STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255277	A. Building B. Wing	01/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Greene County Health and Rehabilitation	1017 Jackson Street Leakesville, MS 39451

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 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, interview, and facility policy review, the facility failed to maintain safe food handling and storage practices by not removing expired food items from the refrigerator and freezer and by not dating and labeling opened and repackaged food items for one (1) of three (3) days of survey.Findings include:A review of the facility's policy, Food Receiving and Storage, revised 11/2022, revealed, Foods shall be received and stored in a manner that complies with safe food practices.Refrigerated/Frozen Storge 1. All foods stored in the refrigerator or freezer are covered, labeled and dated (use by date).7. Refrigerated foods are labeled, dated and monitored so they are used by their use-by date, frozen, or discarded.On 1/20/26 at 10:01 AM, during an observation and interview, the reach-in refrigerator #2 was observed to contain opened, repackaged sliced bologna sandwich meat labeled with an opened date of 10/8/25 and a best-by/use-by date of 11/8/25, which had expired. Reach-in refrigerator #2 was also observed to contain several packages of opened, repackaged sliced white cheese without an open date labeled and sliced American cheddar cheese that had been opened and repackaged without an open date labeled on the outside of the clear plastic bags. A container of French's mustard was observed opened, in use, and stored unrefrigerated on a shelf despite manufacturer instructions indicating the product should be refrigerated after opening. During the interview, the Dietary Supervisor acknowledged the expired and improperly labeled food items and reported it was the responsibility of all dietary staff to routinely check dates in refrigerators and freezers and to remove expired food items. On 1/22/26 at 2:50 PM, during an interview, the Administrator reported her expectation was for the dietary department to conduct routine weekly monitoring to ensure expired foods were identified and removed in a timely manner and foods were refrigerated as required. She stated both the Dietary Manager and Dietary Supervisor were responsible for oversight of food storage and safety practices. She further reported that while all staff were encouraged to check product dates when handling food items, the primary responsibility for monitoring expiration dates and proper labeling rested with the Dietary Manager and Dietary Supervisor to ensure compliance with food safety standards and to prevent the use of expired or improperly labeled food products.

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. Based on observation, interviews, record review, and facility policy review, the facility failed to ensure a resident's right to dignity by not covering a urinary catheter drainage bag for one (1) of (18) sampled residents, Resident #13.Findings include:A review of the facility's policy, Catheter Care (undated) revealed, .It is the policy of this facility to ensure that residents with indwelling catheters receive appropriate catheter care and maintain their dignity and privacy when indwelling catheters are in use.Policy Explanations.2. Privacy bags will be available and catheter drainage bags will be covered at all times while in use.A review of the facility's policy, Resident Rights, dated 02/2021, revealed, .Employees shall treat all residents with.dignity. Policy Interpretation and Implementation 1.These rights include the resident's right to: a. a dignified existence.A record review of the admission Record revealed the facility admitted Resident #13 on 3/3/25 with diagnoses including Dementia.A record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 12/10/25, revealed Resident #13 had a Brief Interview for Mental Status (BIMS) score of 9, which indicated her cognition was moderately impaired.A record review of the Order Listing Report revealed Resident #13 had a Physician's Order, dated 12/29/25, for catheter care every shift and as needed.On 01/20/2026 at 11:59 AM, during an observation and interview, Resident #13 was lying in bed with an indwelling urinary catheter drainage bag hanging on the side of the bed, uncovered and visible to anyone when the resident's door was opened. Resident #13 stated she did not know why she had a urinary catheter.On 01/20/2026 at 12:05 PM, during an observation and interview Registered Nurse (RN) #2, she confirmed that Resident #13's urinary catheter drainage bag was exposed and not covered. RN #2 confirmed the catheter drainage bag should have been covered for resident dignity. On 01/21/2026 at 4:07 PM, during an interview, the Director of Nursing (DON), stated Resident #13 had an indwelling catheter since 12/28/2025. She explained wound care staff were responsible for catheter placement and changes. The DON confirmed staff were required to keep catheter drainage bags covered for dignity, and this expectation was reviewed during catheter care in-service training completed within the last year. She stated her expectation was for staff to ensure catheter drainage bags were covered at all times.On 01/22/2026 at 2:01 PM, during an interview, the Administrator stated she expected staff to place all catheter drainage bags in privacy covers to maintain resident dignity.

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F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. Based on interview, record review, and facility policy review, the facility failed to provide written notification of a resident transfer that included the specific reason for the transfer in a language and manner the resident's representative could understand for one (1) of two (2) residents sampled for hospitalization. Resident #49. Findings include:A review of the facility's policy, Transfer and Discharge (including AMA - Against Medical Advice (AMA), revised 2025, revealed, .Definitions: . ?Transfer and Discharge' includes movement of a resident to a bed outside of the certified facility whether that bed is in the same physical place or not. Policy Explanation and Compliance Guidelines: . 3. The facility's transfer/discharge notice will be provided to the resident and resident's representative in a language and manner in which they can understand. The notice will include all the following at the time it is provided: a. The specific reason and basis for transfer or discharge.A record review of the admission Record revealed the facility admitted Resident #49 on 9/15/24 and he had current diagnoses including Schizoaffective Disorder, Bipolar Type.A record review of the Discharge Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 1/4/26 revealed Resident #49 had an unplanned discharge to an acute hospital with return anticipated on 1/4/26.A record review of the resident's Progress Notes revealed, .Effective Date 1/4/26 3:16 AM. Note Text: sent to (proper name of the local acute care hospital) ER (Emergency Room) for evaluation r/t r(elated to) low O2 (oxygen) sats (saturations) and elevated temp (temperature.A record review of the Notice of Resident Transfer or Discharge, dated 1/5/26, revealed Resident #49 was transferred to the local acute care hospital on 1/4/26 and listed the reason as Resident has transferred to the hospital/home with the anticipation of return. It did not indicate the clinical reason for the transfer. A record review of the resident's Progress Notes revealed, .Effective Date 1/4/26 8:15 PM. Note Text: resident disoriented, aroused with sternal rub. shows difficulty swallowing meds (medications).ordered for resident to sent to (proper name of a neighboring county acute care hospital - different facility from earlier transfer) for further treatment.A record review of the Notice of Resident Transfer or Discharge, dated 1/5/26, revealed Resident #49 was transferred to an acute care hospital in a neighboring county on 1/4/26 and listed the reason as Resident has transferred to the hospital/home with the anticipation of return. It did not specify the clinical reason for the transfer. On 1/22/26 at 2:30 PM, during an interview, the Business Office Manager reported Resident #49 was sent to the hospital twice on 1/4/26, which resulted in (2) transfer letters for that date. She reported she mailed the written notices to the resident's representative. She confirmed the notification did not list the specific reason for the transfer and stated she was not aware the specific reason was required to be included on the notices and checked only the general reason category on the letters. On 1/22/26 at 3:00 PM, during an interview, the Administrator reported she was not aware of the specific federal requirements for written notification of resident transfers. She stated her expectation was for staff to follow federal requirements for notice of transfers.

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. Based on observation, interview, record review, and facility policy review, the facility failed to provide respiratory care in accordance with physician orders and professional standards of practice by not administering oxygen at the ordered flow rate and by not documenting as-needed (PRN) oxygen administration for one (1) of (1) resident reviewed for respiratory care, Resident #2.Findings include:A review of the facility's policy, Oxygen Administration Policy, (undated) revealed, .Oxygen is administered to residents who need it in, consistent with professional standards of practice.Policy Explanation and Compliance Guidelines: 1. Oxygen is administered under orders of a physician.3. Staff shall document the initial and ongoing assessment of the resident's condition warranting oxygen and the response to oxygen therapy.On 1/20/26 at 12:09 PM, during an observation, Resident #2 was observed lying in bed with oxygen via nasal cannula (nc) running at two (2) liters per minute.On 1/20/26 at 12:22 PM, during an observation and interview, Licensed Practical Nurse (LPN) #1 who was the floor nurse for Resident #2, observed Resident #2's oxygen concentrator running at (2) liters per minute. She confirmed the setting and reported the setting did not align with the physician's order, which was three (3) liters per minute.On 1/21/26 at 12:13 PM, during an interview, Registered Nurse (RN) #1 explained it was the responsibility of the primary nurse, or floor nurse to monitor residents' oxygen flow rates and oxygen saturation levels.On 1/21/26 at 4:07 PM, during an interview, the Director of Nursing (DON) reported it was the responsibility of the floor nurse to ensure Resident #2's oxygen was administered at the physician-ordered rate. She reported medication nurses could also check oxygen settings during medication passes. She further reported the purpose of following physician orders was to maintain appropriate oxygen saturation levels and stated her expectation was for staff to verify oxygen flow rates during medication passes.On 1/22/26 at 2:45 PM, during an interview, the Administrator reported she had been advised that Resident #2's oxygen concentrator had been observed running at (2) liters per minute on 1/20/26 and that the physician order required (3) liters per minute. She stated the oxygen adjustment knob could be easily bumped but emphasized nursing staff were expected to routinely check oxygen flow rates to ensure consistency with physician orders and stated her expectation was for staff to always follow physician orders for prescribed oxygen levels.A record review of the admission Record revealed the facility admitted Resident #2 on 4/22/22 and she had current diagnoses including Hemiplegia and Hemiparesis.A record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 11/19/25 revealed Resident #2 had a Brief Interview for Mental Status (BIMS) score of twelve (12), which indicated her cognition was moderately impaired.A record review of the Order Listing Report revealed Resident #2 had an active Physician's order, dated 7/18/24, for oxygen at (3) liters per minute as needed for shortness of breath or oxygen saturation less than 92%. A record review of the January 2026 Medication Administration Record (MAR) revealed no documentation indicating Resident #2 received PRN oxygen on 1/20/26, although the resident was observed wearing oxygen via nasal cannula.