STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255318	A. Building B. Wing	04/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
J G Alexander Nursing Center	25112 Highway 15 Union, MS 39365

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 0577 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Allow residents to easily view the nursing home's survey results and communicate with advocate agencies. Based on interview, record review, and resident rights and responsibilities guide review, the facility failed to ensure residents' rights to be informed of and have ready access to the most recent State survey results for all 57 residents residing in the facility during three (3) of three (3) days of survey.Findings include:A record review of the document A Matter of Rights: A Guide to Your Rights and Responsibilities as a Resident, undated, revealed .In addition, you have the right.to review the results of the most recent survey of our facility, and any plans to correct deficiencies.Our policies and procedures.1. We will post the results of the most recent inspection of our facility, together with any plan of correction currently in effect. We encourage residents and family members to review these.On 4/29/26 at 1:39 PM, during an interview in the Resident Council meeting, seven (7) residents with Brief Interview for Mental Status (BIMS) scores of thirteen (13) to (15), which indicated they were cognitively intact, were present. All (7) residents reported they were unaware of the location of the State survey results and did not know where they could be reviewed.On 4/29/26 at 2:00 PM, during an interview with Activities Director, she explained the survey results were previously posted behind glass on a bulletin board near the administrative offices but had been moved to the foyer near the exit, behind doors on a desk near the visitor sign-in area. She reported she was unsure when the survey results were moved and indicated residents would not readily see them unless exiting or entering the facility.On 4/29/26 at 2:49 PM, during an interview with Social Services Director, she explained she assisted in locating the survey results and initially searched the Director of Nursing (DON) office before finding them at the visitor sign-in area near the entrance. She reported the survey results had previously been located in a glass bulletin board but could not recall when they were relocated.On 4/30/26 at 9:35 AM, during an observation, the State survey results book was located in the foyer near the exit by the visitor sign-in area. This area was separated from the main resident living areas and was not readily accessible to residents without leaving the primary resident space.On 4/30/26 at 1:35 PM, during a follow-up interview with the Activities Director, she explained a current copy of the survey results would be placed in a three-ring binder and made available in the activity/dining room beneath the activity calendar to improve accessibility. She reported the survey results were likely removed from the previous location approximately six (6) months prior during hallway decorating.On 4/30/26 at 1:50 PM, during an interview the Administrator, was informed of the findings. He reported Social Services and Activities staff were responsible for maintaining access and indicated his expectation was to ensure all residents have access to the survey results.

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
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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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, record review, and facility policy review, the facility failed to implement Enhanced Barrier Precautions (EBP) during care for one (1) of two (2) residents reviewed for perineal and catheter care. Resident #7.Findings include:A review of the facility's policy, Enhanced Barrier Precautions (EBP) Policy, revealed, To reduce the transmission of multidrug-resistant organisms (MDROs) in residents of the facility by implementing Enhanced Barrier Precautions in accordance with guidelines from CDC (Center of Disease Control). Enhanced Barrier Precautions will be implemented for residents who.have indwelling medical devices, including . urinary catheters.have wounds or pressure injuries.Staff must wear gown and gloves during high-contact resident care activities. This includes.device care.Signage: Place appropriated to EBP signage on resident closet door or designated area .A record review of the admission Record revealed the facility initially admitted Resident #7 on 7/5/23 and she was readmitted on [DATE] with diagnoses including neuromuscular dysfunction of bladder.A record review of the Order Summary Report revealed Resident #7 had a physician's order dated 3/28/26 for a Foley (indwelling catheter).A record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 3/27/26 revealed Resident #7 had a Brief Interview for Mental Status (BIMS) score of (15), which indicated the resident was cognitively intact. Section H revealed the resident had an indwelling catheter, and Section M revealed one (1) unhealed Stage 3 pressure ulcer/injury was present.On 4/28/26 at 2:50 PM, during an observation, Certified Nurse Aide (CNA) #1 was observed providing perineal care to Resident #7 in her room. Resident #7 had a Foley (indwelling catheter) secured to the right thigh, and her brief was open for care. CNA #1 wore gloves but did not wear a gown while performing catheter and perineal care. On 4/28/26 at 3:10 PM, during an interview with CNA #1, she reported she had just completed incontinent and catheter care for Resident #7 and confirmed the resident had a Foley catheter and a wound to her back.On 4/29/26 at 9:40 AM, during an observation and interview, Resident #7 was observed lying in bed. She reported staff provided catheter care frequently; however, not all staff wore gowns when providing care. EBP signage was observed on the resident's closet door with instructions for required personal protective equipment (PPE) including a gown.On 4/29/26 at 10:40 AM, during an interview with Licensed Practical Nurse (LPN) #2, she reported Resident #7 had a Foley and was on Enhanced Barrier Precautions due to the catheter and a wound to her back. She reported the signage for EBP was located on the resident's closet door and PPE were stored inside the closet. She explained staff were expected to wear gowns and gloves when providing high-contact care, including catheter care.On 4/30/26 at 10:10 AM, during an interview with CNA #1, she confirmed she performed incontinent and catheter care for Resident #7 on 4/28/26 and did not wear a gown. She reported the resident was on Enhanced Barrier Precautions due to having a Foley catheter and wounds and acknowledged PPE, including gown and gloves, was required during high-contact care. She stated she forgot to wear the gown while providing catheter care.On 4/30/26 at 1:28 PM, during an interview with Registered Nurse (RN) #5, she reported staff had been educated on EBP for residents with catheters, wounds, or percutaneous endoscopic gastrostomy (PEG) tubes. She stated staff were expected to wear PPE, including gowns and gloves, during high-contact resident care activities. She reported signage identifying EBP requirements was located in resident rooms.On 4/30/26 at 1:34 PM, during an interview with the Director of Nursing (DON), she reported residents with indwelling medical devices required staff to follow EBP during care. She stated signage was located on the resident's closet door and PPE were readily available with no shortage. She reported staff were expected to wear gowns and gloves during all high-contact care activities using EBP.