

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 07/02/2026	
NAME OF PROVIDER OR SUPPLIER CHADWICK COMMUNITY CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 1900 CHADWICK DRIVE , JACKSON, Mississippi, 39204			
(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 a Complaint Investigation (CI MS# 3008198) related to nursing services, accidents and quality of care. 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 cited M500.						
M0500	45.17.2 Residents' Rights		M0500				
	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 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						

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 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 facility, except, in the case of his transfer to another health care institution, or as required by law of third-party payment contract;		M0500				

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M0500	Continued from page 2 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. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on record review, facility policy review and	M0500					

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M0500	Continued from page 3 interviews, the facility failed to ensure a resident received adequate and appropriate medical care when the facility failed to make proper notifications, ensure dialysis treatments were administered as ordered and ensure the resident received appropriate referrals and grieve counseling after the death of a family member for one (1) of three (3) residents dependent on dialysis treatments. Resident #1. Findings Included: Policy review of the facility policy titled "Change in a Resident's Condition or Status" revised February 2021 revealed, "Our facility promptly notifies the resident, his or her attending physician, and the resident representative of changes in the resident's medical/mental condition and/or status...The nurse will notify the resident's attending physician or physician on call when there has been...significant change in the resident's physical/emotional/mental condition; need to alter the resident's medical treatment significantly; refusal of treatment or medications two (2) or more consecutive times)". On 6/30/26 at 1:32 PM during a telephone interview, the Resident Representative (RR) for Resident #1 revealed that she was concerned related to Resident #1 missing medical and dialysis appointments. She confirmed that the Assistant Director of Nurses (ADON), had reported that the resident was verbally combative toward staff and resistant to care with Licensed Practical Nurse (LPN) #1 on 6/10/26 and the Medical Records Nurse on 6/11/26. The ADON had reported to her that Resident #1 had missed his dialysis treatments and she said that he was not able to make up the treatment on 6/13/26 due to their son's funeral. She was not aware of any grief counseling offered to the resident following the death of their son. On 7/01/26 at 3:30 PM interview with LPN #1 revealed he notified the dialysis center and the RR that the resident missed his dialysis treatment on 6/10/26. On 7/02/26 at 9:49 AM, during an interview with the Nurse Practitioner (NP) #1, corroborating NP for Medical Doctor (MD) #1, revealed that she was on vacation the week of 6/08/26 and that NP #2 had visited the resident on 6/11/26. She stated, following her review of her records, that she was not notified that Resident #1 had missed dialysis treatments on 6/10/26 or 6/11/26 and that there was no documentation that NP #2 was notified. She stated that she was able to refer residents to the contract, in-facility psychiatric services and that she would			M0500			

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M0500	Continued from page 4 have had she been notified that his behaviors were interfering with his dialysis treatments or that his son had died in June 2026. On 7/02/26 at 2:00 PM, during an interview with Minimum Data Set (MDS) Nurse revealed that if a behavior was displayed or documented by a resident within seven (7) days of the Quarterly MDS assessment, it should be documented in Section E of the MDS by the Social Services Director (SSD), who was responsible for Behavior Assessment. She stated that if there had been a change in the behavior of the resident that affected resident care, the resident's RR and primary healthcare provider should be notified. She confirmed that the facility had contract, in-facility psychiatric care and that residents with behaviors that had the potential to affect their health or care could be referred to the service. On 7/02/26 at 2:20 PM, during an interview the SSD confirmed she completed cognition, mood and behavior sections of the Quarterly MDS. She confirmed that she was aware that Resident #1 had verbal outburst, cursed and used derogatory language toward staff. She said she did not know if any other staff had reported the behaviors to the resident's primary healthcare provider, but she had not. She confirmed that she was also able, along with other staff, to refer any resident to contract, in-facility psychiatric services and that Resident #1 had not been referred. On 7/02/26 at 2:52 PM, during an interview the Director of Nurses (DON) confirmed that dialysis treatments were necessary for Resident #1 and that any behavior that interfered with his receiving necessary care should be identified and addressed with his primary healthcare provider. She stated that the reason Resident #1 missed dialysis treatment on 6/10/26 was his behavior and make up day was scheduled for 6/11/26. He missed the dialysis treatment on 6/11/26 because of the resident's behavior. She confirmed that the dialysis center wanted him to come on 6/14/26 for dialysis, in addition to the 6/12/26 visit that he attended, but he was unable to go on 6/14/26 because that was the day of his son's funeral. She said that the resident showed change of behavior during his stay and, "Sometimes he is nice." She stated that she was not sure what the trigger was, but staff received the "brunt" of his behavior. She confirmed that she had not made a referral to behavioral health contract services or notified the resident's doctor or nurse practitioner that his behaviors interfered with his receiving his dialysis treatments as ordered and			M0500			

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M0500	Continued from page 5 scheduled. She confirmed that the documentation dated 6/11/26 of the missed dialysis treatment did not include notification of the resident's primary health care provider. On 7/02/26 at 3:25 PM, during an interview the Administrator, confirmed that communication was important, and she expected staff to make all appropriate notifications to primary healthcare providers that may negatively affect resident health. She confirmed that the facility contracted in-facility psychiatric services which were available to all residents and required referral. She stated that she was not aware that Resident #1 had not been referred for grief counseling or for psychiatric services and that both would be appropriate for Resident #1. Record review of the "Admission Record" revealed the facility admitted Resident #1 on 11/12/24 with diagnoses that included end stage renal disease (present on admission), and complete traumatic amputation of two or more right lesser toes with onset date 6/18/25. Record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 6/12/26 revealed a Brief Interview for Mental Status (BIMS) score of 15, which indicated the resident was cognitively intact. Section E indicated "Verbal behavioral symptoms directed toward others (e.g., threatening others, screaming at others, cursing at others)". Record review of the "Order Review History Report" for Resident #1 revealed an active order with start date 6/04/26 for "hemodialysis every Mon(day), Wed(nesday), Fri(day) @0620 (6:20) AM, (Proper name of transport company) to transport...for end stage renal disease".			M0500			