

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 PONTOTOC NURSING HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 176 SOUTH MAIN STREET , PONTOTOC, Mississippi, 38863			
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M0000	Initial Comments The State Agency (SA) conducted an Annual Recertification survey along with one (1) Complaint Investigation (CI MS #3022805) at the facility from 7/7/2026 through 7/9/2026. CI MS #3022805 was investigated for misappropriation of property and there were no citations related to this complaint. 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 and deficiencies were cited at M500, M1210, and M1570. There were no deficiencies cited for CI MS #3022805 related to misappropriation of property. The facility had a census of 44 and was licensed for 44 beds.		M0000				
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		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 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, 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;	M0500					

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M0500	Continued from page 2 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; 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	M0500					

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M0500	Continued from page 3 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: Level II Based on observation, staff interview, record review and facility policy review the facility failed to ensure the residents right to dignity was maintained by not providing privacy for a urinary catheter drainage bag for two (2) of 16 sampled residents. (Resident #1, and Resident #41) Findings include: Review of the facility policy titled "Patient Rights and Responsibilities" approved 4/7/26 revealed "When providing medical care and treatment to patients... 1. A patient ...has the right to: ...be treated with courtesy, respect, individual dignity and privacy..." Resident #1 An observation on 7/7/26 at 10:55 AM and again at 4:35 PM revealed Resident #1's urinary drainage bag containing dark yellow urine hanging from the bed without a privacy cover and was visible to anyone entering the room. An observation on 7/8/2026 at 9:00 AM, upon entering Resident #1's room, the urinary drainage bag remained uncovered. Record review of "Demographics" revealed Resident #1 was admitted to the facility on 12/16/19. Record review of "Medical Problems" revealed Resident #1 was admitted with diagnoses that include an overactive bladder and renal carcinoma. Record review of the Minimum Data Set (MDS) Section C with an Assessment Reference Date (ARD) of 05/01/2026 revealed a Brief Interview for Mental Status (BIMS) score of 15, which indicates the resident is cognitively intact. Resident #41 An observation on 7/07/2026 at 10:40 AM and again at 3:25 PM revealed Resident #41's urinary drainage bag was uncovered and visible upon entering the room.			M0500			

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M0500	Continued from page 4 An observation on 7/08/2026 at 8:25 AM revealed Resident #41's urinary drainage bag remained uncovered and visible to anyone entering the resident's room. Record review of "Demographics" revealed Resident #41 was admitted to the facility on 10/20/20. Record review of "Medical Problems" revealed Resident #41 was admitted with diagnoses that include enlarged prostate with lower urinary tract symptoms, neuromuscular dysfunction of the bladder, and suprapubic catheter. Record review of the MDS Section C with an ARD of 05/29/2026 revealed a Brief Interview for Mental Status (BIMS) score of 15, which indicates the resident is cognitively intact. During an interview and observation on 7/08/2026 at 11:15 AM, Certified Nurse Aide (CNA) #1 revealed that residents with urinary catheter bags are supposed to have them kept in privacy bags. She confirmed Resident #1's urinary drainage bag was uncovered and stated it should have been covered. CNA #1 further revealed she was assigned to Resident #41 and had noticed earlier that the resident's drainage bag was uncovered, so she placed it in a privacy bag prior to the observation. During an observation and interview on 7/08/2026 at 11:25 AM, Licensed Practical Nurse (LPN) #1 confirmed Resident #1's urinary drainage bag was uncovered and visible to anyone entering the room. LPN #1 stated, "I know it's a dignity issue, and when they go out in the hallway, we try to make sure and put them in a privacy bag, but I'm not sure we do when they are in their rooms." During an interview on 7/08/2026 at 12:00 PM, the Administrator (ADM) stated the facility had routinely used privacy bags only when residents left their rooms and had not consistently provided privacy bags while residents remained in their rooms. The Administrator acknowledged that visitors entering residents' rooms could view the urine in the drainage bags and could understand this was a dignity issue.		M0500				
M1210	45.40.7 Walls and Ceilings Walls and Ceilings. All walls and ceilings shall be of sound construction with an acceptable surface and shall be maintained in good repair. Generally the walls and ceilings should be painted a light color.		M1210				

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M1210	Continued from page 5 This LICENSURE REQUIREMENT is NOT MET as evidenced by: Level II Based on observation, interviews, record reviews, and facility policy review the facility failed to ensure the walls in residents' rooms were painted and in good repair. For two (2) of the 16 sampled residents. (Resident #12, and #19) Findings include: Review of the policy on facility letterhead and signed by the Administrator, dated 7/8/2026 revealed, "It is "Proper Name of facility" goal to provide a homelike environment for all residents...." Resident #12 During an observation and interview on 7/7/2026 at 10:35 AM, in Resident #12's room it was observed to be in disrepair. All four green walls contained numerous rough, white drywall repair patches that contrasted with the painted walls, creating an unfinished appearance. Baseboards were missing around the perimeter of the room, and discoloration was visible where they had previously been removed. Resident #12 stated, "My room has looked like this for a long time. They started working on it back in October and were getting it ready to paint, and here we are with it still looking like this." Record review of "Demographics" revealed Resident #12 was admitted to the facility on 02/26/21. Record review of the Minimum Data Set (MDS) Section C with an Assessment Reference Date (ARD) of 04/17/2026 revealed a Brief Interview for Mental Status (BIMS) score of 14, which indicates the resident is cognitively intact. Resident #19 During an observation and interview on 7/7/2026 at 11:25 AM, in Resident #19's room, observation revealed numerous rough, white drywall repair patches on the tan walls. Baseboards were missing along the perimeter of the room, and discoloration was visible where they had previously been removed. Resident #19 stated, "They were supposed to paint this room a long time ago. It's been looking like this since last year. I told the Administrator to just get me some paint, and I would take care of it myself." Record review of "Demographics" revealed Resident #19 was admitted to the facility on 07/28/25.			M1210			

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M1210	Continued from page 6 Record review of the MDS Section C with an ARD of 05/01/2026 revealed a Brief Interview for Mental Status (BIMS) score of 15, which indicates the resident is cognitively intact. During an interview on 7/8/2026 at 11:50 AM, the Administrator stated the facility had been approved in October 2025 for a contractor to remodel several resident rooms at a time. The Administrator explained the remodeling project had been delayed, leaving the rooms in a pre-remodel condition. The Administrator acknowledged the rooms did not promote a homelike environment and agreed residents should not have had to continue living in rooms in that state of disrepair.	M1210					
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: Level II Based on observation, staff interviews, record review and facility policy review the facility failed to maintain infection control practices by failing to ensure respiratory equipment was stored in a sanitary manner to prevent contamination (Resident	M1570					

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M1570	Continued from page 7 #39) for one (1) of thirteen sampled residents. Findings Include: Record review of facility policy titled "Nebulizer Masks, Tubing, and Bag Protocol" with a review date of 3/4/2025 revealed, "It is the policy of (Proper Name) that nebulizer masks and tubing should be dried and stored when not in use." An observation on 7/9/2026 at 9:43 AM revealed staff had just exited Resident #39's room. After staff exited, Resident #39's nebulizer mask was observed lying on the floor. On 7/9/2026 at 9:46 AM, the Infection Preventionist confirmed the nebulizer mask was not in a protective bag. She acknowledged improper storage of the mask presented an infection control concern. During an interview on 7/9/2026 at 12:45 PM, Registered Nurse (RN) #1 revealed that Resident #39 was receiving ordered nebulizer treatments. RN #1 stated that following each treatment, the nebulizer mask should be rinsed, allowed to dry, and stored in a clean bag. RN #1 acknowledged that the nebulizer mask should not have been left on the floor and that doing so presented an infection control concern. Record review of the "Demographics" page revealed Resident #39 was admitted to the facility on 5/30/25. Record review of Resident #39's "Medical Problems" list revealed the resident had diagnoses which included Chronic Respiratory Failure with Hypoxia, Chronic Obstructive Pulmonary Disease with Emphysema, and Influenza. Record review of Minimum Data Set (MDS) with Assessment Reference Date (ARD) of 4/24/26 revealed a Brief Interview for Mental Status (BIMS) summary score of 15 which indicated Resident #39 was cognitively intact.		M1570				