

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

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255297	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/28/2025
NAME OF PROVIDER OR SUPPLIER Bedford Care Ctr-Monroe Hall		STREET ADDRESS, CITY, STATE, ZIP CODE 300 Cahal Street Hattiesburg, MS 39401	
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 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 assure the resident's dignity in accordance with professional standards as evidenced by staff were standing while assisting a resident with feeding for one (1) of 20 residents sampled. Resident #6Findings include:A review of the facility's policy, Assisting with Meals, revised 8-2-22, revealed Policy Statements Residents shall receive assistance with meals in a manner that meets the individual needs of each resident .Policy Interpretation and Implementation .3. Residents Requiring Full Assistance .c. Residents who cannot feed themselves will be fed with attention to .dignity, for example: (1) Not standing over residents while assisting them with meals .On 08/25/2025 at 11:59 AM, during an observation from the hallway, Resident #6 was in his room, being assisted with feeding by the Infection Preventionist (IP). The IP was standing while feeding Resident #6 and was positioned above or over the resident who was lying in bed. The door to the room was open to the hallway, and several people passed by the residents' room. On 08/25/2025 at 12:30 PM, an interview with the IP, she acknowledged assisting Resident #6 with feeding while standing over him. The IP nurse revealed she was aware that this was a violation of the resident's dignity and explained that she had instructed other staff to sit while assisting with feedings and should have known better. On 08/27/2025 at 3:20 PM, during an interview, the Director of Nursing (DON) affirmed that this was a violation of the resident's dignity. The DON stated that the staff will be in-serviced on the proper way to assist residents with feeding, and she expects all staff to position themselves properly when assisting with feeding. A record review of the facility's admission Record revealed the facility admitted Resident #6 on 1/11/23 with diagnoses including Alzheimer's Disease.A record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 7/30/25 revealed Resident #6 had a Brief Interview for Mental Status (BIMS) score of 8 indicating severe cognitive impairment.		

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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 255297	If continuation sheet Page 1 of 2

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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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observations, interviews, and policy reviews, the facility failed to ensure food safety on one (1) of four (4) survey days. Specifically, the facility failed to remove out-of-date grape juice from the reach-in cooler, failed to remove (34) four-ounce containers of expired yogurt from the refrigerator, and failed to prevent the service of expired food items to residents. Findings Include: A review of the facility's policy, Food Safety Requirements, revised 11/21/22, revealed, .Food will be served in accordance with professional standards for food service safety. Policy Interpretation and Implementation. 8c. Additional strategies to prevent foodborne illness include. iv. Labeling, dating, and monitoring refrigerated foods so it is used by the use-by date or discarded. A review of the facility's policy, Food Receiving and Storage, reviewed 10/3/22, revealed, Food shall be stored in a manner that complies with safe food handling practices. Policy Interpretation and Implementation. 14. The manufacturer's code will be used when available and may include a manufactured-on date, a best buy date, or an expiration date. On 8/25/25, at 10:07 AM, observation during the initial kitchen tour with the Dietary Manager, revealed there was one (1) container of grape juice in Reach-In Cooler #1 with an expiration date of 5/19/25. The Dietary Manager confirmed the finding and acknowledged the grape juice had been served at breakfast that morning. On 8/25/25 at 10:15 AM, there were (34) four-ounce containers of light vanilla yogurt in the refrigerator with a use-by date of 8/18/25. The Dietary Manager confirmed the finding and stated the yogurt had last been distributed during lunch on Sunday, 8/24/25. On 8/26/25 at 12:27 PM, during an interview with the Registered Dietitian Consultant, she stated her expectation is for the dietary department to check expiration dates and discard food prior to the use-by date, in accordance with policy and federal food service guidelines. On 8/27/25, at 3:45 PM, the Director of Nursing (DON) stated her expectation is for dietary staff to ensure residents are not served expired food and to follow food safety standards. She reported there had been no complaints of diarrhea or other foodborne illnesses in the past six months. On 8/28/25 at 11:56 AM, the Administrator confirmed awareness of the findings and stated his expectation is for dietary staff to check food dates consistently. He reported there had been no outbreaks of foodborne illness in the facility within the last six months.		