STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255312	A. Building B. Wing	08/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Union CO Health and Rehab Center, Inc	1111 Bratton Road New Albany, MS 38652

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 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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, resident and staff interviews, record review and facility policy review, the facility failed to ensure a clean home-like environment as evidenced by dirty wheelchairs for two (2) of fifty-five residents utilizing wheelchairs. Resident #43 and Resident #53 Findings Include Review of the facility policy titled, “Homelike Environment,” undated, revealed, “Residents are provided with a safe, clean, comfortable, and homelike environment.” An observation and interview on 8/12/2025 at 10:25 AM revealed Resident #43 sitting in a wheelchair with a thick grayish substance and food-like particles on the base of the wheelchair. Resident #43 revealed, I guess they don’t clean it very often, but it sure is dirty. An observation and interview on 8/12/2025 at 10:30 AM revealed Resident #53 sitting in her wheelchair; the spokes and base of the wheelchair have a thick grayish dried substance on it. Resident #53 stated that her wheelchair is dirty, and she didn't know when they last cleaned it. During an interview and observation on 8/13/2025 at 2:00 PM, Certified Nurse Aide (CNA) #1 revealed that the night shift CNAs are responsible for cleaning the wheelchairs. She confirmed that Resident #43 and Resident #53’s wheelchairs were dirty and needed cleaning. An interview on 8/13/2025 at 2:20 PM, Licensed Practical Nurse (LPN) #1 confirmed that the night shift CNAs were responsible for cleaning the residents' wheelchairs. She revealed there was a list that was kept in the nurses' unit that listed which wheelchairs they were responsible for cleaning each night, but she was unsure if the list was still there. During an observation and interview on 8/13/2025 at 2:57 PM, the Director of Nurses (DON) confirmed that Residents #43 and 53’s wheelchairs had thick gray substances and food particles on them and needed cleaning. The DON stated, We talked a while back about cleaning all the wheelchairs. Record review of Resident #43’s “admission Record” revealed the resident was admitted to the facility on [DATE] with medical diagnoses that included Retroperitoneal Fibrosis and Anxiety Disorder. Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of April 22, 2025, revealed a Brief Interview for Mental Status (BIMS) score of 13, indicating Resident #43 is cognitively intact. Record review of Resident #53’s “admission Record” revealed the resident was (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255312	A. Building B. Wing	08/14/2025

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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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	admitted to the facility on [DATE] with medical diagnoses that included Heart Failure, and Type 2 Diabetes Mellitus. Record review of the MDS with an ARD of July 17, 2025, revealed a BIMS score of 13, indicating Resident #53 is cognitively intact.