

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 07/09/2026	
NAME OF PROVIDER OR SUPPLIER PICAYUNE REHABILITATION AND HEALTHCARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 1620 READ ROAD , PICAYUNE, Mississippi, 39466			
(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 an Annual Recertification survey and Complaint Investigation (CI MS #3034554) at the facility from 7/6/26 through 7/9/26. During the survey, the SA determined the facility was not in compliance with the Minimum Standards for Institutions for the Aged or Infirm, state licensure requirements. CI MS #3034554 was investigated related to abuse, neglect, quality of care/treatment, and injury of unknown origin and no deficiency was cited. During the recertification survey, M500, M815, M940, and M1570 were cited.						
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		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 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, 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	M0500					

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M0500	Continued from page 2 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; 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.	M0500					

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M0500	Continued from page 3 This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on resident interviews, staff interviews, record review, and facility policy review, the facility failed to promote resident self-determination and honor resident rights by failing to allow residents to choose their dining location on weekends, requiring residents to receive meals in their rooms for three (3) of (20) residents reviewed for Resident Rights. (Residents #63, #75, and #77). Findings include: A record review of the facility's policy titled, "Resident Rights" with a revised date of 4/2017, revealed "a. Be encouraged in the exercise of their...rights, benefits or privileges guaranteed by the constitution of the United States and the constitution of the state of Louisiana including the right to be free of discrimination or segregation based upon race, sex, handicap, religion, creed, national background or ancestry with respect to residency, b. Be treated as individuals in a manner that supports their dignity, c. Be assured choice and privacy and the opportunity to act autonomously, take risks to enhance independence, and share responsibility for decisions...e. Receive care and services that are adequate, appropriate, and in compliance with contractual terms of residency, relevant federal and state laws, rules and regulations and shall include the right to refuse such care and services..." On 07/06/2026 at 11:29 AM, during an interview, Resident #63 stated residents eat breakfast, lunch, and dinner in their rooms on weekends because they don't have enough staff. On 07/07/2026 at 11:45 AM, during an interview, Resident #75 stated residents are not allowed to eat breakfast, lunch, or dinner in the dining room on weekends. Resident #75 stated the dining room doors are usually closed on the weekend except for a 30-minute activity on Saturdays periodically. On 07/07/2026 at 12:00 PM, during an interview, Resident #77 stated he enjoys eating meals in the dining room because it allows him to socialize with other residents. He stated that on weekends he doesn't get out of bed because he is required to eat breakfast, lunch, and dinner in his room and is not permitted to eat in the dining room. On 07/09/2026 at 9:00 AM, during an interview, Certified Nursing Aide (CNA) #6 stated residents routinely eat all meals in their rooms on weekends because there are not enough staff to supervise and		M0500				

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M0500	Continued from page 4 assist residents in the dining room. CNA #6 stated that residents are occasionally permitted to eat in the dining room on Saturdays if staffing permits; however, residents do not eat in the dining room on Sundays because the dining room remains closed. On 7/9/26 at 9:10 AM during an interview, Licensed Practical Nurse (LPN) # 6 stated that the residents eat in their rooms on the weekends because there are not enough staff to cover the residents or to assist the residents with their meals in the dining room. LPN #6 also stated that at times the facility is down two (2) nurses or two (2) CNA's which prevent them from assisting the residents in the dining room, she states that they try to meet the residents' basic needs. On 7/9/26 at 9:25 AM during an interview CNA # 7 confirmed residents routinely receive meals in their rooms on Saturdays and Sundays due to staffing shortages. She stated residents may occasionally eat in the dining room on Saturdays if staffing allows; however, residents are never permitted to eat in the dining room on Sundays. On 07/09/2026 at 9:45 AM, during an interview, the Director of Nursing (DON) stated he attempted to provide residents with dining services on weekends to the best of the facility's ability. He stated there may be circumstances in which residents were unable to dine in the dining room; however, staff were encouraged to provide residents with a positive dining experience. The DON stated he was not aware residents were routinely receiving breakfast, lunch, and dinner in their rooms on weekends rather than being afforded the opportunity to dine in the dining room. On 07/09/2026 at 10:00 AM, during an interview, the Administrator stated she was unaware residents routinely received meals in their rooms on weekends. She confirmed residents have the right to choose where they eat their meals and stated staff are expected to honor resident choice regarding dining location. Resident # 63 A record review of Resident #63's "Admission Record" revealed the resident was admitted to the facility on 5/5/26 with a diagnoses including Unspecified Fracture of unspecified Lumber Vertebra and Type 2 Diabetes Mellitus without complication. A record review of residents' Admission Minimum Data Set (MDS) with an Assessment Reference Date	M0500					

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M0500	Continued from page 5 (ARD) of 5/11/26 revealed Brief Interview Mental Status (BIMS) score of 14 which indicated cognitively intact. Resident #75 A record review of Resident #75's "Admission Record" revealed the resident was admitted to the facility on 8/28/17 with diagnoses including Paranoid Schizophrenia and Borderline Intellectual Functioning. A record review of the Annual MDS with an ARD of 5/19/26 revealed a BIMS score of 15, which indicates cognitively intact. Resident #77 A record review of Resident #77's "Admission Record" revealed the resident was admitted to the facility on 7/6/23 with diagnoses including Hemiplegia and Hemiparesis following Cerebral Infarction Affecting Left Non-Dominant Side and Reduced Mobility. A record review of residents' Annual MDS with an ARD of 5/28/26 revealed BIMS score of 11 which indicated moderate cognitive impairment.		M0500				
M0940	45.32.3 Dishwashing Dishwashing. Commercial or institutional type dishwashing equipment shall be provided in homes with more than twenty-four (24) beds. The dishwashing area shall be separated from the food preparation area. If sanitizing is to be accomplished by hot water, a minimum temperature of one hundred eighty (180) degrees Fahrenheit shall be maintained during the rinsing cycle. An alternate method of sanitizing through use of chemicals may be provided if sanitizing standards of the Mississippi State Department of Health Food Code Regulations are observed. Adequate counter-space for stacking soiled dishes shall be provided in the dishwashing area at the most convenient place of entry from the dining room, followed by a disposer with can storage under the counter. There shall be a pre-rinse sink, then the dishwasher and finally a counter or drain for clean dishes. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on observation, staff interviews, and record review the facility failed to maintain sanitary conditions in the dietary department by failing to		M0940				

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M0940	Continued from page 6 ensure dishes washed in a low-temperature dishwasher were sanitized with the required chlorine concentration prior to reuse and by failing to wash and sanitize used beverage pitchers before returning them to refrigerated storage for two (2) of three (3) days of kitchen observations. Findings include: On 07/07/2026 at 10:40 AM, during an observation and interview with Dietary Aide (DA) #1, observed DA #1 was operating the low-temperature dishwasher. DA #1 used a chlorine test strip to verify the sanitizer concentration. The test strip remained white, indicating no detectable chlorine sanitizer. The Dietary Manager observed the test strip and confirmed no chlorine was present. During the interview, DA #1 stated she routinely tested the chlorine level during each wash cycle but was unsure why the sanitizer was not registering. On 07/07/2026 at 3:30 PM, during observation and interview, DA #2 was observed washing dishes in the low-temperature dishwasher. During interview in the presence of the DM, DA #2 confirmed she had not checked the chlorine sanitizer concentration before washing the dishes. She stated she had been trained by the previous Dietary Manager to wash all dishes before checking the sanitizer's concentration. She further stated she usually did not document the chlorine level because the dietary aide working earlier had already completed the dishwasher log for the dinner meal. During an interview at the same time, with the DM, she reported that the Eco Lab representative had been notified. The DM confirmed that the kitchen staff have continued to use the dishwasher after observing the chlorine test strip showed no detectable sanitizer. She stated staff were expected to notify her of any dishwasher malfunction and acknowledged the dishwasher should have been producing adequate chlorine sanitizer during operation. On 07/07/2026 at 4:07 PM, during an interview, the Dishwasher Manufacturer Representative (DMR) stated the minimum acceptable chlorine concentration was 50 ppm and the minimum rinse temperature was 120°F. On 07/08/2026 at 10:36 AM, during an observation and interview with DA #3, DA #3 was observed to bring in three (3) beverage pitchers that had been used on the resident care unit. DA #3 placed the used pitchers containing remaining beverage back into the kitchen refrigerator without emptying, washing, or sanitizing them. An interview with DA #3			M0940			

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M0940	Continued from page 7 revealed it is her standard practice to place pitchers that are at least half filled back into the refrigerator after bringing them back into the kitchen after meal service. An interview with the District Supervisor (DS) revealed she observed the used beverage pitchers in the refrigerator. The DS confirmed that used beverage pitchers returned from the resident care units should be emptied, washed, and sanitized before being placed back into refrigeration. On 07/09/2026 at 3:31 PM, during an interview, the Administrator stated she expected dietary staff to maintain sanitary food service practices, including ensuring dishes were properly sanitized and used beverage pitchers were washed before reuse. She stated additional education would be provided regarding sanitation, food safety, and proper operation of the low-temperature dishwasher.		M0940				
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. 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, interviews, record reviews, and facility policy review, the facility failed to implement appropriate Contact Precautions in		M1570				

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M1570	Continued from page 8 accordance with Centers for Disease Control and Prevention (CDC) guidelines by failing to provide designated disposal containers for contaminated personal protective equipment (PPE), contaminated linens, and other contaminated materials in resident rooms, resulting in contaminated PPE, linens, and other contaminated materials being discarded with routine waste and laundry for two (2) of five (5) residents reviewed for infection prevention and control. (Residents #4 and #110). Findings include: A record review of the facility's policy titled, "Infection Prevention and Control Program" with review date 3/03/2026 revealed "... An infection prevention and control program (IPCP) is established and maintained to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. Policy Interpretation and Implementation... 11. Prevention of Infection a. Important facets of infection prevention include: ... 7. Implementing appropriate isolation precautions when necessary; and 8. Following established general and disease-specific guidelines such as those of the Centers for Disease Control (CDC)." A record review of the "Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Setting (2007)) last updated September 2024 revealed "... III.B.1. Contact Precautions. Contact precautions are intended to prevent transmission of infectious agents, including epidemiologically important microorganisms, which are spread by direct or indirect contact with the patient or the patient's environment... Contact Precautions also apply where the presence of excessive wound drainage, fecal incontinence, or other discharges from the body suggest an increased potential for extensive environmental contamination and risk of transmission... Healthcare personnels caring for patients on Contact Precautions wear a gown and gloves for all interactions that may involve contact with the patient or potentially contaminated areas in the patient's environment. Donning PPE (Personal Protective Equipment) upon room entry and discarding before exiting the patient room is done to contain pathogens, especially those that have been implicated in transmission through environmental contamination..." On 07/06/2026 at 10:45 AM, during an observation and interview with Certified Nursing Assistant (CNA) #1, the State Agency (SA) observed Contact Isolation			M1570			

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M1570	Continued from page 9 signage and personal protective equipment (PPE) available outside Resident #110's room. CNA #1 stated Resident #110 had been admitted on Contact Precautions related to a urinary tract infection (UTI) and staff were required to wear PPE when providing care. On 07/06/2026 at 11:24 AM, during an observation and interview with Resident #110, the SA observed a bedside commode lined with clear plastic bags. No designated biohazard waste container or designated contaminated linen receptacle was observed in the resident's room or bathroom. On 07/06/2026 at 12:15 PM, during an observation, the SA observed Contact Isolation and Enhanced Barrier Precautions signage and PPE available outside Resident #4's room. Resident #4's wife stated the resident remained on Contact Precautions due to an infected wound on his right foot/toe. On 07/06/2026 at 2:45 PM, during an observation and interview with Resident #4, the SA observed no designated disposal containers for contaminated PPE, linens, or other contaminated materials in the resident's room. Resident #4 reported drainage had periodically leaked from his wound onto his sock prior to the dressing being changed. On 07/07/2026 at 11:05 AM, during an observation and interview with Resident #4, Contact Isolation signage and PPE remained in place; however, no designated disposal containers were observed in the resident's room or bathroom. Resident #4 stated staff wore gowns and gloves while providing care and discarded the PPE in the regular trash container located in the room. On 07/07/2026 at 2:25 PM, during an interview, Licensed Practical Nurse (LPN) #1 confirmed Resident #4 remained on Contact Precautions following a positive wound culture for Methicillin-resistant Staphylococcus aureus (MRSA). LPN #1 stated staff were required to wear PPE whenever providing direct care. On 07/07/2026 at 2:40 PM, during an observation and interview with Resident #4, resident observed sitting up in his high back wheelchair with right foot observed with dressing dry and intact. No designated disposal containers were observed in his room. On 07/07/2026 at 3:42 PM, during an interview, LPN #2 stated Resident #110 was admitted on Contact Precautions for Extended-Spectrum Beta-Lactamase			M1570			

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M1570	Continued from page 10 (ESBL) in the urine. She stated staff were required to don PPE before entering the room and remove and discard PPE before exiting the room. LPN #2 reported PPE had been discarded in the regular trash container located in the resident's room. On 07/08/2026 at 8:00 AM, during an observation and interview, the SA observed LPN #3 place two designated disposal containers into Resident #110's room. LPN #3 stated she had just been instructed by the Director of Nursing (DON) to place the containers in the room and confirmed no designated disposal containers had been present since the resident's admission on 07/03/2026. On 07/08/2026 at 8:10 AM, during an observation and interview, Registered Nurse (RN) #1 observed donning proper PPE while administering intravenous antibiotics and discarded the PPE in the regular trash container. RN #1 stated Resident #110 had remained on Contact Precautions since his admission on 07/03/26. On 07/08/2026 at 1:00 PM, during an interview, CNA #6 stated no designated disposal containers had been present in Resident #110's room. CNA #6 reported contaminated gowns were placed in routine linen bags with other facility linens, bed linens were placed in the routine laundry, PPE was discarded in the regular trash container, and bedside commode liner bags were discarded in the regular trash after use. On 07/08/2026 at 2:30 PM, during an interview, CNA #2 stated Resident #4 had no designated disposal containers in the room throughout the weekend. She reported contaminated linens were placed in routine laundry bags with other facility linens because no designated contaminated linen receptacle was available. PPE was discarded in the regular trash container. On 07/08/2026 at 3:05 PM, during an interview, CNA #3 confirmed no designated disposal containers were present in Resident #4's room during her shift. She reported PPE worn while providing care was discarded in the regular trash container. On 07/08/2026 at 4:30 PM, during an interview, RN #2 stated residents placed on Contact Precautions were expected to have Contact Isolation signage, PPE, and two designated disposal containers in the room, including one container for contaminated linens and one container for biohazardous waste. RN #2 confirmed neither Resident #4 nor Resident #110 had designated disposal containers until 07/08/2026.			M1570			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 07/09/2026	
NAME OF PROVIDER OR SUPPLIER PICAYUNE REHABILITATION AND HEALTHCARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 1620 READ ROAD , PICAYUNE, Mississippi, 39466			
(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	
M1570	Continued from page 11 RN #2 stated that without designated disposal containers, contaminated PPE, linens, and other contaminated materials could be discarded with routine waste or laundry, increasing the risk for transmission of organisms such as MRSA and ESBL. On 07/09/2026 at 2:00 PM, during an interview, the DON confirmed residents on Contact Precautions were expected to have designated disposal containers for contaminated linens and biohazardous waste placed in their rooms. The DON stated staff were expected to follow Contact Precaution procedures to prevent the transmission of infectious organisms and confirmed any nursing staff member could obtain and place the required disposal containers in the resident room. On 07/09/2026 at 3:00 PM, during an interview, the Administrator stated she expected staff to follow CDC Contact Precaution guidelines, including ensuring resident rooms were properly equipped with required infection control supplies and promptly reporting missing equipment needed to safely implement Contact Precautions. Resident #4 A record review of Resident #4's "Admission Record" revealed the facility admitted the resident on 11/25/2025 with the diagnoses including Hemiplegia and Hemiparesis Following Cerebral Infarction Affecting Left Non-Dominant Side, Type 2 Diabetes Mellitus with Diabetic Peripheral Angiopathy Without Gangrene, and Peripheral Vascular Disease, Unspecified. A record review of Resident #4's "Order Details" with order date 06/25/2026 revealed order for "obtain wound culture and sensitivity r/t (related to) rt (right) foot 2nd toe wound drainage. one time only ..." A record review of Resident #4's "Order Details" with order date 06/30/2026 revealed order for "contact isolation r/t MRSA wound every shift for 8 (eight) days ..." A record review of Resident #4's "Order Summary Report" revealed orders for "... contact isolation r/t MRSA wound every shift for 1 Month with start date 07/09/2026 and stop date 08/09/2026 ... Wound #3 arterial ulcer R (right) 2nd toe; clean with wound cleanser, paint with betadine, apply dry dressing, change 3 times a week and PRN (as needed), start date 7/8/26 ... Bactrim DS Oral Tablet 800-160 mg (milligrams) ... Give 1 tablet by mouth two times a	M1570					

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 07/09/2026	
NAME OF PROVIDER OR SUPPLIER PICAYUNE REHABILITATION AND HEALTHCARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 1620 READ ROAD , PICAYUNE, Mississippi, 39466			
(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
M1570	Continued from page 12 day for wound infection/MRSA/RT (right) foot 2nd toe for 7 days with start date 07/08/2026 ..." A record review of Resident #4's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 05/26/2026 revealed Brief Interview for Mental Status (BIMS) Summary Score of 15, which indicated cognitively intact. A record review of Resident #4's "View Progress Notes" with effective date 6/25/2026 12:41 PM revealed "... During wound care rounds resident's Right 2nd toe wound noted to have purulent drainage on bed and sock. Notified (Proper Name) Wound Care Service's Nurse Practitioner new order to obtain wound culture. Wound culture obtained and sent to lab ..." A record review of Resident #4's "Wound Culture" with resulted date 06/29/2026 revealed 3+ Staphylococcus Aureus MRSA (Methicillin-resistant Staphylococcus aureus) a group of bacteria that causes infection. Resident #110 A record review of Resident #110's "Admission Record" revealed the facility admitted the resident on 07/03/2026 with the diagnosis of Acute Cystitis with Hematuria. A record review of Resident #110's "Order Summary Report" revealed orders for "... Isolation Precautions: Contact precautions R/T (related to) ESBL (Extended-Spectrum Beta-Lactamases) UTI (Urinary Tract Infection) every shift until 07/10/2026 start date 07/03/2026 ... Ertapenem Sodium Injection Solution Reconstituted (Ertapenem Sodium) ... Use 1 (one) gram intravenously one time a day related to Acute Cystitis with Hematuria for 5 (five) Days start date 07/04/2026 ..." A record review of Resident #110's Admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 07/09/2026 revealed a Brief Interview for Mental Status (BIMS) Summary Score of 15, which indicated cognitively intact. A record review of Resident #110's "Urine Culture" with resulted date 06/27/2026 revealed greater than 100,000 CFU/ml (Cetrimide, Fucidin, and Cephalosporin per milliliters) Klebsiella Pneumoniae ESBL (Extended-Spectrum Beta-Lactamases) a group of bacteria that causes infections.			M1570			