STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A188	A. Building B. Wing	07/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bolivar Medical Center Ltc	901 E Sunflower Rd Cleveland, MS 38732

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, staff interviews, and facility policy review the facility failed to ensure hair restraints were utilized during food preparation to prevent contamination for one (1) of two (2) kitchen tours. Findings include:Review of the facility policy SANITATION AND INFECTION CONTROL with a revision date of 1/2025, revealed that Team members will wear hair restraints regardless of the length of hair or beard at all times in the kitchen. On 7/30/2025 at 11:00 AM during the kitchen tour with the Dietary Manager (DM), an observation was made of Chef #1 preparing food in the kitchen without a hair net in place. Chef #1 was wearing a black baseball hat, and his hair was sticking out approximately 3-4 inches in length from under the hat.An interview with the DM on 7/30/25 at 11:15 AM revealed she was aware Chef #1 was required to wear a hair net and stated, Yes, he should have a hair net on and I've told him he has to wear it. During an interview with the Administrator (ADM) on 7/31/2025 at 9:45 AM, she stated that she has had to talk with Chef #1 in the past regarding the hair net and their facility policy regarding food safety.

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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(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 submit accurate staffing data into the Payroll-Based Journal (PBJ) system for one (1) of two (2) quarters reviewed. (2nd Quarter 2025)Findings include: Record review of the facility policy titled, “Electronic Staffing Data Submission Payroll-Based Journal” with a revision date of 6/30/25, revealed, “ .Mandated to submit to CMS (Centers for Medicare and Medicaid Services) 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. Direct care staffing and census data will be collected quarterly and is required to be timely and accurate .” Record review of the “PBJ Staffing Data Report CASPER Report 1705D FY (Fiscal Year) Quarter 2 2025 (January 1 - March 31)” revealed “Excessively Low Weekend Staffing – Triggered = Submitted Weekend Staffing data is excessively low. No RN (Registered Nurse) Hours – Triggered = Four or More Days Within the Quarter with no RN Hours. Failed to have Licensed Nursing Coverage 24 Hours/Day – Triggered = Four or More Days Within the Quarter with <24 Hours/Day Licensed Nursing Coverage.” During an interview on 7/30/2025 at 11:25 AM, the Administrator (ADM) stated that the facility had recently transitioned to a new payroll system. She explained that, unlike the previous system, the new system did not automatically transfer data from the time clock, which resulted in missing staffing data for the second quarter of 2025 PBJ submission. The ADM acknowledged that she failed to verify the accuracy of the data prior to its transfer and submission, which led to discrepancies and errors in the quarterly PBJ report.

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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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. Based on staff interview, record review, and facility policy review, the facility failed to code the Minimum Data Set (MDS) accurately for a resident with a Mental Illness for one (1) of the 22 sampled residents. Resident #19 Findings include: Review of the facility policy titled “Nursing Assessment and Interdisciplinary Care Plan,” with a revision date of 06/2023, revealed: 2. Long Term Care Facility will conduct a comprehensive, accurate, standardized reproducible assessment upon admission and at regular intervals to ensure that each resident meet his/her highest practicable level of physical, mental, and psycho-social functioning: Physical and mental functional status . Record review of Resident #19's Significant Change MDS with Assessment Reference Date (ARD) of May 16th, 2025, revealed Section A 1500, Is the resident currently considered by the state level II PASRR (Preadmission Screening and Resident Review) process to have serious mental illness and/or intellectual disability or a related condition? coded as "No. Record review of Resident #19's Summary of Findings Report, from the PASRR Office, dated 2/13/24 under Mental Health revealed the individual meets criteria for having a diagnosis of mental illness as defined by PASRR. During an interview with MDS Coordinator on 7/30/2025 at 2:00 PM, she verified that the Significant Change MDS with an ARD of May 16th, 2024, Resident #19 was coded incorrectly. She agreed that the MDS should be coded correctly to ensure that the resident is receiving the correct level of care. In an interview with the Director of Nursing (DON) on 7/30/25 at 3:07 PM, she agreed that it was her expectation that the MDS would be coded correctly. A record review of the admission Record revealed Resident #19 was initially admitted by the facility on 2/14/2024 with a diagnosis of Bipolar Disorder.