

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 06/18/2026	
NAME OF PROVIDER OR SUPPLIER COURTYARD HEALTH AND REHABILITATION				STREET ADDRESS, CITY, STATE, ZIP CODE 501 SOUTH LOCUST STREET , MCCOMB, Mississippi, 39648			
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M0000	Initial Comments The State Agency (SA) conducted three (3) Complaint Investigations (CI MS #3018618, CI MS #3006193, and CI MS #2997080) at the facility from 6/17/26 through 6/18/26. CI MS# 3018618 was investigated related to quality of care, physical environment, admission/transfer/discharge rights, and other related to communication/non-English language needs. CI MS#2997080 was investigated regarding quality of care, resident rights, and general (death). CI MS#3006193 was investigated regarding resident rights, and no deficiencies were cited related to this CI. During the survey, SA determined the facility was not in compliance with the Minimum Standards for Institutions for the Aged or Infirm, state licensure requirements. M970 was cited related to CI MS# 3018618. M1570 was cited related to CI MS# 2997080.		M0000				
M0970	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 LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on observation, record review, facility policy review and interviews, the facility failed to maintain an effective pest control program so that the facility was free of pests for five (5) of seven (7) sampled residents, Resident #1, Resident #2, Resident #3, Resident #4 and Resident #6. Findings included: Record review of the facility policy titled, "Safe and Homelike Environment" with Revision Date 10/14/25, revealed the policy stated, "In accordance with resident's rights, te facility will provide a safe, clean, comfortable and homelike environment...This includes ensuring that the resident can receive care and services safely and that the physical layout...does not pose a safety risk..."Sanitary" includes...preventing the spread of disease-causing organisms...Housekeeping and maintenance services will be provided as necessary to maintain a sanitary, orderly and comfortable environment."		M0970				

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE
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M0970	Continued from page 1 On 6/17/26 at 1:38 PM, during a telephone interview the Resident Representative (RR) for Resident #1 reported that she complained that the facility did not provide a clean, sanitary environment and confirmed observations of houseflies, maggots (larva of houseflies) and gnats in the resident's room. On 6/17/26 at 3:40 PM and again at 5:00 PM, observations revealed a housefly in the lobby flying around Resident #2 repeatedly landing on his hands, arms and face. Resident #2 had a primary diagnosis of cerebral palsy and was not able to speak or move his hands/arms in a meaningful way or swat the housefly away. On 6/17/26 at 3:50 PM, observation and interview with Resident #1 revealed there was a housefly in the resident's room which distracted her during interview and she swatted at it repeatedly. The State Agency (SA) was able to speak limited conversational Spanish, coupled with the use of cellular telephone for translation, was able to have a conversation with Resident #1, who was neat, clean, and free from malodorous smells. Her demeanor was pleasant, calm and welcoming. She was able to understand and answer simple questions in Spanish. On 6/17/26 at 4:00 PM, observation and interview with Resident #4 in the hallway (100 Hall) and lobby revealed a housefly that repeatedly landed on her hands, arms and purse as she attempted to retrieve an item from her purse. Resident #4 swatted at the fly and confirmed that the fly was irritating her. On 6/17/26 at 4:10 PM, observation and interview with Resident #3 in the hallway (300 Hall) and lobby revealed a housefly flying around her and landing on her arms and hands with the resident swatting the fly and attempting to shoo the fly away. Resident #3 reported, "The flies and the gnats are bad" and confirmed that the pests annoyed and irritated her. On 6/18/26 at 1:20 PM, during observation and interview with the RR for Resident #2 in the resident's room revealed the RR reported repeated observation of pests, specifically houseflies, gnats and spiders, in the resident's room. Observation revealed a dead spider in a cobweb in the bottom right corner of the resident's room (corner under the window on the right of the window when viewed from the doorway into the room). On 6/18/26 at 1:35 PM, during interview with the Housekeeping Accounts Manager confirmed the dead insect observed in the room of Resident #2			M0970			

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M0970	Continued from page 2 looked like "a spider". On 6/18/26 at 2:22 PM, observation and interview with Resident #6 revealed a housefly in the resident's room and the resident stated that he had not been impressed by the housecleaning or cleanliness of his room and that the houseflies bothered him. The SA observed a strong urine smell in the hallway (100 Hall) outside the resident's room which was very strong in his room. Resident #6 stated that he thought he had acclimated to the odor but said that he was able to see the urine on the floor coming out from under his bed and running along the wall under the window approximately four (4) feet to the corner. On 6/18/26 at 4:10 PM, during interview the Director of Nurses (DON) confirmed that contracted pest control service would visit and provide treatment if notified of pests in the building. On 6/18/26 at 4:40 PM, an interview with the Administrator confirmed that the contracted pest control service would visit and provide treatment if notified of pests in the building. On 6/18/26 at 5:00 PM, during an interview with the Infection Preventionist (IP) she confirmed that she had observed houseflies in residents' rooms and in common areas.	M0970					
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.	M1570					

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M1570	Continued from page 3 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 LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on observations, record review, facility policy review and interviews the facility failed to ensure that staff followed standard and transmission-based precautions to prevent spread of infections, when an Registered Nurse (RN) did not follow Enhanced Barrier Precautions (EBP) during direct care/replacement of the resident's leaking catheter drainage and collection component for one (1) of two (2) sampled residents with indwelling catheters. Resident #6. Findings Included: Record review of the facility policy titled, "Standard Precautions Infection Control" with Revision Date 11/14/25 revealed the policy stated, "All staff are to assume that all residents are potentially infected or colonized with an organism that could be transmitted during the course of providing resident care services. Therefore, all staff shall adhere to "Standard Precautions" to prevent the spread of infection to residents, staff and visitors. "Standard Precautions" refer to the infection prevention practices that apply to all residents, regardless of suspected or confirmed diagnosis or presumed infection status. This includes...selection and use of PPE e.g., gloves, gowns...environmental cleaning and disinfection...Resident-Care Equipment and Instruments/Devices: a. Policies and procedures have been established for containing, transporting, and handling resident-care equipment and instruments/devices that may be contaminated with blood or body fluids. Personnel are trained in the use of these procedures. b. Wear PPE (e.g., gloves, gowns, etc.) when handling resident-care equipment and instruments/ devices that are visibly soiled or may have been in contact with blood or body fluids...Gown During procedures and resident-care activities when contact of clothing/exposed skin with blood/body fluids, secretions, and excretions is anticipated". On 6/18/26 at 2:22 PM, observation and interview with Resident #6 revealed a strong urine smell in the hallway (100 Hall) outside the resident's room which was very strong in his room. There was a posted notice (with pictures as well as printed instructions)		M1570				

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M1570	Continued from page 4 that gowns and gloves were required for contact procedures on the door of the room of Resident #6 for EBP. Resident #6 stated that he thought he had acclimated to the odor but said that he was able to see the partially dried urine on the floor coming out from under his bed. Observation revealed the resident had catheter tubing extending from under his bed covers onto the floor and up to a urine collection bag with three (3) inches of the catheter tubing laying on the floor next to the resident's bed in urine that covered an area of four (4) feet by three (3) inches under the resident's bariatric bed and continued to cover an additional area four (4) feet long by one (1) foot wide along the wall under the window to the wall/corner on the right side of the window as viewed from the doorway into the room. On 6/18/26 at 3:30 PM, observation revealed the facility Infection Preventionist (IP)/RN #1 confirmed that there was urine on the floor of Resident #6's room and that his catheter bag was leaking. RN #1 changed the tubing and urine collection bag for Resident #6 without donning a disposable gown, which was required according to EBP. The resident's catheter was not changed. On 6/18/26 at 4:10 PM, during an interview the Director of Nursing (DON) confirmed that no catheter tubing should be on the floor for infection prevention, and she expected nursing staff to wear appropriate personal protective equipment (PPE) for the direct care of residents on EBP. On 6/18/26 at 4:30 PM, during an interview the Administrator revealed he expected nursing staff to wear appropriate PPE for the direct care of residents on EBP and follow current infection prevention standards of practice. On 6/18/26 at 5:00 PM, in an interview the IP confirmed that Resident #6, along with all residents with urinary catheters, was on EBP and that RN #1 had failed to wear a disposable gown for direct care while changing the catheter tubing and urine collection container for Resident #6 at 3:30 PM on 6/18/26. Record review of the "Admission Record" for Resident #6 revealed the facility admitted him on 3/06/26 and he had diagnoses of heart failure, sepsis (unspecified organism acute infection present on admission), retention of urine, stage 3 chronic kidney disease, and stage 3 pressure ulcer of right button (present on admission). Record review of the Significant Change Minimum	M1570					

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M1570	Continued from page 5 Data Set (MDS) for Resident #6 with Assessment Reference Date (ARD) 5/21/26 revealed a Brief Interview for Mental Status (BIMS) score of 13, which indicated the resident was cognitively intact. The facility assessed the resident was dependent for all activities of daily living and had active diagnoses of neurogenic bladder and urinary tract infection (UTI) and had an indwelling catheter.			M1570			