

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255342		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 06/25/2026	
NAME OF PROVIDER OR SUPPLIER MS CARE CENTER OF RALEIGH				STREET ADDRESS, CITY, STATE, ZIP CODE 309 MAGNOLIA DR PO BOX 128, RALEIGH, Mississippi, 39153			
(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 6/22/26 through 6/25/26. During the survey, the SA determined the facility was not in compliance with the requirements of participation in Medicare and Medicaid and cited F550. The facility had a census of 94 and was licensed for 110 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
---	--	-------	-----------

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255342		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 06/25/2026	
NAME OF PROVIDER OR SUPPLIER MS CARE CENTER OF RALEIGH				STREET ADDRESS, CITY, STATE, ZIP CODE 309 MAGNOLIA DR PO BOX 128, RALEIGH, Mississippi, 39153			
(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
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 observation, interview, record review, and facility policy review, the facility failed to ensure a resident's right to be treated with dignity and respect by failing to protect a resident from unnecessary exposure when the resident was observed exposed in the shower room and visible from the hallway for one (1) of (19) sampled residents. Resident # 19. Findings Include: A review of the facility's "Privacy Policy," undated, revealed, "It is the policy of this facility that ...all staff will observe the resident's right of privacy...By providing privacy to the resident for all treatments and/or care rendered 1. Pull shower curtains..." A record review of the "Admission Record" revealed the facility admitted Resident #19 on 12/07/21 with diagnoses including Age-related Osteoporosis without Current Pathological Fracture. A record review of Quarterly Minimum Data Set (MDS) with and Assessment Reference Date (ARD) of 05/26/2026 revealed Resident #19 had a Brief Interview for Mental Status (BIMS) score of 03 indicating severe cognitive impairment. On 06/25/2026 at 09:50 AM, during an observation while walking down the Central Unit hallway, the door to the shower room was open and Resident #19 was sitting in a shower chair. She was exposed with no covering from her waist up. On 06/25/2026 at 09:55 AM, during an interview with Certified Nursing Assistant (CNA) #1, she stated that the shower room door was left open by another employee, and she did not realize it until Resident #19 was out of the shower stall. CNA #1 confirmed that the protocol for bringing a resident from the shower stall is to have the resident covered with a			F0550			

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255342		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 06/25/2026	
NAME OF PROVIDER OR SUPPLIER MS CARE CENTER OF RALEIGH				STREET ADDRESS, CITY, STATE, ZIP CODE 309 MAGNOLIA DR PO BOX 128, RALEIGH, Mississippi, 39153			
(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
F0550 SS = D	Continued from page 2 towel, or pull the curtain, in case another person is in the room or the door was accidentally left open. CNA #1 affirmed that the purpose of keeping the residents covered or the door closed is to protect the residents' privacy. On 06/25/2026 at 10:08 AM, during an interview with the Director of Nursing (DON) she stated that not only should the shower room door have been closed but Resident #19 should have had a towel or blanket around her just in case the door was left open. The DON explained that there are also two curtains that can be drawn to allow additional opportunities to maintain the residents' privacy. The DON reported that a reasonable person would not want to be exposed without clothing for a passerby to view them from the hallway. She explained the purpose of protecting the residents' privacy is to help maintain their dignity.			F0550			