

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: 255344	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/30/2026
NAME OF PROVIDER OR SUPPLIER Quitman County Health & Rehab LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 350 Getwell Drive Marks, MS 38646	
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 0689 Level of Harm - Actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, resident and staff interview, and facility policy review, the facility failed to ensure a resident was transported safely and that appropriate safety devices were used to prevent an accident for one (1) of two (2) resident reviewed for accidents, Resident #11. Resident #11 was transported in a wheelchair that was not secured with a wheelchair restraint/securement system, resulting in the resident rolling backward out of the van when the lift gate was lowered, striking his head on the ramp and sustaining a laceration on his arm and head that required emergency-room evaluation. Findings Include: Review of the facility policy titled Safety and Supervision of Residents revealed Policy Statement: Our facility strives to make the environment as free from accident hazards as possible. Resident safety and supervision and assistance to prevent accidents are facility-wide priorities. Record review of Emergency Physician Record dated 7/13/26 revealed Chief Complaint: Fall under context: Presents to emergency department (ED) with complaint of (c/o) headache (HA) and left (LT) elbow injury that started after being dropped in his wheelchair (w/c) during a transfer. Under Clinical Impression: Head contusion and left arm contusion. Under Subjective/Objective Assessment: Patient sent from the nursing home with c/o fall from w/c with head injury and skin tear to left elbow and small laceration to posterior head. During an interview on 7/28/2026 at 1:42 PM, Resident #11 revealed he fell out of the van upon returning from dialysis. He stated his wheelchair was backed up to the lift gate and Certified Nursing Assistant (CNA) #1 lowered the gate and began walking toward the front of the van. Resident #11 stated, I rolled out backward; I hit my head hard on the ramp and got a cut on my arm. He further stated he was taken to the emergency room and did not return to the facility until approximately 9:30 PM later that night. During an interview on 7/28/2026 at 1:50 PM, the Administrator revealed she had reviewed camera footage of the incident and observed CNA #1 turn her back after lowering the lift gate, at which time Resident #11 fell backward out of the van. During an interview and observation on 7/28/2026 at 3:05 PM, CNA #1 revealed she was transportation staff and recalled transporting Resident #11 after his dialysis appointment. She stated she had already picked up another resident whose wheelchair was secured in the van and decided to also pick up Resident #11 because she knew he was finishing dialysis and did not want him to wait. She revealed, I'm going to be honest with you, even if it gets me in trouble, and further stated, he was wedged against the gate lift in the back of the van, and his wheelchair was not secured with a safety buckle. CNA #1 revealed she didn't think he could go anywhere because he was wedged in but apparently when she put the lift gate down, he rolled out because he was not secured. An observation of the transportation van revealed a minivan with two bucket seats and two safety harness buckles on the floor in between the seats. No wheelchair securement buckle was observed for a second wheelchair. During an interview on 7/29/2026 at 8:28 AM, the Housekeeping Supervisor revealed he (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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 255344 If continuation sheet Page 1 of 2

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F 0689 Level of Harm - Actual harm Residents Affected - Few	was responsible for the upkeep of the facility vehicles. He confirmed the transportation van was designed to transport one wheelchair, although additional securement could be installed for a second wheelchair. He confirmed Resident #11 was not properly secured during transport and stated, I can see how when CNA #1 let the gate down and then turned her back it would be easy for the resident to come out. Record review of the admission Record revealed Resident #11 was admitted to the facility on [DATE] with diagnoses that included Chronic Kidney Disease, Stage 4, and Hemiplegia, unspecified affecting left nondominant side. Record review of Resident #11's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of May 6, 2026 revealed under Section C a Brief Interview for Mental Status (BIMS) score of 15 indicating the resident is cognitively intact.		