

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255243	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/06/2025
NAME OF PROVIDER OR SUPPLIER Billdora Senior Care		STREET ADDRESS, CITY, STATE, ZIP CODE 314 Enochs St Tylertown, MS 39667	

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 0576</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure residents have reasonable access to and privacy in their use of communication methods.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50751</p> <p>Based on facility policy review, interviews, and record review, the facility failed to provide residents with mail on Saturdays for one (1) of (17) sampled residents, Resident #25.</p> <p>Findings included:</p> <p>A record review of the facility policy Communications Within and External to the Facility revised in August 2024, revealed, The facility will protect and facilitate the resident's right to communicate with individuals and entities within and external to the facility. The facility will ensure the resident has the ability to .receive mail, letters, packages, and other materials delivered to the facility .</p> <p>On 03/04/2025 at 10:10 AM, during a resident council meeting, members stated that residents in the facility does not receive mail on weekends.</p> <p>On 03/04/2025 at 10:20 AM, during an interview, the facility Administrator stated that the Activities Director distributes mail during the weekdays. The Administrator further stated that the front desk receptionist, nurses, or Certified Nurse Aides (CNAs) distribute mail on weekends when it is received at the front desk. The Administrator suggested that Resident #25 be interviewed, as she consistently receives mail.</p> <p>On 03/04/2025 at 10:27 AM, during an interview, Resident #25 stated that she never receives mail on weekends. She stated that even if mail arrives on the weekend, it is stored in the front office, and the Activities Director delivers it to her on Mondays. Resident #25 stated that no CNA or nurse has ever brought her mail on weekends.</p> <p>On 03/04/2025 at 10:22 AM, during an interview, the front desk receptionist stated that she does not work on weekends. She stated that nurses and CNAs usually retrieve the mail and distribute it on weekends.</p> <p>On 03/04/2025 at 10:30 AM, during an interview, Licensed Practical Nurse (LPN)# 1 stated that she was unaware of who retrieves the mail on Saturdays and distributes it to residents. LPN #1 stated that she had never delivered mail on weekends and had never seen any residents receive mail on Saturdays.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0576</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 03/04/2025 at 10:35 AM, during an interview, CNA #1 stated that she did not know what happens with mail on weekends. She stated that she had never been instructed to retrieve mail from the front office or distribute it to residents on weekends.</p> <p>On 03/04/2025 at 10:47 AM, during an interview, the facility's Social Services Director stated that the Activities Director distributes residents' mail Monday through Friday but was unsure who distributed mail on weekends.</p> <p>On 03/04/2025 at 10:53 AM, during an interview, Activities Staff #1 stated that she distributes residents' mail Monday through Friday. She stated that the charge nurse is responsible for distributing mail on weekends when she is not there. However, she stated that when she arrives on Mondays, packages are often waiting in the office to be distributed.</p> <p>On 03/04/2025 at 11:01 AM, during an interview, Registered Nurse (RN)# 1 stated that she had never distributed mail on weekends. She further stated that, to her knowledge, if mail is delivered to the facility on the weekend, it is stored in the front office until it is distributed on Monday.</p> <p>On 03/04/2025 at 11:05 AM, during an interview, the Director of Nursing (DON) stated that Activities Staff #1 distributes the mail during the week. When asked who delivers mail on weekends, the DON stated that she assumed it would be distributed by social services or activities staff. The DON confirmed that nurses and CNAs do not retrieve or distribute mail on weekends.</p> <p>A record review of Resident #25's Admission Record revealed an admitted [DATE] with a diagnoses that included Hemiplegia and Hemiparesis Following Cerebral Infarction Affecting Right Dominant Side.</p> <p>A record review of Resident #25's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 12/31/2024 revealed a Brief Interview for Mental Status (BIMS) score of 15, which indicated the resident was cognitively intact.</p>		

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<p>F 0585</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 voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41680</p> <p>Based on interview, record review and facility policy review the facility failed to provide prompt resolution of a grievance related to a resident's missing property for one (1) of (17) sampled residents. Resident #22.</p> <p>Findings included:</p> <p>A review of the facility's policy titled Missing Property, dated 4/17, revealed It is the policy of the facility to safeguard resident' property (to the extent possible) to assure there is no misappropriation</p> <p>On 03/03/25 at 12:24 PM, in an interview, Resident #22 stated that a Saints jersey was missing from her closet. She was unsure when it went missing. She reported that Social Services (SS) initially told her they would order a replacement jersey but later informed her in January 2025 that they would need to reorder it. She further stated that SS told her they would check on the status of the jersey but never followed up with her.</p> <p>On 03/04/25 at 1:10 PM, in an interview, SS stated that she typically completes a grievance when residents report missing items. She confirmed that Resident #22 had reported her missing jersey late in 2024, during football season. She stated she completed a grievance but acknowledged that there was no record of the grievance in the grievance book. She further stated that she discussed the issue with the Nursing Home Administrator (NHA) and that the plan was to replace the jersey. The last time she spoke with NHA about the issue was at the end of 2024.</p> <p>On 03/04/25 at 1:22 PM, in an interview, NHA stated she planned to contact the resident's family to verify that Resident #22 owned a Saints jersey. She stated the resident never reported the missing jersey to her directly, but that SS had informed her about it. She confirmed she had not yet contacted the family for verification but planned to order a replacement jersey in size 2XL (extra large). However, she acknowledged that she had not verified Resident #22's size before placing the order.</p> <p>On 03/04/25 at 2:03 PM, in a phone interview, Resident #22's Resident Representative (RR) stated she was informed by both the resident and SS about the missing jersey. She stated the incident occurred late last year and assumed the facility had already replaced it. She confirmed that SS had contacted her and that she verified the jersey was missing. She also confirmed that the jersey was not at the resident's home.</p> <p>On 03/06/25, in a follow-up phone interview, the RR stated that a 2XL jersey would not fit Resident #22. She expressed concern that the facility did not contact her to confirm the appropriate size before ordering the replacement.</p> <p>A record review of Resident #22's inventory sheet, dated 11/25/24, documented the presence of one Saints jersey with #9 and [NAME] on it.</p> <p>(continued on next page)</p>		

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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A record review of Resident #22's Admission Record revealed an admitted [DATE] with diagnoses including Major Depressive Disorder.</p> <p>A record review of Resident #22's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 01/07/25 revealed a Brief Interview for Mental Status (BIMS) score of 15, indicating the resident is cognitively intact.</p>		

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<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>41680</p> <p>Based on record review and staff interviews, the facility failed to provide written notification of the reason for a resident's hospital discharge to the resident and/or Resident Representative (RR) for one (1) of (1) residents reviewed for hospitalization (Resident #18).</p> <p>Findings include:</p> <p>A record review of the Admission Record revealed the facility admitted Resident #18 on 6/10/24, with diagnoses including Acute Respiratory Failure with Hypoxia and Acute Systolic Congestive Heart Failure.</p> <p>A record review of the transfer/discharge letter dated 1/9/25 revealed the Resident was discharged to the hospital on 1/8/25, however, the letter did not provide a reason for the transfer/discharge.</p> <p>On 03/04/25 at 1:07 PM, in an interview with the Social Service Director, she confirmed it was her role to mail hospital transfer/discharge letters to the family. She stated she was not aware that the letter was required to include the reason for the transfer/discharge and confirmed with the State Agency (SA) that the letter sent to the RR for Resident #18 did not include this information.</p> <p>On 03/04/25 at 1:22 PM, in an interview the Administrator, stated she was not aware of any regulation requiring the facility to include the written reason for the transfer/discharge in the letters sent to the Responsible Party. She stated she believed that doing so would be a violation of the Health Insurance Portability and Accountability Act (HIPAA).</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41680</p> <p>Based on observation, interview, record review and facility policy review, the facility failed to ensure a resident requiring oxygen therapy had an Oxygen in Use sign placed on the resident's door as specified in the facility policy for one (1) of four (4) days of survey observations. (Resident #107).</p> <p>Findings Include:</p> <p>A record review of the facility's Oxygen Concentrator policy, revised April 2017, revealed Policy: To administer oxygen for the treatment of certain diseases or conditions. Policy Explanation and Compliance Guidelines: 1. Care of the Resident . h. Place an oxygen warning sign on the resident's door .</p> <p>On 03/03/25 at 11:30 AM, an observation of Resident #107 in her room, up in a wheelchair, revealed that oxygen was flowing at 3 milliliters per hour. However, there was no Oxygen in Use signage on the door.</p> <p>On 03/03/25 at 11:32 AM, during an interview, Licensed Practical Nurse (LPN)#1 confirmed that there was no oxygen signage on the door. She stated that an Oxygen in Use sign should have been placed on the door upon admission on 2/17/25 to alert staff and visitors not to enter with flammable materials.</p> <p>On 03/05/25 at 11:45 AM, during an interview, the Director of Nursing (DON) confirmed that oxygen signage should have been placed on the door. She stated that the purpose of the signage is to alert staff and visitors that oxygen is in use to prevent fire hazards.</p> <p>A record review of Resident #107's Admission Record revealed an admitted [DATE] with diagnoses including Dysphagia and Shortness of Breath.</p> <p>A record review of Resident #107's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 2/24/25 revealed a Brief Interview for Mental Status (BIMS) score of 99, indicating the resident was unable to complete the interview.</p>		