

Mississippi State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 23093		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 06/10/2026	
NAME OF PROVIDER OR SUPPLIER TUPELO COMMUNITY CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 1901 BRIAR RIDGE ROAD , TUPELO, Mississippi, 38804			
(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	
M0000	Initial Comments		M0000				
	The State Agency (SA) conducted three (3) Complaint Investigations (CI MS #3022859, CI MS #3034181, and CI MS #3034513) at the facility on 06/10/26. During the survey the SA determined that the facility was not in compliance with the Minimum Standards for Institutions for the Aged and Infirm, state licensure requirements and cited M500 for Resident Rights for CI MS #3022859. The census at the time of the survey was 106 with a bed capacity of 120 beds.						
M0500	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 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		M0500				

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE
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M0500	Continued from page 1 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; 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; 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; 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 in conformance with State law; 7. is free from mental and physical abuse; 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; 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			M0500			

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M0500	Continued from page 2 third-party payment contract; 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; 11. is not required to perform services for the facility that are not included for therapeutic purposes in his plan of care; 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 practitioner/physician assistant in his medical record); 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); 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); 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 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. This LICENSURE REQUIREMENT is NOT MET as evidenced by:			M0500			

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M0500	Continued from page 3 Level II Pattern Based on observation, staff and resident interviews, record review and facility policy review, the facility failed to ensure a call light was maintained within reach for a resident who was dependent for assistance for 3 (three) of 6 (six) residents reviewed. Resident #1, Resident #2 and Resident #5. Findings Include: Review of the facility policy "Call Light/Call Pager Systems" with effective date of 09/09/22 revealed, "...The call system must be accessible to residents while in their bed or other sleeping accommodations within the resident's room..." An observation and interview on 06/10/26 at 9:55 AM revealed Resident #1 lying in bed in his room. He revealed that he had been having trouble with his call light, but he now had a clip attached to the call light cord and he kept it clipped to his clothes. He revealed that prior to having the clip, he had to call his family three or four different times because his call light was on the floor or in the trash can and he couldn't reach it. He revealed that he was not able to get up without help and if he could not reach his call light, he had no way of calling for help. Resident #1 revealed that when he called his family, they called the facility and the staff came in and found it for him. A phone interview on 06/10/26 at 11:00 AM with Complainant, revealed that she visited frequently, and, on several occasions, she had observed his call light not within reach and once noticed it in the trash can. She revealed that Resident #1 had called her three or four times saying that he could not reach his call light, she called the facility and a staff member went down and got it for him. Complainant revealed that Resident #1 was not the easiest person to take care of and could be hateful at times, but he deserved to be taken care of. She further revealed that he was the type of person to get up by himself if he couldn't get someone to help him and she was concerned for his safety. Observations on 06/10/26 at 9:20 AM and at 10:05 AM revealed Resident #2 lying in his bed in his room. His call light was underneath his bed on the floor. Resident #2 revealed that he had a problem with finding his call light often, but mostly in the morning when he wakes up. He revealed that when he can't find his call light, he whistles loudly and hopes they hear him. Resident #2 revealed that he			M0500			

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M0500	Continued from page 4 had two strokes back-to-back, and his left side was "out" and clarified that he could not use his left side. He revealed that he required significant help and depended on the staff to provide it. He also revealed that if no one heard him when he whistled for them, he used his cell phone to call the front desk. He revealed that he can't get up by himself, the staff used a lift to get him up and he needed his call light within reach to be able to call for help when needed. During an interview and observation on 06/10/26 at 10:10 AM with Licensed Practical Nurse (LPN) #1, she confirmed that Resident #2's call light was on the floor underneath his bed and was not within his reach. She revealed that this could prevent him from getting the help that he needed timely. She also revealed that not having the call light within reach could cause a safety issue if he tried to get up and get the call light off the floor himself. LPN #1 confirmed that Resident #2 depended on staff to take care of his needs and that he should have access to the call light at all times. She revealed that all staff were expected to ensure call lights were within reach of the residents after providing care and during rounding. An interview with Director of Nursing (DON), revealed that she wasn't aware of the call light issues with Resident #1. She revealed that she expected all staff to ensure call lights were within reach so residents could remain safe and receive the help they needed timely. She also confirmed that Resident #2 came into the facility following a stroke and that he could not use his left side and that he depended on staff for assistance. DON revealed that Resident #2's call light should not have been under his bed on the floor and that staff should have noticed it and placed it within his reach. An interview on 06/10/26 at 12:00 PM revealed Resident #5 lying in her bed. She revealed that she had concerns with her call light not being within reach sometimes after staff helped her transfer into her chair. She revealed that when she gets out of bed, she sits in a chair near the right side of her bed and staff placed her call light on the left side of her bed out of her reach. Resident #5 revealed that this had happened several times and she's had to yell for someone to help her or get her roommate to use her call light to get help. She revealed that she depended on the staff and she needed to be able to call for help when she needed something. Record review of Resident #1's "Admission Record" revealed an admission date of 06/07/24 and that he			M0500			

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M0500	Continued from page 5 had diagnoses that included Hemiplegia and Hemiparesis Following Cerebral Infarction. Record review of Resident #1's Annual Minimum Data Set (MDS) with Assessment Reference Date (ARD) of 06/05/26 under Section C revealed a Brief Interview for Mental Status (BIMS) score of 09 which indicated that he had moderate cognitive impairment. Record review of Resident #2's "Admission Record" revealed an admission date of 05/27/26 and that he had diagnoses that included Cerebral Infarction, Hemiplegia and Hemiparesis Following Cerebral Infarction, and Acquired Absence of Right Leg Above Knee. Record review of Resident #2's MDS with ARD of 06/03/26 under Section C revealed a BIMS score of 15 which indicated that he had no cognitive deficits. Record review of Resident #5's "Admission Record" revealed an admission date of 03/28/26 and that she had diagnoses that included Polyneuropathy and Chronic Obstructive Pulmonary Disease. Record review of Resident #5's Quarterly MDS with ARD of 05/20/26 under Section C revealed a BIMS score of 15 which indicated that she had no cognitive deficits.	M0500					