

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 23WV	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/26/2025
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NAME OF PROVIDER OR SUPPLIER MEMORIAL WOODLAND VILLAGE NURSING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 5427 GEX ROAD DIAMONDHEAD, MS 39525
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M 000	Initial Comments The State Agency (SA) conducted an annual recertification survey at the facility from 06/23/2025 through 06/26/2025. During the survey, the SA determined the facility was not in compliance with the Minimum Standards for Institutions for the Aged or Infirm, state licensure requirements and cited M500, M815, M970, and M1570.	M 000		
M 500	45.17.2 Residents' Rights Residents' Rights. The residents' rights policies and procedures ensure that each resident admitted to the facility: 1. is fully informed, as evidenced by the resident's written acknowledgment, prior to or at the time of admission and during stay, of these rights and is given a statement of the facility's rules and regulations and an explanation of the resident's responsibility to obey all reasonable regulations of the facility and to respect the personal rights and private property of other residents; 2. is fully informed, and is given a written statement prior to or at time of admission and during stay, of services available in the facility, and of related charges including any charges for services covered by the facility's basic per diem rate; 3. is assured of adequate and appropriate medical care, is fully informed by a physician or nurse practitioner/physician assistant of his medical conditions unless medically contraindicated (as documented by a physician or nurse practitioner/physician assistant in his medical record), is afforded the opportunity to participate in the planning of his medical	M 500		

Mississippi State Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

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M 500	<p>Continued From page 1</p> <p>treatment, to not be limited in his/her choice of a pharmacy or pharmacist provider in accordance with state law, as referenced in House Bill 1439, which states that the facility shall not limit a resident ' s choice of pharmacy or pharmacy provider if that provider meets the same standards of dispensing guidelines required of long term care facilities, to refuse to participate in experimental research, and to refuse medication and treatment after fully informed of and understanding the consequences of such action;</p> <p>4. is transferred or discharged only for medical reasons, or for his welfare or that of other residents, or for nonpayment for his stay (except as prohibited by sources of third-party payment), and is given a two weeks advance notice in writing to ensure orderly transfer or discharge. A copy of this notice is maintained in his medical record;</p> <p>5. is encouraged and assisted, throughout his period of stay, to exercise his rights as a resident and as a citizen, and to this end may voice grievances, has a right of action for damages or other relief for deprivations or infringements of his right to adequate and proper treatment and care established by an applicable statute, rule, regulation or contract, and to recommend changes in policies and services to facility staff and/or to outside representatives of his choice, free from restraint, interference, coercion, discrimination, or reprisal;</p> <p>6. may manage his personal financial affairs , or is given at least a quarterly accounting of financial transactions made on his behalf should the facility accept his written delegation of this responsibility to the facility for any period of time</p>	M 500		

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M 500	<p>Continued From page 2</p> <p>in conformance with State law;</p> <p>7. is free from mental and physical abuse;</p> <p>8. is free from restraint except by order of a physician or nurse practitioner/physician assistant, or unless it is determined that the resident is a threat to himself or to others. Physical and chemical restraints shall be used for medical conditions that warrant the use of a restraint. Restraint is not to be used for discipline or staff convenience. The facility must have policies and procedures addressing the use and monitoring of restraint. A physician order for restraint must be countersigned within 24 hours of the emergency application of the restraint;</p> <p>9. is assured security in storing personal possessions and confidential treatment of his personal and medical records, and may approve or refuse their release to any individual outside the facility, except, in the case of his transfer to another health care institution, or as required by law of third-party payment contract;</p> <p>10. is treated with consideration, respect, and full recognition of his dignity and individuality, including privacy in treatment and in care for his personal needs;</p> <p>11. is not required to perform services for the facility that are not included for therapeutic purposes in his plan of care;</p> <p>12. may associate and communicate privately with persons of his choice, may join with other residents or individuals within or outside of the facility to work for improvements in resident care, and send and receive his personal mail unopened, unless medically contraindicated (as documented by his physician or nurse</p>	M 500		

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M 500	<p>Continued From page 3</p> <p>practitioner/physician assistant in his medical record);</p> <p>13. may meet with, and participate in activities of, social, religious and community groups at his discretion, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record);</p> <p>14. may retain and use his personal clothing and possessions as space permits, unless to do so would infringe upon rights of other residents, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record);</p> <p>15. if married, is assured privacy for visits by his/her spouse; if both are inpatients in the facility, they are permitted to share a room, unless medically contraindicated (as documented by the attending physician or nurse practitioner/physician assistant in the medical record); and</p> <p>16. is assured of exercising his civil and religious liberties including the right to independent personal decisions and knowledge of available choice. The facility shall encourage and assist in the fullest exercise of these rights.</p> <p>This Statute is not met as evidenced by: Level II</p> <p>Based on observation, staff interview, record review, and facility policy review, the facility failed to ensure a resident's right to privacy and confidentiality by posting personal health information on the resident's wall for one (1) of twenty-three (23) sampled residents, Resident</p>	M 500		

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M 500	<p>Continued From page 4</p> <p>#82.</p> <p>Findings included:</p> <p>A review of the facility's policy titled, "Promoting/Maintaining Resident Dignity," dated 2/10/25, revealed, " ...It is the practice of this facility to protect and promote resident rights and treat each resident with respect and dignity as well as care for each resident in a manner and in an environment, that maintains or enhances resident's quality of life by recognizing each resident's individuality ... Compliance Guidelines ...11 ...No signage shall be posted in the room with personal information ..."</p> <p>On 6/23/25 at 8:48 AM, during an observation, signage was observed posted on the wall above the bed for Resident #82 which indicated "205 A-Nectar thick liquids with no straws."</p> <p>On 6/24/25 at 11:45 AM, during an observation and interview while Resident #82 was assisted with lunch, Certified Nurse Aide (CNA) #1 explained that Resident #82 was on nectar thickened liquids and was assisted with each meal. CNA #1 confirmed the signage on the wall above the bed, which read "Nectar thick liquids no straws." She stated this information was already included in the resident's plan of care and meal ticket and expressed uncertainty as to why it was also posted on the wall.</p> <p>On 6/25/25 at 10:45 AM, during an observation and interview with the Director of Nursing (DON), she confirmed that signage in resident rooms disclosing personal care or health information was not permitted and constituted a violation of resident dignity. She verified the presence of the sign referencing "nectar thick liquids" and "no</p>	M 500		

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M 500	<p>Continued From page 5</p> <p>straws" in Resident #82's room. The DON stated she did not know who had posted the sign or how long it had been there but affirmed that she would have it removed and conduct a facility-wide audit to ensure compliance.</p> <p>On 6/26/25 at 12:21 PM, during an interview with the Administrator, she acknowledged being informed of the signage and affirmed that resident health information should not be posted in resident rooms. She stated that her expectation was for all staff to honor residents' dignity and privacy and to avoid posting any health-related care information on the walls.</p> <p>A record review of the "Admission Record" revealed the facility admitted Resident #82 on 7/6/23 with diagnoses including Nontraumatic Intracranial Hemorrhage.</p> <p>A record review of the "Order Listing Report" with active orders revealed Resident #82 had a Physician's Dietary Order, dated 4/10/25, for Nectar/mildly thick consistency and no straws.</p>	M 500		
M 815	<p>45.29.1 Safe Food Handling Procedures</p> <p>Safe Food Handling Procedures. Food shall be prepared, held, and served according to current Mississippi State Department of Health Food Code Regulations.</p> <p>This Statute is not met as evidenced by: Level II</p> <p>Based on observation, interview, and facility policy review, the facility failed to follow safe food storage and handling practices on one (1) of four</p>	M 815		

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M 815	<p>Continued From page 6</p> <p>(4) survey days. Specifically, the facility failed to properly store, label, and date frozen food items that were opened, discard expired bakery rolls and refrigerate lemon juice in accordance with manufacturer instructions.</p> <p>Findings included:</p> <p>A record review of the facility's policy titled, "Food and Supply Storage" dated 01/2025, revealed, "...All food ...used in food preparation shall be stored in such a manner as to prevent contamination ...Procedures ...Foods past the "use by", "sell by", "best-by" or "enjoy by" date should be discarded. Cover, label and date unused portions and open packages ...Frozen Storage ...Label both the bind and the lid. Use food grade plastic bags for food storage ... Wrap food tightly to prevent cross contamination ..."</p> <p>On 6/23/25 at 8:23 AM, during an observation and interview with the Dietary Manager, there was one (1) tray of Sara Lee Artesano Bakery Sausage Rolls in the dry goods storage room with an expiration date of 6/20/25. The Dietary Manager stated he was unaware when the expired rolls had last been served. In the freezer, there was a package of breaded okra that was open, not repackaged, and not labeled. A bag of frozen biscuits was open without proper repackaging or dating. A bag of frozen chicken tenders was stored in a torn clear plastic bag that had been rolled down and was neither repackaged, labeled, nor dated. The Dietary Manager acknowledged that dietary aides routinely open large food packages, use a portion of the contents, and return the rest to storage without labeling or dating. There was a one-gallon container of opened ReaLemon juice stored on a shelf, despite manufacturer</p>	M 815		

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M 815	Continued From page 7 instructions requiring refrigeration after opening. The Dietary Manager confirmed the juice was not stored according to manufacturer guidelines. On 6/26/25 at 1:14 PM, during an interview with the Administrator, she stated that her expectation is for kitchen staff to ensure residents receive food that is properly prepared and tastes good. She acknowledged that the Dietary department was newly staffed, including the Dietary Manager, who was still learning the position and job responsibilities.	M 815		
M 970	45.33.4 Control of insects, rodents, etc. Control of insects, rodents, etc. The facility shall be kept free of ants, flies, roaches, rodents, and other insects and vermin. Proper methods for their eradication and control shall be utilized. This Statute is not met as evidenced by: Level II Based on observation, interview, record review, and facility policy review, the facility failed to maintain an effective pest control program related to ants for one (1) of twenty-three (23) sampled residents, Resident #49. Findings included: A review of the facility's policy titled " ...Pest Control Program," dated 2/1/25, revealed: " ...It is the policy of this facility to maintain an effective pest control program that eradicates and contains common household pests and rodents. Definition: 'Effective pest control program' is defined as measures to eradicate and contain common household pests (e.g ...ants ...) ..."	M 970		

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M 970	<p>Continued From page 8</p> <p>A record review of the "Transfer/Discharge Report" revealed the admitted Resident #49 on 8/5/21 and he had diagnoses including Acute Respiratory Failure with Hypoxia.</p> <p>A record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 4/25/25, revealed Resident #49 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated he was cognitively intact.</p> <p>On 6/24/25 at 10:44 AM, during an interview, Resident #49 stated that his room had ants and he had been bitten on his knees while lying in bed earlier that morning. He explained that this was not the first occurrence, stating it also happened on the prior Saturday (6/21/25).</p> <p>On 6/24/25 at 11:45 AM, during an interview with the Administrator, she explained that the open cookies above the resident's bed and the proximity of his bed to the window likely contributed to the presence of ants. She confirmed that pest control services were provided monthly and that records showed visits dating back to January 2025, with the last visit in May. She added that the resident declined an offer to move to another room.</p> <p>On 6/24/25 at 12:30 PM, an observation of Resident #49 revealed two older-appearing insect bites with individual pustules, one on each mid-thigh, and approximately five (5) newer red pustules located on the back of both knees.</p> <p>On 6/24/25 at 12:41 PM, during an interview with the Director of Nursing (DON), she confirmed that visible bites were present on both legs. The DON explained that an unopened container of cookies</p>	M 970		

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M 970	<p>Continued From page 9</p> <p>found on the resident's above-bed shelf likely attracted the ants. She stated an investigation was conducted on Saturday (6/21/25) following the initial report, but no ants or bites were observed during the body audit. She confirmed that ants were later seen by Certified Nurse Aide (CNA) #3, who attempted to remove them from the resident's legs, but the resident declined, requesting the DON view them. The DON verified that pest control last visited the facility on 5/9/25 and was scheduled to return that day (6/24/25).</p> <p>On 6/24/25 at 3:37 PM, during an interview with the Ombudsman, he stated that residents in the past year had complained to him about ants getting into their rooms at the facility.</p> <p>On 6/26/25 at 11:46 AM, during a follow-up interview with the DON, she confirmed that Resident #49 had five (5) ant bites on the backs of his knees and two (2) older bites on the mid-thighs. She explained that the initial complaint was reported on 6/21/25 and a body audit conducted at that time did not reveal any bites or ants. However, the room was cleaned and treated. The DON stated the resident reported new ant bites again on 6/24/25. She acknowledged the risk of anaphylaxis from insect bites and emphasized the importance of staff reporting pest activity promptly. She reiterated that a pest control vendor conducts monthly visits and is expected to survey for infestations during each visit. Her expectation was that residents remain free from insect bites while residing in the facility.</p> <p>On 6/26/25 at 2:20 PM, during an interview with the Maintenance Director, he stated that a pest control vendor provides monthly services and responds to any pest-related concerns as</p>	M 970		

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M 970	Continued From page 10 needed. He explained that staff typically report any sightings and he remains vigilant during his daily rounds to monitor for pests.	M 970		
M1570	48.58.1 Infection Control The following infection control standards shall be met: 1. The facility must maintain and document an effective infection control program that protects patients, families, visitors, and facility personnel by preventing and controlling infections and communicable diseases. 2. The facility must have an active surveillance program that includes specific measures for prevention, early detection, control, education, and investigation of infections and communicable diseases in the facility. There must be a mechanism to evaluate the effectiveness of the program(s) and take corrective action when necessary. The program must include implementation of nationally recognized systems of infection control guidelines to avoid sources and transmission of infections and communicable diseases. 3. The facility must follow accepted standards of practice to prevent the transmission of infections and communicable diseases, including the use of standard precautions. This Statute is not met as evidenced by: Level II Based on observation, interview, facility policy review, and record review, the facility failed to follow appropriate infection control practices	M1570		

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M1570	<p>Continued From page 11</p> <p>when a Certified Nurse Aide (CNA) placed soiled linens on the floor of a resident's room after incontinent care for one (1) of twenty-three (23) sampled residents, Resident #97.</p> <p>Findings included:</p> <p>A review of the facility's policy titled "Infection Prevention and Control Program, dated 2/1/25, revealed, " ... This facility has established and maintains an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment to help prevent the development and transmission of communicable diseases and infections ...Policy Explanation and Compliance Guidelines ...12. A. Linens and direct care staff shall handle, store, process, and transport linens to prevent spread of infection ... e. Soiled linen shall be collected at the bedside and placed in a linen bag... When the task is complete, the bag shall be closed securely and placed in the soiled utility room ..."</p> <p>A record review of Resident #97's "Admission Record" revealed the facility admitted the resident on 7/31/24 with diagnoses including Cerebral Infarction.</p> <p>A record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 4/17/25 revealed Resident #97 had a Brief Interview for Mental Status (BIMS) score of 14, which indicated she was cognitively intact.</p> <p>On 6/23/25 at 12:15 PM, during an observation and interview in Resident #97's room, CNA #2 was returning to complete perineal care. Soiled linens were observed resting directly on the floor without a barrier or a bag. When asked whether the soiled linens should be in direct contact with</p>	M1570		

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M1570	<p>Continued From page 12</p> <p>the floor, CNA #2 responded, "No," and stated that infection could be spread and cross-contamination could occur. CNA #2 then placed the soiled linens in a soiled utility bag.</p> <p>On 6/26/25 at 10:31 AM, during an interview with the facility's Infection Preventionist (IP) Nurse, she stated that proper infection control guidelines require placing soiled linens directly into a linen bag to prevent contact with the floor. Allowing linens to touch the floor increases the risk of cross-contamination and infection for staff and residents.</p> <p>On 6/26/25 at 11:39 AM, during an interview with the Director of Nursing (DON), she stated that CNA #2 should have placed the soiled linens in a bag immediately and avoided letting them touch the floor to prevent contamination and the spread of infection throughout the building. She confirmed it was her expectation for staff to follow infection prevention guidelines when providing care.</p>	M1570		