STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255249	A. Building B. Wing	07/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Compere NH Inc	865 North Street Jackson, MS 39202

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure each resident receives an accurate assessment. Based on interview, record review, and facility policy review, the facility failed to accurately code the Minimum Data Set (MDS) to reflect residents' assessments for anticoagulant and hypnotic medications for six (6) of eighteen (18) MDS assessments reviewed, Resident #5, Resident #14, Resident #21, Resident #38, Resident #44, and Resident #53. Findings included: A review of the facility's policy titled MDS Assessments, dated 5/2006, revealed, . It is the policy of this facility to follow the RAI (Resident Assessment Instrument) process as set forth by CMS (Centers for Medicare and Medicaid Services) protocol . The facility will follow direction per federal and state guidelines for resident assessment protocol and will refer to the MDS RAI manual. A review of the RAI Manual 3.0 Version 1.19.1, dated October 2024, revealed, . N0415: High-Risk Drug Classes: . N0415D1. Hypnotic: Check if a hypnotic medication was taken by the resident at any time during the 7-day look-back period (or since admission/entry or reentry if less than 7 days) . N0415D2. Hypnotic: Check if there is an indication noted for all hypnotic medications taken by the resident any time during the observation period . N0415E1. Anticoagulant (e.g., warfarin, heparin, or low-molecular weight heparin): Check if an anticoagulant medication was taken . N0415I1. Antiplatelet: Check if an antiplatelet medication (e.g., aspirin/extended release, dipyridamole, clopidogrel) was taken by the resident at any time during the 7-day observation period (or since admission/entry or reentry if less than 7 days) . Do not code antiplatelet medications such as aspirin . A record review of the Drugs.com package insert for Temazepam (Restoril), updated 3/19/25, revealed the drug classification is Benzodiazepines and indicated that Temazepam is a benzodiazepine hypnotic agent . A record review of the Drugs.com package insert for clopidogrel bisulfa (Plavix), updated 6/12/25, revealed the drug classification is Platelet aggregation inhibitors . A record review of the Drugs.com package insert for aspirin, updated 3/1/24, revealed the drug classification is Platelet aggregation inhibitors . Resident #5 A record review of Resident #5's admission Record revealed the facility admitted the resident on 4/26/22 with diagnoses including Hemiplegia and Hemiparesis Following Cerebral Infarction. (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

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A record review of Resident #5's Quarterly MDS with an Assessment Reference Date (ARD) of 6/5/25 revealed Section N0415 indicated the resident received an anticoagulant medication and no antiplatelet medications during the seven-day look-back period. A record review of Resident #5's Order Summary Report with active orders as of 5/1/25 and 6/1/25 revealed no orders for anticoagulant medications. Physician's orders included Plavix (dated 4/26/22) and Aspirin (dated 9/18/24). A record review of the Medication Administration Records (MARs) for May and June 2025 revealed no anticoagulant medications were administered, however, antiplatelet medications were administered. Resident #14 A record review of Resident #14's admission Record revealed the facility admitted the resident on 1/7/25 with diagnoses including Congestive Heart Failure. A record review of Resident #14's Quarterly MDS with an ARD of 4/11/25 revealed Section N0415 indicated the resident received an anticoagulant medication during the seven-day look-back period and did not receive an antiplatelet. A record review of the Order Summary Report with active orders as of 4/1/25 revealed an order dated 1/7/25 for Plavix. There were no anticoagulant medications listed. A record review of the MAR for April 2025 revealed Plavix was administered daily and there were no anticoagulant medications administered. Resident #21 A record review of Resident #21's admission Record revealed the facility admitted the resident on 4/2/25 with diagnoses including Cerebral Infarction. A record review of the admission MDS with an ARD of 4/8/25 revealed Section N0415 indicated the resident received an anticoagulant medication during the seven-day look-back period. Antiplatelet was not marked as administered. A record review of the Order Summary Report with active orders as of 4/2/25 revealed there were no orders for anticoagulant medications, however, there were physician's orders dated 4/2/25 for Aspirin and Clopidogrel Bisulfate. A record review of the MAR for April 2025 revealed there were no anticoagulant medications administered, and Clopidogrel Bisulfate was administered. Resident #38 A record review of Resident #38's admission Record revealed the facility admitted the resident on 1/10/24 with diagnoses including Cerebrovascular Disease and Insomnia. (continued on next page)

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A record review of the Quarterly MDS with an ARD of 6/26/25 revealed Section N0415 indicated the resident received an anticoagulant medication, however, there was no indication that the resident received an antiplatelet or a hypnotic medication during the seven day look back period. A record review of the Order Summary Report with active orders as of 6/1/25 revealed there were physician's orders for Aspirin (dated 1/10/24) and Restoril (Temazepam) (dated 4/8/25). There were no orders for anticoagulant medications. A record review of the MAR for June 2025 revealed there was no anticoagulant administered, but antiplatelet and hypnotic medications were administered. Resident #44 A record review of Resident #44's admission Record revealed the facility admitted the resident on 6/9/25 with diagnoses including Peripheral Vascular Disease. A record review of the admission MDS with an ARD of 6/16/25 revealed Section N0415 indicated the resident received an anticoagulant medication and did not receive an antiplatelet medication during the seven-day look-back period. A record review of the Order Summary Report with active orders as of 6/9/25 revealed there were no physician orders for anticoagulant medications, but there were orders for Clopidogrel Bisulfate (dated 6/9/25). A record review of the MAR for June 2025 revealed no anticoagulant medications were administered; however, an antiplatelet medication was administered. Resident #53 A record review of Resident #53's admission Record revealed the facility admitted the resident on 3/7/25 with a diagnosis of Cerebral Infarction. A record review of the Quarterly MDS with an ARD of 6/10/25 revealed Section N0415 indicated the resident received an anticoagulant medication during the seven-day look-back period and did not receive an antiplatelet medication. A record review of the Order Summary Report with active orders as of 6/1/25 revealed there were no anticoagulant medications ordered, however there was a physician's order for Plavix (dated 3/7/25). A record review of the MAR for June 2025 revealed there were no anticoagulant medications administered; however, an antiplatelet medication was administered. (continued on next page)

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 7/2/25 at 10:29 AM, during an interview with Registered Nurse (RN) #1, she explained that different staff members complete each section of the MDS, but she completes Section N for medications. She stated that information is gathered by reviewing residents' medical records. RN #1 confirmed Plavix and Aspirin are classified as antiplatelet medications and Restoril is classified as a hypnotic. After reviewing the MDS and physician orders for Residents #5, #14, #21, #38, #44, and #53, she confirmed the MDS assessments were coded in error. She stated that while staff are responsible for the accuracy of their own sections, she reviews assessments before submission and acknowledges these errors. On 7/2/25 at 10:45 AM, during interviews with the Director of Nursing (DON) and Administrator, both confirmed they were made aware of the inaccurate MDS coding. They acknowledged the facility does not have a triple-check system for accuracy but stated their expectation is for staff to code the MDS accurately to reflect each resident's clinical status.

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. Based on observation, interview, record review, and facility policy review, the facility failed to ensure a resident who is unable to carry out activities of daily living (ADLs) receives the necessary services to maintain good grooming and personal hygiene for one (1) of eighteen (18) sampled residents, Resident #34. Findings include: A review of the facility's policy titled Resident Rights, undated, revealed, . Residents' rights, policies, and procedures shall insure that each resident admitted to the center . 9. Is treated with consideration, respect, and full recognition of his dignity and individuality, . in care of his personal needs . On 6/30/25 at 10:55 AM, Resident #34 was observed to have noticeable long, white hairs on her chin. During the initial interview, she shared that she would like them shaved but mentioned it had not been done in quite some time. On 7/1/25 at 11:01 AM, in a follow-up observation and interview, Resident #34 still had long gray hair on her chin. The resident expressed that she wished to have it removed and shared that her Certified Nurse Aide (CNA) had not offered to assist with grooming during the earlier care visit. On 7/1/25 at 11:19 AM, during an interview with CNA #1, she confirmed she was currently assigned to Resident #34 and acknowledged seeing the gray hair on the resident's chin. She stated she would return to take care of it. CNA #1 explained that when helping female residents with their ADLs, it is important to include trimming facial hair to help maintain their dignity. On 7/1/25 at 1:46 PM, during an interview with the Director of Nursing (DON), she stated it is the CNA's responsibility to trim their assigned residents' facial hair when providing ADL care. She added that when CNA #1 saw Resident #34 had hair on her face, she should have trimmed it immediately. A record review of Resident #34's admission Record revealed the facility admitted her on 7/25/23 with diagnoses including Muscle Weakness and Unspecified Lack of Coordination. A record review of Resident #34's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 4/8/25 revealed a Brief Interview for Mental Status (BIMS) score of 12, which indicated the resident's cognition was moderately impaired.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, staff interview, record review, and facility policy review, the facility failed to maintain food quality in accordance with professional standards for food safety related to overly ripe produce, exposed foods, undated and unlabeled foods, and expired foods and unsanitary meal preparation for two (2) of three (3) days of survey. Findings included: A review of the facility's policy titled, Food Storage Labeling, dated 3/24, revealed, .The facility will ensure the safety and quality of food by following good storage and labeling procedures .Procedure .2. All food items that are not in their original containers must be labeled with the common name of the food and the use by date. 3. Foods that are prepared and stored for later service must be labeled and dated .8. Rotation a . iv. Foods stored in storage units will be surveyed routinely to identify and discard foods that have passed its manufacturer use-by date or expiration date .10. Product Placement Food is stored in containers .that are . tightly sealed or covered and labeled . On 6/30/25 at 10:06 AM, during an observation and interview in the kitchen with the Certified Dietary Manager (CDM), in Refrigerator #1 there were two (2) beverage cups with sippy lids attached, containing a clear liquid and a brown liquid, without date labels or identifying information. The CDM identified them as thickened water and thickened tea. Refrigerator #2 contained two (2) unopened bags of chopped cabbage showing browning and liquefaction with manufacturer use-by dates of 6/22/25 and 6/24/25. Freezer #2 contained one personal-sized bowl of food covered with plastic wrap, lacking a label or date, and the CDM could not identify its contents. In the pantry, 19 overly ripe bananas with open skins and five (5) bottles of dry seasoning with open lids were observed. The CDM acknowledged the presence of expired, undated, and exposed food items and stated he was responsible for food quality and safety. He reported he conducts regular in-services on food safety and planned to begin making daily rounds to ensure compliance. On 7/1/25 at 11:17 AM, during an observation and interviews with the CDM, [NAME] #1, and [NAME] #2, [NAME] #1 was observed preparing food trays while placing the scoop for pureed bread flat into the food, with the scoop handle touching the food item and then repeatedly using it. During this process, [NAME] #1 asked [NAME] #2-who was actively washing pots in the three-compartment sink-to use a towel to wipe a spill on a resident's plate. The plate was then placed on the food cart. [NAME] #2 acknowledged she used a soapy towel from the dishwashing area and confirmed that dish soap is a chemical. [NAME] #1 acknowledged the entire scoop, including the scoop handle, was touching the food while preparing meals. She also confirmed she had asked [NAME] #2 to wipe a plate with a soapy towel, which was inappropriate. She affirmed her responsibility for food prep sanitation. The CDM acknowledged observing both infractions and stated he would conduct additional in-service training on food safety, noting that he typically oversees tray preparation to ensure food handling standards are met. On 7/2/25 at 9:08 AM, during an interview with the Administrator, he acknowledged he was made aware of the issues involving undated and unlabeled food, overly ripe and expired produce, and the unsanitary practices observed. He stated that the CDM is responsible for kitchen sanitation and food quality and noted his own expectation is for food safety to be maintained.