

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255249		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 06/11/2026	
NAME OF PROVIDER OR SUPPLIER Compere NH Inc				STREET ADDRESS, CITY, STATE, ZIP CODE 865 NORTH STREET , JACKSON, Mississippi, 39202			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
F0000	INITIAL COMMENTS The State Agency (SA) conducted an annual recertification survey at the facility from 6/8/26 through 6/11/26. During the survey, the SA determined the facility was not in compliance with the requirements of participation in Medicare and Medicaid and cited F812, F803 and F550. The facility had a census of 55 and was licensed for 60 beds.		F0000				
F0550 SS = D	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. §483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.		F0550				

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 reverse for further 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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F0550 SS = D	Continued from page 1 §483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility. §483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is NOT MET as evidenced by: Based on interviews, record review, and resident rights document review the facility failed to ensure residents were informed of available alternate meal choices, limiting their ability to make informed choices regarding their dining preferences for one (1) of (1) residents interviewed regarding meal options. (Resident #46). Findings include: A record review of the facility booklet titled "Matter of Rights" (undated), page 5, revealed the following statement: "...You have the right to live and receive care in a residential setting that is homelike..." During an interview on 6/8/26 at 11:00 AM, Resident #46 stated she would like alternate meal choices but was unaware any alternatives were available. The resident stated she believed she had to eat whatever meal was served. During an interview on 6/9/26 at 2:00 PM, the Dietary Manager explained that the daily menu and alternate meal options should be displayed on hallway televisions and on channel two of resident room televisions. During a joint review with the State Agency, the hallway television failed to display alternate meal choices. A subsequent review of a resident room television revealed channel two also failed to display alternate meal selections. The Dietary Manager acknowledged the omission and stated alternate meal choices should be displayed with the daily menu. During a follow up interview on 6/11/26 at 9:31 AM, the Dietary Manager stated residents have a right to food choices, should be able to select alternative meals, and should know what those selections are daily. The Dietary Manager acknowledged alternate menu options had not been consistently communicated to residents.			F0550			

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F0550 SS = D	Continued from page 2 During an interview on 6/11/26 at 10:42 AM, Certified Nursing Assistant #1 stated dietary staff do not verbally communicate alternate meal options to nursing staff. She stated staff rely on the menu information displayed on resident televisions to inform residents of available meal choices. During an interview on 6/11/26 at 10:53 AM, the Administrator stated alternate meal options should be clearly posted because food choices are important to resident comfort and quality of life. The Administrator acknowledged residents should be able to see available menu options so they are aware of their choices. A record review of Resident #46's "Admission Record" revealed the resident was admitted to the facility on 6/13/25 with diagnoses including Type 2 Diabetes without Complications and Primary Generalized Osteoarthritis. A record review of Resident #46's quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 3/12/26 revealed a Brief Interview for Mental Status (BIMS) score of 10, indicating the resident was moderately cognitively impaired.	F0550					
F0803 SS = D	Menus Meet Resident Nds/Prep in Adv/Followed CFR(s): 483.60(c)(1)-(7) §483.60(c) Menus and nutritional adequacy. Menus must- §483.60(c)(1) Meet the nutritional needs of residents in accordance with established national guidelines.; §483.60(c)(2) Be prepared in advance; §483.60(c)(3) Be followed; §483.60(c)(4) Reflect, based on a facility's reasonable efforts, the religious, cultural and ethnic needs of the resident population, as well as input received from residents and resident groups; §483.60(c)(5) Be updated periodically;	F0803					

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F0803 SS = D	Continued from page 3 §483.60(c)(6) Be reviewed by the facility's dietitian or other clinically qualified nutrition professional for nutritional adequacy; and §483.60(c)(7) Nothing in this paragraph should be construed to limit the resident's right to make personal dietary choices. This REQUIREMENT is NOT MET as evidenced by: Based on observation and interview, the facility failed to ensure resident alternative menus were posted and met the resident's preferences for one (1) of (1) residents interviewed regarding menus. (Resident #46). Findings include: A review of the facility's Bill of Rights booklet, undated, on page 5, revealed "...You have the right to live and receive care in a residential setting that is homelike..." On 06/08/2026 at 11:00 AM, during an interview, Resident #46 expressed a desire for alternate meals. The resident noted that she was unaware of any alternative options and believed she had to eat whatever was served to her. On 6/9/26 at 2:00 PM, an interview was conducted with the Dietary Manager while reviewing the facility's menu televisions. The manager explained that the daily menu, along with alternate options, should be displayed on the Hallway television and on channel two in resident bedrooms. However, upon joint review with the State Agency (SA), the manager acknowledged that the hallway television failed to display any alternate meal choices. A subsequent check of a random resident's bedroom television confirmed that channel two also omitted the alternate choices. The manager stated he was unaware of this omission and noted that alternates should be displayed alongside the main meal choices. On 6/11/26 at 9:31 AM, in a follow-up interview, the Dietary Manager informed the SA that residents have a right to food choices, should be able to choose different food selections, and should know what those selections are on a daily basis. The manager acknowledged that, previously, alternative menu options had not been consistently communicated to the residents. On 6/11/26 at 10:42 AM, in an interview with Certified Nursing Assistant (CNA) #1, she revealed that they are not verbally inform by the dietary	F0803					

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F0803 SS = D	Continued from page 4 department of resident of meal options. She added that staff relies on what is posted on the televisions to inform residents of their menu choices. On 6/11/26 at 10:53 AM, the Administrator emphasized that since food and activities provide essential comfort to the residents, alternate menu options must be clearly posted. The Administrator acknowledged it is important that menus are visible, so residents are aware of their rights and choices. A record review of Resident #46's "Admission Record" revealed the resident was admitted to the facility on 6/13/25 with diagnoses including Type 2 Diabetes without Complications and Primary Generalized Osteoarthritis. A record review of Resident #46's quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 3/12/26 revealed a Brief Interview for Mental Status (BIMS) score of (10), indicating the resident is moderately cognitively impaired.	F0803					
F0812 SS = D	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is NOT MET as evidenced by:	F0812					

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F0812 SS = D	Continued from page 5 Based on observation, staff interviews, and facility policy review, the facility failed to store food in accordance with professional standards for food service safety related to food items not dated, expired foods, and moisture in the dry bins for one (1) of two (2) kitchen observations. Findings include: A review of the facility's policy, "Food Service Operational Standards for Purchasing, Cooking and Storage" Originated: 9/04, "Policy: The facility stores...food under sanitary conditions to prevent the spread of food borne illness...8. Cooling and storing...g. Label and store foods with the date and time...to indicate when to discard. On 06/08/2026 at 10:13 AM, during an initial observation and tour of the kitchen and interview revealed in the refrigerator : one (1) opened 1/2-gallon fat free butter milk with "Best if used by date" 5/31/26, (1) opened bag of lettuce containing visible brown and wilted lettuce in the bag with a written-on date of 6/3/26 with no indication of what the date meant, a pan of nine (9) peeled, pre-boiled eggs with no date. An observation of the dry bins revealed the flour bin with blotches of moisture in the flour. An interview with the Dietary Manager (DM) revealed he was made aware of the expired food, undated food and moisture in the flour bin at the time of this tour. The DM stated that although he expects everyone to be aware of expired foods, undated foods and keeping the dry bins items dry, he is ultimately responsible for maintaining food quality standards in the kitchen. The DM explained that the hazard of having expired foods, undated foods in the kitchen and moisture in the dry bins is bacterial growth. The DM stated that he will have his staff make a daily walk through to make sure prepared foods are dated and expired foods are discarded. The DM noted that he will instruct the staff to keep the dry bin lid closed to prevent moisture from getting in. On 06/11/2026 at 10:09 AM, during an interview with the Administrator she expressed understanding at the report of undated food, expired food and moisture in the flour bin. The Administrator explained that the DM is responsible for maintaining food quality in the kitchen. The Administrator stated that resident's' could potentially be food poisoned from expired foods or bacteria growth from moisture in the dry bins. The Administrator stated that she will have the DM make rounds daily to maintain food quality. The Administrator reported that she will have the DM report to her and sign off on his rounds			F0812			

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F0812 SS = D	Continued from page 6 three (3) times a week.			F0812			