

Mississippi State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 06/04/2026	
NAME OF PROVIDER OR SUPPLIER PLAZA COMMUNITY LIVING CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 4403 HOSPITAL ROAD , PASCAGOULA, Mississippi, 39581			
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M0000	Initial Comments		M0000				
	The State Agency (SA) conducted an annual re-licensure survey and Complaint Investigation (CI), MS #3008833, at the facility from 06/01/26 through 06/04/26. 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 requirement. MS #3008833 was investigated related to Nursing Services, Quality of care/treatment, and environment and M1210 was cited. During the re-licensure survey, M610, M715, and M1210 were cited.						
M0610	45.21.2 Activities of daily living Activities of daily living. Each resident shall receive assistance as needed with activities of daily living to maintain the highest practicable well being. These shall include, but not be limited to: 1. Bath, dressing and grooming; 2. Transfer and ambulate; 3. Good nutrition, personal and oral hygiene; and 4. Toileting. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Level II Based on observation, interview, record review, and facility policy review, the facility failed to provide necessary assistance with activities of daily living (ADLs) to maintain personal hygiene and grooming in accordance with a resident's needs and preferences by failing to assist with shaving for two (2) of 18 sampled residents. (Resident #32 and Resident #26). Findings include: A review of the facility's "ADL Care of a Resident		M0610				

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE
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M0610	Continued from page 1 Policy and Procedure," undated, revealed, "...Resident ADL care will be provided to the resident according to the individualized resident needs..." Resident #32 A record review of the "Admission Record" revealed the facility admitted Resident #32 on 3/25/25 and she had current diagnoses including Cerebral Infarction due to Embolism of the Left Middle Cerebral Artery, Contracture of Muscle, Right Hand, and Need for Assistance with Personal Care. A record review of the Modified Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 3/3/26 for Resident #32 revealed Section GG013015, "Personal Hygiene: The ability to maintain personal hygiene, including...shaving..." was coded as dependent. The MDS further revealed she had a Brief Interview for Mental Status (BIMS) score of 3, indicating severe cognitive impairment. A record review of the "Task" Record, Schedule for June 2026, for Resident #32 revealed documentation completed on 6/2/26 indicating bathing was provided and included the intervention to remove facial hair. On 6/1/26 at 11:09 AM, during observation of Resident #32, she had facial hair measuring approximately one-fourth (1/4) inch in length on her chin. On 6/2/26 at 10:23 AM, during an observation and interview with Resident #32, facial hair was observed on her chin. The resident stated that she did not want facial hair and that she wanted it to be shaved. On 6/3/26 at 8:35 AM and at 1:25 PM, facial hair remained present on Resident #32's chin. On 6/3/26 at 8:35 AM, during an interview and observation with Registered Nurse (RN) #1, she confirmed Resident #32 had facial hair and stated facial hair should be removed on shower days. On 6/3/26 at 10:40 AM, during an interview with Certified Nursing Assistant (CNA) #2, she stated facial hair should be removed on shower days and confirmed Resident #32's shower day was 6/2/26. CNA #2 acknowledged the resident's facial hair had not been removed. On 6/3/26 at 10:55 AM, during an interview with CNA #1, she reported Resident #32 required assistance with ADLs, including shaving. She stated	M0610					

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M0610	Continued from page 2 the resident's shower schedule was Tuesday, Thursday, and Saturday and that the hospice aide provided a bed bath on Tuesday and Thursday. She confirmed Resident #32 had facial hair present. On 6/3/26 at 1:45 PM, during an interview with the Director of Nursing (DON), she stated she had spoken with hospice staff on 6/2/26 and no refusals of care had been reported. The DON stated refusals would be communicated to nursing staff and documented in the medical record. On 6/3/26 at 2:34 PM, during a phone interview, CNA #4 reported she provided Resident #32 with a bed bath and nail care on 6/2/26 but did not remove the resident's facial hair. She stated she did not report to facility staff that the facial hair had not been removed. On 6/3/26 at 3:18 PM, during an interview with Registered Nurse #2, she confirmed Resident #32 had facial hair on her chin and stated the resident did not usually refuse care. On 6/3/26 at 3:25 PM, during an interview with CNA #3, she stated she provided a bed bath to Resident #32 on 6/2/26 but did not provide facial hair removal. She stated the resident had not refused care and hospice staff had not reported any refusals to her. On 6/3/26 at 3:38 PM, during a phone interview with Resident #32's Resident Representative (RR), she stated her mother did not want facial hair and that facility staff should be removing it. She further stated she had removed the resident's facial hair herself on occasion. On 6/4/26 at 12:35 PM, during an interview with the Administrator, she stated she expected staff to provide residents with ADL care necessary to meet their needs, including grooming and removal of facial hair when needed. Resident #26 A record review of the "Admission Record" revealed Resident #26 was admitted by the facility on 6/10/25 and he had current diagnoses including Hemiplegia and Hemiparesis following Cerebral Infarction. A record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 5/6/26 revealed Resident #26 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated he was cognitively intact.	M0610					

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M0610	Continued from page 3 On 6/1/26 at 11:18 AM, during an interview and observation, Resident #26 was "dry shaving" his face and head with a blue razor. There was no soap, shaving cream, or water present for the resident to use and no staff were in the room assisting the resident. Resident #26 reported he shaved himself all the time because it was the only way he would get shaved and reported the Activity Director had given him the razor. On 6/1/26 at 11:20 AM, during an interview and observation with Licensed Practical Nurse (LPN) #4, she confirmed Resident #26 was using a razor to dry shave his face and head. LPN #4 reported staff were expected to shave residents and residents were not permitted to shave themselves On 6/2/26 at 11:22 AM, during an interview, Certified Nursing Assistant (CNA) #5 reported she did not know how the resident obtained the razor and reported residents were not permitted to shave themselves and shaving should be completed by staff. On 6/2/26 at 1:09 PM, during an interview with the Assistant Director of Nursing (ADON), she reported she was unaware how Resident #26 obtained the razor and reported residents were not permitted to use razors without staff assistance because they could cut themselves. On 6/3/26 at 2:04 PM, during an interview, the Director of Nursing (DON) reported that the facility policy required staff to assist residents with shaving. On 6/3/26 at 4:13 PM, during an interview, the Administrator reported staff were expected to follow facility policy regarding shaving and residents should be assisted by staff when shaving.		M0610				
M0715	45.24.4 Labeling of drugs Labeling of drugs. Each facility shall follow the Mississippi State Board of Pharmacy labeling requirements. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Level II Based on observation, staff interview, and facility policy review, the facility failed to ensure Schedule II controlled substances were maintained in permanently affixed compartments when two (2) of		M0715				

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M0715	Continued from page 4 four (4) medication carts contained removable narcotic storage boxes. Findings include: A review of the facility's "Medications Storage Policy and Procedure," undated, revealed, "Purpose: To properly secure medications and biologicals according to CMS (Centers for Medicare and Medicaid Services) guidelines...Policy...3. Schedule II controlled medications will be maintained within a...permanently affixed compartment..." On 06/03/2026 at 11:26 AM, during an interview and observation of the south wing medication carts, there were one (1) of two (2) medication carts that contained a narcotic storage box that was not permanently affixed within the medication cart drawer and could be removed from the cart. Licensed Practical Nurse (LPN) #2 confirmed the narcotic storage box was not affixed within the medication cart and could be removed. On 06/03/2026 at 11:37 AM, during an interview and observation of the north wing medication carts, there were one (1) of two (2) medication carts that also contained a narcotic storage box that was not permanently affixed within the medication cart drawer and could be removed from the cart. LPN #1 also confirmed the narcotic storage box was not affixed within the medication cart and the entire compartment could be removed. On 06/03/2026 at 2:23 PM, during a phone interview with the facility's Pharmacist, he stated he completes monthly pharmacy visits, provides recommendations, and performs random controlled substance reconciliations. He reported he had reviewed medication cart narcotic storage during his last visit but was unaware the narcotic storage boxes were not permanently affixed within the medication carts. On 06/03/2026 at 2:42 PM, during an interview and observation with the Director of Nursing (DON), two (2) of the four (4) medication carts were observed to contain narcotic storage boxes that were not permanently affixed within the medication cart drawers. The narcotic storage boxes were capable of being removed from the medication carts. The DON confirmed the narcotic storage boxes were not permanently affixed. On 06/03/2026 at 2:49 PM, during an interview with the Administrator and Registered Nurse (RN) #2, both stated they were unaware the narcotic storage boxes	M0715					

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M0715	Continued from page 5 were not permanently affixed within the medication carts.	M0715					
M1210	45.40.7 Walls and Ceilings Walls and Ceilings. All walls and ceilings shall be of sound construction with an acceptable surface and shall be maintained in good repair. Generally the walls and ceilings should be painted a light color. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Level II Pattern Based on observation, interviews, and facility policy review, the facility failed to ensure the residents' right to reside in a clean, comfortable, and homelike environment, as evidenced by dark-colored staining and residue on hallway vents and wall surfaces, damaged wall surfaces with paint scraped away exposing the underlying wall material, and recurring roof leaks for three (3) of six (6) halls. (Northeast, North Central, and South Central) Findings include: A review of the facility's policy, "Resident Rights," dated 11/23/2016, revealed, "...It is the policy of this facility to promote and protect the rights of the residents residing in this facility... Procedure... 3. The facility will make every effort to provide resident homelike environment..." On 6/1/26 at 10:00 AM, during an observation of the facility, dark spot-like discoloration and residue were observed on vents and wall surfaces throughout the Northeast, North Central, and South Central hallways. Areas of wall damage were also observed with paint scraped away, exposing the underlying wall surface in Resident #31's room. On 6/1/26 at 11:10 AM, during an interview with Housekeeper #1 on the South Wing, she stated she had worked at the facility for three years and the roof had leaked intermittently during that time. She reported repairs were made to one area; however, water would subsequently leak from another location. On 6/1/26 at 11:20 AM, during an interview with Resident #70, the resident reported the ceiling leaked when it rained and staff placed barrels throughout the facility to collect water. The resident further reported water entered from the floor level causing portions of the flooring to buckle and	M1210					

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M1210	Continued from page 6 expressed concern about falling due to the water intrusion. On 6/1/26 at 11:30 AM, during an interview with Resident #48, the resident reported observing roof leaks on multiple occasions near the north middle hall nurses' station and on the south middle hall. The resident reported observing dark-colored staining on ceiling and wall surfaces for several months and stated repairs were made to one area while leaks continued to occur in other locations. He stated he was concerned that that the discolored areas were mold caused by the leaking roof. On 6/1/26 at 1:00 PM, during an interview with Resident #93's family, he reported that the resident was no longer at the facility. He stated that during the latter part of April 2026, rain entered the facility through roof leaks. He reported staff placed barrels in the hallways to collect water and ceiling material was falling to the floor and being discarded by staff. On 6/2/26 at 9:00 AM, during an interview with the Activity Director, she reported the roof leaked intermittently and multiple repair attempts had been made; however, water continued to enter the building in different locations. On 6/2/26 at 10:30 AM, during an interview with Licensed Practical Nurse (LPN) 1, the nurse reported water leaked from the ceiling in the north hallways and staff routinely placed barrels in the hallways to collect water. On 6/2/26 at 1:00 PM, during an interview with the Maintenance Director, the director confirmed the roof had ongoing leaks. The director reported contractors had previously patched sections of the roof; however, water continued to leak from different locations. The director reported a licensed contractor had been contacted to provide an estimate for more extensive roof repairs, but work had been delayed due to weather conditions. The maintenance director also confirmed the paint was scrapped off the wall in Resident 31's room. The Director said he did not know the paint had been scraped off the wall. He had been really busy and had not had time to do environmental rounds. On 6/2/26 at 1:30 PM, during an interview with the Administrator, the Administrator confirmed the roof had resumed leaking approximately two weeks earlier. The Administrator reported a licensed contractor had been hired and an invoice had been obtained for application of silicone coating to the roof in an effort to stop the leaks.	M1210					

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M1210	Continued from page 7 On 6/2/26 at 3:00 PM, during an interview with the roofing contractor, the contractor confirmed he had previously performed patch repairs to the roof. The contractor reported patching was not effective in resolving the leaks and recommended application of a silicone roof coating. The contractor reported that the project was approved on 5/24/26 but had not yet been completed due to ongoing rain.			M1210			