

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255278	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/16/2026
NAME OF PROVIDER OR SUPPLIER Hillcrest Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1401 First Avenue Northeast Magee, MS 39111	
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 - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, record review, and facility policy review, the facility failed to store food in accordance with professional standards by not removing expired food product, and not labeling or dating opened or prepared food items for one (1) of two (2) kitchen observations. Findings include: A review of the facility's policy, Food Storage Labeling, revised 8/12, revealed, Policy: The facility will ensure the safety and quality of food by adhering to proper storage and labeling procedures. Procedure: 1. Labeling a. All temperature-controlled foods and ready-to-eat foods that are prepared in the facility and held for longer than twenty-four hours will be labeled. Information included on the label: Name of the Food. Date of storage. 3. Rotation. b. 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. On 7/13/2026 at 10:30 AM, during an observation and interview with the Dietary Manager (DM) in the kitchen, there was one (1) opened bag of breaded okra stored in the freezer that was not labeled. The milk refrigerator contained one (1) pitcher of tea without a preparation or discard date, (1) one covered plastic glass containing milk without a date, and two (2) half-pint cartons of milk with an expiration date of 7/12/2026. The DM explained the milk vendor instructed the facility to keep the expired milk in the refrigerator until the facility received credit for the products. The walk-in freezer had one (1) opened bag of breaded chicken patties that was not labeled with the date it was opened. On 7/14/2026 at 11:00 AM, the DM stated all opened food items should be properly closed and dated when opened to ensure they remained within safe-use periods. She stated expired food items should be discarded because spoiled food could cause residents to become ill. She confirmed pitchers of tea should be dated to prevent spoilage. During an interview on 7/15/2026 at 11:15 AM, the Nursing Home Administrator (NHA) stated that improperly labeled or expired foods presented a health hazard and could cause residents to become ill. He confirmed he discussed the expired milk with the DM and the milk vendor. He explained expired products must be removed immediately and should not be stored with food available for resident use. The NHA stated the DM and dietary staff were responsible for ensuring foods were properly labeled, dated, monitored, and stored.		

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, interview, record review, and facility policy review, the facility failed to ensure the resident's right to dignity by entering the residents' room without knocking for one (1) of eighteen (18) residents sampled. Resident #20. Findings include: A review of the facility's policy, Dignity and Respect, revised 07/22, revealed A facility must treat each resident with respect and dignity. The facility shall protect the rights of the resident. 6. All staff, regardless of department, should knock and wait for a response before entering any resident's room. On 07/13/2026 at 2:08 PM, during an observation of the residents' halls, Certified Nursing Assistant (CNA) #1 entered Resident #20's room twice without knocking on her door. On 07/13/2026 at 2:15 PM, during an interview with CNA #1, she confirmed that she entered Resident #20's room twice without knocking. CNA #1 stated the facility's protocol for entering residents' rooms is to knock, announce self, and explain the care to be administered. CNA #1 reported the purpose of knocking is to announce oneself before entering. On 07/15/2026 at 8:46 AM, during an interview with the Director of Nursing (DON) she was made aware of CNA #1 entering Resident #20's room twice without knocking on her door. The DON confirmed that the facility's protocol for entering a resident's room is for the staff to knock before entering, introduce themselves, announce the care to be performed. The DON added that the staff are to further ensure privacy by pulling the curtain and closing the door. The DON reported that the purpose of knocking on a resident's door prior to entering is to respect the residents' privacy. The DON affirmed that her expectation for the staff is that they will honor the residents' privacy and knock before entering their rooms. A record review of the Face Sheet revealed the facility admitted Resident #20 on 05/28/2002 with diagnoses including Cerebral Infarction. A record review Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 07/02/2026 revealed Resident #20 had a Brief Interview for Mental Status (BIMS) score of 03 indicating severe cognitive impairment.		

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. Based on observation, interview, record review, and facility policy review, the facility failed to ensure a resident's right to comfortable hot water temperatures for one (1) of three (3) resident rooms reviewed, (Resident #53). Findings include: A review of the facility's document entitled Water Temperature revised 08/00, revealed, Procedure: The temperature of hot water at plumbing fixtures used by residents shall not exceed 115 degrees Fahrenheit and no less than 100 degrees Fahrenheit. On 7/13/2026 at 12:30 PM, during an interview and observation, Resident #53 was seated in a wheelchair. Resident #53 explained the hot water at the bathroom sink did not get hot. The resident stated the Maintenance Director had been informed of the problem, but it had been corrected. The hot water was turned on for two (2) minutes and was lukewarm. Resident #53 stated the water always had to run for a long time before it became slightly warm or at a comfortable temperature. On 7/14/2026 at 9:27 AM, during an observation and interview, with the Maintenance Director, the water temperature was measured with a thermometer at 98.2 degrees after running for two (2) minutes, which was below 100 degrees Fahrenheit. The Maintenance Director explained he believed the thermostat on the water heater was causing low water temperatures. He reported a plumber had been contacted to evaluate the system and acknowledged the facility had experienced previous problems with the water heaters. During an interview on 7/15/2026 at 11:30 AM, the Nursing Home Administrator stated the Maintenance Director informed him of the out-of-range temperatures identified on 7/14/2026. The Administrator stated he instructed the Maintenance Director to increase the thermostat setting on the water heater. The Administrator acknowledged that water temperatures outside the facility's acceptable range could cause resident discomfort and stated the facility would continue monitoring water temperatures. A record review of the Face Sheet revealed Resident #53 was admitted by the facility on 1/7/2026 with diagnoses including Type 2 Diabetes Mellitus. A record review of the Quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 6/5/2026, revealed Resident #53 had a Brief Interview for Mental Status (BIMS) score of 14, indicating the resident was cognitively intact.		

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F 0836 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure the facility is licensed under applicable State and local law and operates and provides services in compliance with all applicable Federal, State, and local laws, regulations, and codes, and with accepted professional standards. Based on interview, record review, and facility policy review, the facility failed to comply with state nursing facility staffing requirements by failing to ensure the nursing staff had a ratio of 2.8 hours of direct nursing care per resident per twenty-four (24) hours for two (2) of 13 days reviewed in the Second Quarter (January, February, and March) of 2026. Findings include: A record review of the facility's policy, Nursing Services - Staffing, with a revision date of 02/2026, revealed, .The facility will comply with established staffing requirements by the individual state governing agencies. A record review of the Minimum Standards for Institutions for the Aged or Infirm for Rule 45.4.1 Nursing Facility, revealed, .To be classified as a facility, the institution shall comply with the following staffing requirements. 1. Minimum requirements for nursing staff shall be based on the ratio of two and eight-tenths (2.80) hours of direct nursing care per resident per twenty-four (24) hours. Staffing requirements are based upon resident census. A record review of the PBJ (Payroll Based Journal) Data Report for the Fiscal Year Quarter 2 2026 (January - March 31) revealed the facility's Metric for Excessively Low Weekend Staffing resulted in Triggered which indicated the submitted weekend staffing data submitted by the facility was excessively low. A record review of the Staffing Grid completed by the facility revealed that on 2/7/26, the staffing ratio was 2.63 and on 3/21/26 the staffing ratio was 2.7 which were below the state requirement of 2.8. During an interview on 7/15/26 at 1:50 PM, the Administrator stated reports for 2/7/26 and 3/21/26 failed to generate email notifications to alert him that the facility fell below the 2.8 staffing ratio. He confirmed the facility did not meet its established staffing level of 2.8 nursing hours per resident day on those dates.		