

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MS45SI	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 06/09/2026
NAME OF PROVIDER OR SUPPLIER ST CATHERINE'S VLG/SIENA CTR		STREET ADDRESS, CITY, STATE, ZIP CODE 200 DOMINICAN DRIVE MADISON, MS 39110		
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M 000	Initial Comments The State Agency (SA) conducted a Complaint Investigation (CI) at the facility from 6/08/26 through 6/09/26. CI MS #30548 was investigated related to resident abuse and CI MS # 30344 was investigated related to administration, quality of care, activities of daily living, dietary services, neglect and resident abuse. During the survey, SA determined the facility was not in compliance with the Minimum Standards for Institutions for the Aged or Infirm, state licensure requirement for both complaints and cited M500. The facility held a license for 120 beds, with a census of 118 residents.	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	M 500		

Mississippi State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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M 500	Continued From page 1 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 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,	M 500			

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M 500	Continued From page 2 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 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;	M 500		

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M 500	Continued From page 3 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 Statute is not met as evidenced by: Level II	M 500		

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M 500	Continued From page 4 Based on record review, facility policy review and staff interviews the facility failed to ensure a residents's right to be free from physical abuse when the Nurse Aide (NA) spit twice in the resident's face and covered her face with a pillow for one (1) of four (4) sampled residents, Resident #1. Findings Included: Record review of the facility's policy titled, "RESIDENT SAFETY: ABUSE AND NEGLECT", signed by Nurse's Aide (NA) #1 on 4/07/26 revealed the policy stated, "Residents will be protected at all times. St. Catherine's has a zero-tolerance policy for abuse, neglect and exploitation..." Record review of the facility "Resident Rights" signed by NA #1 on 4/07/26 revealed the document stated, "7. Protection is given form physical and mental abuse ...9. Consideration, respect and full recognition of individual dignity and individual dignity and individuality..." Record review of the facility policy titled, "CARE OF RESIDENT: BEHAVIOR MANAGEMENT", signed by NA #1 on 4/07/26 revealed the policy stated, "The employees are here to care for the residents and meet whatever needs they may have ...and give excellent care ...Our priority is safety for residents and employees..." Record review of the Facility Investigation dated 5/26/26 revealed that the facility determined that on 5/25/26 at approximately 5:06 PM, NA #1 spit in the face of Resident #1 twice and put a pillow over the resident's face. The Facility Investigation included a written,	M 500		

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M 500	Continued From page 5 signed statement by Resident #1's sitter and dated 5/25/26, which stated that on the afternoon of 5/26/26 during care, a NA, whose name she did not know (identified by other witnesses present at the time of the incident as NA #1) came in to assist with resident care and spit on Resident #1 twice and placed a pillow over the resident's face, then caught and squeezed the resident's hands before leaving the room. The Facility Investigation included a written, signed statement by NA #1 that confirmed that on the afternoon of 5/25/26 she held the resident's hands during care, and placed the pillow in front of her face and she held on to the residents until another staff member instructed her to let go of the resident. Record review of the Admission Record for Resident #1 revealed the facility admitted her on 1/24/24 and she had diagnoses of dementia, depressive disorder, and hypertension. On 6/08/26 at 12:35 PM an interview with the Director of Nurses (DON) revealed that the facility had an allegation of abuse of Resident #1 by NA #1 which resulted in immediate suspension of NA #1, report of the allegation to the State Agency (SA), investigation and ultimately termination of the employment of NA #1. She confirmed that she was responsible for the investigation and that based on eye witness accounts she confirmed that NA #1 spit in the face of Resident #1 twice and covered her face with a pillow. She reported that all nursing staff received abuse prevention and reporting and care for residents with dementia and difficult behavior training during orientation at the time of hire and regularly thereafter.	M 500		

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M 500	Continued From page 6 On 6/08/26 at 2:45 PM during an interview Certified Nurse's Aide (C.N.A.) #1 reported that just after 5:30 PM on 5/25/26 she was assisting Resident #1 with care and NA #1 entered the room to help. She reported that the Resident's Sitter was also present. She said that Resident #1 spit at staff and NA #1 told Resident #1, "Don't spit on me. I spit back" and when the resident spit again NA #1 spit in the face of Resident #1. She said that Resident #1 spit again and NA #1 spit in Resident #1's face a second time and placed a pillow over Resident #1's face. C.N.A. #1 said she could hardly believe what she witnessed and told NA #1 to stop and let go of Resident #1 and removed the pillow from in front of the resident. She confirmed that it had not appeared NA #1 attempted to impede Resident #1's breathing. She said the nurse entered the room and instructed NA #1 to leave the room. On 6/09/26 at 12:15 PM during an interview the Administrator said she was sadly surprised upon notification of the incident on 5/25/26. She stated that the facility had immediately began in-service training regarding abuse and neglect prevention and reporting and that the employment of NA #1 had been terminated following suspension pending investigation. She confirmed that the facility provided abuse prevention and reporting training as well as training regarding the care of residents with dementia and difficult behavior to all nursing staff. She confirmed that the facility investigation determined that abuse had occurred and NA #1's employment at the facility had been terminated On 6/09/26 at 1:05 PM interview with Registered Nurse (RN) #1 revealed she was notified shortly after 5:00 PM on 5/25/26 that C.N.A. #1 had reported to her that NA #1 spit on Resident #1	M 500		

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M 500	Continued From page 7 and put a pillow over her face. She said that she immediately notified the DON, called security, notified NA #1 that she was suspended pending investigation, had NA #1 provide a written statement and security escorted NA #1 from the facility immediately after she completed her written statement. She said that then she went to the room of Resident #1 where she was resting quietly and peacefully on her bed. She said she assessed Resident #1 who had no signs or symptoms of discomfort or distress and provided no recollection of the event.	M 500		