STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255286	A. Building B. Wing	01/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pine View Health and Rehabilitation Center	1304 Walnut St Waynesboro, MS 39367

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0851 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data. Based on staff interview, record review, and facility policy review, the facility failed to ensure Payroll-Based Journal (PBJ) staffing information was accurate and corrected prior to submission to the Centers for Medicare and Medicaid Services (CMS) for one (1) of four (4) quarters reviewed in 2025. FY (Fiscal Year) Quarter 3 2025 (April 1 - June 30) Findings include:A review of the facility's policy, Payroll Based Journal dated 6/1/2025, revealed, .It is the policy of this facility to electronically submit timely to CMS complete and accurate direct care staffing information, including information for agency and contract staff, based on payroll and other verifiable and auditable data in a uniform format according to specifications established by CMS. A record review of the PBJ Data Report, for FY (Fiscal Year) Quarter 3 2025 (April 1 - June 30) revealed the facility triggered for excessively low weekend staffing, no Registered Nurse (RN) coverage for four (4) or more days, and failure to provide licensed nursing coverage 24 hours per day. The facility also triggered a one-star staffing rating.On 1/13/26 at 9:00 AM, during an interview, the Director of Nursing (DON) stated she was aware the PBJ data reflected the facility triggered for a one-star staffing rating, excessively low weekend staffing, no RN coverage during a 24-hour period, and failure to maintain licensed nursing coverage 24 hours per day. The DON stated that RNs were present in the building daily for eight (8) hours and licensed nurses were present daily. She further stated the corporate office failed to submit the PBJ data correctly.On 1/13/26 at 10:00 AM, during an interview, the Administrator confirmed he was aware the PBJ report indicated the facility triggered for a one-star staffing rating, excessively low weekend staffing, no RN coverage during a 24-hour period, and failure to maintain licensed nursing coverage 24 hours per day. The Administrator stated he questioned the report with the corporate office and was informed the PBJ data had been submitted incorrectly to CMS.On 1/13/26 at 10:30 AM, during an interview the Consultant confirmed the facility triggered for a one-star staffing rating, excessively low weekend staffing, no RN coverage during a 24-hour period, and failure to maintain licensed nursing coverage 24 hours per day. The Consultant stated PBJ data for several facilities within the corporation had been submitted incorrectly by the corporate office and that the company was in the process of correcting the issue.

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 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, and record review, the facility failed to ensure residents' rights to a safe, clean, and homelike environment by not ensuring privacy curtains were clean and laundered for two (2) of (19) sampled residents. Residents #9 and #20.Findings include:A review of the facility's policy, Resident Rights, (undated) revealed, Resident rights. The resident has the right to a dignified existence.8. Safe environment. The resident has a right to a safe, clean, comfortable and homelike environment.A record review of the facility's document, Environmental Services Cleaning Procedure for Common Items (undated) revealed for Walls, Blinds and Curtains the Cleaning Procedure was When visibly dusty or soiled.On 1/12/26 at 11:11 AM, during an observation and interview, Resident #9 reported she requested her privacy curtain be washed due to reddish-brown stains in multiple areas but that it had not been removed or laundered following her request.On 1/13/26 at 2:46 PM, during the Resident Council meeting, residents reported privacy curtains in resident rooms, including Residents #9 and #20, had not been laundered or changed. On 1/14/26 at 9:04 AM, during an interview and observation, Resident #20 reported she asked to have her privacy curtain cleaned but was informed the stains were from her roommate's tube feeding solution spilling onto the curtain. She reported she had never seen her privacy curtain cleaned since admission, and the privacy curtain was observed to have several large brown stains near the bed.On 1/14/26 at 12:36 PM, during an interview and observation, the Housekeeping Supervisor #1 reported privacy curtains were removed and cleaned upon request, with maintenance responsible for removal and rehanging and housekeeping responsible for washing and drying. During the observation of Resident #20's privacy, the Housekeeping Supervisor verified it was visibly soiled and stated it would be removed, washed, and rehung. She reported her expectation was for staff to ensure residents' needs were met and promptly reported.On 1/14/26 at 12:45 PM, during an interview, the Administrator reported his expectation was for housekeeping and environmental services staff to ensure privacy curtains for residents were changed and cleaned. Resident #9A record review of the admission Record revealed the facility admitted Resident #9 on 1/4/23 with current diagnoses including Type Two (2) Diabetes Mellitus.A record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 12/10/25 revealed Resident #9 had a Brief Interview for Mental Status (BIMS) score of fifteen (15), which indicated the resident was cognitively intact.Resident #20A record review of the admission Record revealed the facility admitted Resident #20 on 7/21/23 with current diagnoses including Chronic Obstructive Pulmonary Disease.A record review of the MDS with an ARD of 12/30/25 revealed Resident #20 had a BIMS score of (15), which indicated the resident was cognitively intact.

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. Based on observation, interviews, record review, and facility policy review, the facility failed to ensure comprehensive care plan interventions were implemented related to anchoring indwelling catheter tubing for one (1) of 19 sampled residents. Resident #85. Findings include:A review of the facility's policy, Comprehensive Care Plans, dated 6/4/25, revealed, .It is the policy of this facility to.implement a comprehensive person-centered care plan for each residents.that includes measurable objectives and timeframes to meet a resident's medical, nursing.needs and.meet professional standards of quality.Policy Explanation and Compliance Guidelines.3. The comprehensive care plan will describe, at a minimum, the following: a. The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being.Resident #85A record review of the Care Plan Detail revealed Resident #85 had a Focus of .Indwelling Catheter. with Interventions/Tasks of Foley (Indwelling) catheter: check leg anchor q shift.A record review of the Order Details revealed Resident #85 had a Physician's Order dated 8/1/24 for LEG STRAP to anchor indwelling catheter in place q (every) shift.During an observation and interview on 1/14/26 at 8:36 AM, Resident #85 was lying in bed preparing for wound care and did not have a leg anchor or strap securing catheter tubing. During an interview on 1/14/26 at 8:55 AM, Registered Nurse (RN) #1 confirmed that Resident #85 did not have a leg anchor in place. After reviewing the care plan, she confirmed there was a care plan intervention for the resident to have a leg strap or anchor for the catheter tubing.During an interview on 1/14/26 at 10:15 AM, RN #2/Care Plan Nurse confirmed the catheter care plan for Resident #85 included an intervention of a leg anchor for the catheter tubing. She stated that staff lets her know if a resident frequently refuses interventions and the care plan be revised. She reported that the care plan should reflect the actual care, and she expected staff to implement care plan interventions.During an interview on 1/14/26 at 10:30 AM, the Director of Nursing (DON) reported it was her expectation for nurses to implement comprehensive care plan interventions and that if a resident refused, the nurse should complete documentation indicating the refusal.A record review of the admission Record revealed the facility admitted Resident #85 on 1/4/24 with current diagnoses including Paraplegia.A record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 10/31/25 revealed Resident #85 had a Brief Interview for Mental Status (BIMS) score of thirteen (13), which indicated she was cognitively intact.

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. Based on observation, interview, facility policy review and record review, the facility failed to revise the resident's care plan to ensure all appropriate disciplines were assigned to interventions for one (1) of (19) sampled residents. Resident #61. Findings include:A review of the facility's policy, Care Plan Revisions Upon Status Change, dated 11/14/25, revealed, .The purpose of this procedure is to provide a consistent process for reviewing and revising the care plan. Policy Explanation and Compliance Guidelines: 1. The comprehensive care plan will be reviewed and revised as necessary. 2. Procedure for reviewing and revising the care plan. d. The care plan will be updated with the new or modified interventions. e. Staff involved in the care of the resident will report. new or modified interventions. f. Care plans will be modified as needed by the MDS Coordinator or other designated staff member. g. The Unit Manager or other designated staff member will communicate care plan interventions to all staff involved in the resident's care.A record review of the Care Plan Report revealed Resident #61 had a Focus of .(Indwelling Suprapubic) Catheter. with Interventions/Tasks of Subrapubic catheter care every shift. and the Position assigned as RN (Registered Nurse)/LP (Licensed Practical) . only.On 1/12/26 at 3:20 PM, during an observation and interview, Certified Nurse Aide (CNA) #1 was observed providing suprapubic catheter care to Resident #6. She reported this was the first resident for whom she had performed suprapubic catheter care. She confirmed she documented completion in the resident's task section on the computer.On 1/14/26 at 10:20 AM, during an interview, Registered Nurse (RN) #1 reported she provided suprapubic catheter care to two (2) residents in the facility, including Resident #61. She reported that she documented completion on the TAR. She was not aware CNAs were also performing the catheter care and documenting completion in the CNA task section.On 1/14/26 at 10:35 AM, during an interview, RN #2 confirmed Resident #61's care plan listed suprapubic catheter care as an intervention assigned to nursing staff only and did not include CNAs. She further confirmed CNA task documentation listed suprapubic catheter care for CNAs to complete and stated the care plan should include all positions assigned to the intervention. She stated that CNAs were omitted in error and the care plan needed to be revised to include the CNA discipline for providing suprapubic catheter care. On 1/14/26 at 11:32 AM, during an interview, the Director of Nursing (DON) reported she was made aware the care plan for Resident #61 did not include CNAs for suprapubic catheter care and stated her expectation was for care plans to include all disciplines responsible for the resident's care.A record review of the admission Record revealed the facility admitted Resident #61 on 11/11/25 with diagnoses including Malignant Neoplasm of Prostate.A record review of the Order Summary Report revealed active orders for Resident #61 included suprapubic catheter care every shift.A record review of the admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 11/17/25, revealed Resident #61 had a Brief Interview for Mental Status (BIMS) score of (15), which indicated the resident was cognitively intact, and Section H indicated the resident had an indwelling catheter, including a suprapubic catheter.A record review of the Treatment Administration Record (TAR) revealed suprapubic catheter care for Resident #61 was documented as completed every shift and signed off by nursing staff.A record review of the Task: Suprapubic Cath Care dated 1/1/26 through 1/14/26 for Certified Nurse Aides (CNAs) revealed Resident #61 had CNA task documentation marked yes for completion each shift.

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. Based on observation, interview, and record review, the facility failed to follow a physician's order related to ensuring that catheter tubing was anchored to prevent trauma for one (1) of (19) sampled residents. Resident #85.Findings include:On 1/14/26 at 8:36 AM, during an observation and interview, Resident #85 was lying in bed preparing for wound care and was noted to have an indwelling catheter with no leg anchor or strap securing the tubing. Resident #85 stated she would wear a leg anchor for the tubing if the staff provided one. On 1/14/26 at 8:55 AM, during an interview, Registered Nurse (RN) #1 confirmed that Resident #85 did not have a leg anchor in place and reported she was unsure if there was a physician's order related to the leg anchor.On 1/14/26 at 9:29 AM, during an interview, Licensed Practical Nurse (LPN) #1 reported it was the nurse's responsibility to ensure leg anchors were in place and stated Resident #85 often refused even though she had explained to the resident that leg anchors were used to prevent trauma.On 1/14/26 at 10:30 AM, during an interview, the Director of Nursing (DON) reported it was her expectation for nurses to follow physician orders and if a resident refused, the nurse should complete documentation indicating the refusal.A record review of the admission Record revealed the facility admitted Resident #85 on 1/4/24 with current diagnoses including Paraplegia.A record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 10/31/25 revealed Resident #85 had a Brief Interview for Mental Status (BIMS) score of thirteen (13), which indicated she was cognitively intact.A record review of the Order Details revealed Resident #85 had a Physician's Order dated 8/1/24 for LEG STRAP to anchor indwelling catheter in place q (every) shift.A record review of the Task: Ensure foley (indwelling) cath (catheter) leg strap is in place with a Look Back of 14 days for Resident #85 was documented as yes indicating the strap was in place.

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F 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube. Based on observation, interview, facility policy review and record review, the facility failed to provide enteral feeding care in accordance with professional standards of practice by not documenting the date and time the feeding was hung, which was necessary to alert staff when the bag must be changed to prevent complications such as contamination and infection for one (1) of (12) residents observed with enteral feedings, Resident #5.Findings include:A review of the facility's policy, Care and Treatment of Feeding Tubes, with a reviewed/revised date of 10/22/25, revealed, Policy: It is the policy of this facility to utilize feeding tubes in accordance with current clinical standards of practice, with interventions to prevent complications to the extent possible.On 1/11/26 at 11:45 AM, during an observation, Resident #5 was lying in bed. There was an enteral feeding hanging from a pole. There was no date or label on the bag indicating the date and time it was hung.On 1/11/26 at 11:46 AM, during an interview and observation, Laundry #2 worker who was immediately present in the hallway outside the resident's room observed and agreed that she did not see a date or time documented on the bag.On 1/14/26 at 11:05 AM, during an interview, Licensed Practical Nurse (LPN) #1 reported it was the responsibility of the nurse who changed Resident #5's tube feeding bag to label and date the bag and explained the purpose of labeling was to ensure the bag was not outdated and to prevent infection or bacterial growth if the feeding solution remained in the bag too long.On 1/14/26 at 11:10 AM, during an interview, the Director of Nursing (DON) reported the purpose of labeling and dating enteral feedings was to ensure the feeding was used within twenty-four (24) hours to prevent expiration and contamination. A record review of the Order Summary Report revealed Resident #5 had a Physician's Order, dated 8/8/24, for Enteral Feed Order TWO CAL: 40/ml/hr (milliliters/hour) .A record review of the admission Record revealed the facility admitted Resident #5 on 9/19/23 with diagnoses including Dysphagia Following Cerebral Infarction.A record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 10/16/25 revealed Resident #5 had a Brief Interview for Mental Status (BIMS) score of nine (9), which indicated his cognition was moderately impaired.