Failure to Thrive.</p> <p>Record review of the admission Record revealed the facility admitted Resident #24 on 5/02/25 with a medical diagnosis of Unspecified Dementia.</p> <p>Record review of the admission Record revealed the facility admitted Resident #52 on 5/08/25 with a medical diagnosis of Unspecified Dementia.</p> <p>Record review of the admission Record revealed the facility admitted Resident #70 on 6/26/24 with a diagnosis of Post Traumatic Seizures.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255229	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/19/2025
NAME OF PROVIDER OR SUPPLIER Holly Springs Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1315 Highway 4 East Holly Springs, MS 38635	

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 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Based on observation, staff interview, and facility policy review, the facility failed to ensure they had an effective pest control as evidenced by multiple sightings of flies in resident's rooms and kitchen and gnats observed in the kitchen for two (2) of four (4) survey days.</p> <p>Findings include:</p> <p>The facility provided a statement on letterhead that read, Currently, we do not have a specific policy in place which is implemented on Pest Control.</p> <p>Review of facility policy titled, Environment revised date 9/2017 revealed, Policy Statement: All food preparation areas, food service areas, and dining areas will be maintained in a clean and sanitary condition .</p> <p>During the initial kitchen tour with the Dietary Manager (DM) on 6/16/25 at 10:14 AM, a prep table in the middle of the workspace area contained a cardboard box on the bottom shelf with gnats flying around inside it. Upon further investigation, several potatoes were found inside the box. The DM remarked, That box is garbage because the garbage can was full and overflowing. Furthermore, flies were observed flying around in the kitchen prep and cook area.</p> <p>Resident #15</p> <p>An observation on 6/16/25 at 11:44 AM with Resident #15 revealed a fly in his room and a fly swatter on his bedside table.</p>