

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 07/01/2026	
NAME OF PROVIDER OR SUPPLIER GEORGE REGIONAL HEALTH & REHAB CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 859 WINTER ST , LUCEDALE, Mississippi, 39452			
(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 re-licensure survey at the facility from 6/29/26 to 7/1/26. 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 and cited M500 and M815.						
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 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		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 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 interviews, record review, and facility	M0500					

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M0500	Continued from page 3 policy review, the facility failed to resolve and provide follow-up regarding grievances brought forward by the Resident Council related to food quality and cleanliness of resident rooms for six (6) of (12) months of Resident Council meetings reviewed. Findings include: A review of the facility's policy, "Resident and Family Grievances," revised 2/1/26 revealed It is the policy of this facility to support each resident's and family member's right to voice grievances without discrimination, reprisal, or fear of discrimination or reprisal. The grievance official would take steps to resolve the grievance, and record information about the grievance, and those actions, on the grievance form. Steps to resolve the grievance may involve forwarding the grievances to the appropriate department manager for follow-up. All staff involved in the grievance investigation or resolution should make prompt efforts to resolve the grievance and return the grievance form to the grievance official. Prompt efforts include acknowledgement of complaint/grievance and actively working toward a resolution of that complaint/grievance. The grievance official, or designee, will keep the resident appropriately appraised of progress towards resolution of the grievances. The grievance official will issue a written decision on the grievance to the resident or representative at the conclusion of the investigation. The written decision will include, at minimum, the date the grievance was received, the steps taken to investigate the grievance, a summary of the pertinent findings or conclusions. statement as she was confirmed or not confirmed, any corrective action taken or to be taken by the facility as a result of grievance, and the date written decision was issued. The facility will make prompt efforts to resolve grievances. A review of the facility's policy, "Resident Council Meetings," revised 12/17/25 revealed the facility Shall act upon concerns and recommendation of the Council, make attempts to accommodate recommendations to the extent practical, and communicate its decisions to the Council. The Activity Director, or designated Liaison, shall assist the Resident Council with scheduling of meetings and meeting topics, upon request by the Council. A record review of the "Resident Council Meeting Minutes" dated January 1, 2026, revealed the	M0500					

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M0500	Continued from page 4 breakfast and supper were cold. The chicken breast and chicken legs are not cooked all the way. The fried chicken was cooked hard. The dietary resolution for January was a cook, and a defective base heater was replaced. The staff was in-serviced to temp (check the temperature) of the chicken at the thickest part of the chicken. February 2026, The Residents complained that the resolution for January was not effective because the food continues to be over and undercooked in February 2026. The resolution for February from dietary revealed they have instructed the staff to recommend an alternate from the "always available menu," if the residents have concerns about fried food. March 2026, Residents complained they are not getting the correct food that they ordered from always available menu. Example, if they order a ham sandwich, they will receive a hamburger. The dietary resolution is that the residents can choose from the regular menu or the always available menu. May 2026, the residents complained that the resolutions are not effective because the chicken is overcooked and they are not receiving what they ordered from the always available menu. The Dietary manager stated that he talked to the cooks about the cooking time for chicken tenders. June 2026 revealed residents repeatedly voiced concerns regarding food quality, food temperature. The residents stated their complaints have not been resolved because the food is terrible. In the meeting the minutes the residents also expressed concerns about room cleanliness, and housekeeping services March 2026, The housekeeping resolution revealed the resident's rooms will be cleaned and trash taken out daily for April 2026, and June 2026. The residents' state this has not been resolved because the staff do not clean their rooms are take out the trash on weekends. The meeting minutes revealed the same concerns that were discussed during multiple meetings. The records revealed interventions were discussed and corrective actions were implemented, but follow-up with the resident council to see if interventions put in place resolved the issues. On 6/29/26 at 3:00 PM, during an interview with Resident Council members attended by the Administrator, Residents reported they routinely complained during resident council meetings about cold food, poor food quality, and unclean and the rooms. The residents also reported the food was either undercooked or overcooked. Residents provide examples that baked chicken was undercooked and fried chicken was cooked too hard. The residents reported these concerns have been discussed for several months and they were told			M0500			

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M0500	Continued from page 5 that if they did not like the meal being served, they could order from the always available menu. The residents further reported that when concerns were brought directly to the Administrator, improvements occurred for a couple of weeks and then conditions returned to the same routine. The residents reported housekeeping staff would clean rooms on the day a complaint was made; however, housekeeping services were not consistently provided on weekends. The residents reported food quality and room cleanliness were worse on weekends. One resident reported requesting soup and receiving a can of soup from the kitchen. Several residents reported garbage cans were overflowing by Monday morning because housekeeping services were not provided on the weekends. On 6/29/26 at 3:15 PM, during an interview with the Activity Director (AD), the AD reported she attended Resident Council meetings and was aware residents had voiced concerns regarding food services and room cleanliness for several months. The AD reported she was unable to provide documentation demonstrating the concerns were resolved. The AD reported she communicated the residents' concerns to the Dietary Director and Housekeeping Director and that residents continued to complain about food quality and room cleanliness. The AD reported concerns were addressed; however, they had not been resolved. The AD further reported she typically read the department heads' responses back to the residents during Resident Council meetings. On 6/30/26 at 09:00 AM, during an interview with the Housekeeping Supervisor, the supervisor acknowledged residents had complained regarding cleanliness of resident rooms. The supervisor reported he believed the concerns had been corrected and focused on the residents who directly complained to him. The supervisor reported he was unaware additional residents continued to have the same concerns. On 6/30/26 at 10:00 AM, during an interview with the Dietary Manager, the Dietary Manager reported he was not aware residents continued to complain about the food. The Dietary Manager reported residents had not complained directly to him in over a year except for one resident who frequently requested menu items that were unavailable. The Dietary Manager reported that residents who did not like the meal being served could order from the always available menu. The Dietary Manager reported			M0500			

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M0500	Continued from page 6 he had not attended Resident Council meetings to discuss concerns with residents because he was unaware the concerns continued. On 7/1/16 at 09:00 AM Certified Nursing Assistant (CNA)# 6 explained that the residents have complained about the food being cold and one resident complains they never give him what he orders. If he orders a sandwich with chips. He will get the sandwich and no chips. If he orders two boxes of cereal. He will only get one. CNA #6 also stated that the residents complain about their rooms not being cleaned on the weekends. On 7/1/26 at 9:20AM, interview with CNA #7 explained that the residents have complained about the poor quality of food. The CNA #7 stated the residents complain of not getting what they requested, food is cold (mainly soup) and it's either not done or it's cooked too hard. The residents also complain about their rooms not being cleaned on weekends. The CNA #7 said she thinks the facility does not have enough housekeepers to clean all the rooms. On 7/1/26 at 1:00 PM, during an interview with the Administrator, the Administrator acknowledged the facility was expected to investigate resident grievances, implement corrective actions when indicated, and provide follow-up regarding concerns raised through the Resident Council process. The Administrator confirmed she was aware of the residents complaining about the food and the cleanliness of their rooms. The Administrator said she expected the department heads to resolve the complaints in a timely manner. Record review of Resident council Members: Resident #3 A record review of the facility Admission record revealed the resident was admitted on 12/27/2017 with a DX of Occlusion and Stenosis of right carotid artery. A record review of residents Annual Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 5/20/26 revealed a Brief Interview for Mental Status(BIMS) score of 15 which indicated cognitively intact.			M0500			

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M0500	Continued from page 7 Resident #8 A record review of the facility Admission record reveals the resident was admitted on 4/28/25 with a DX of Hypertension, and pain. A record review of residents' Annual MDS with an ARD of 4/22/26 revealed BIMS score of 11 which indicated cognitively intact. Resident #11 A record review of the facility Admission record revealed the resident was admitted on 7/2/2021 with a DX of Chronic Embolism and Thrombosis and Hypertension. A record review of resident's Quarterly MDS with an ARD of 4/1/26 revealed BIMS score of 15 which indicated cognitively intact. Resident #16 A record review of the facility Admission record revealed the resident was admitted on 8/6/25 with a DX of Chronic Kidney Disease with stage 1through stage 4 A record review of residents' Quarterly MDS with an ARD of 5/13/26 revealed BIMS score of 15 which indicated cognitively intact. Resident #23 A record review of the facility Admission record revealed the resident was admitted on 4/15/26 with a DX of spastic paraplegia and neurogenic bladder. A record review of residents' admission MDS with an ARD of 4/22/26 revealed BIMS score of 15 which indicated cognitively intact. Resident #24 A record review of the facility Admission record revealed the resident was admitted on 9/13/24 with a DX of Atrial Fibrillation A record review of residents' Quarterly MDS with an ARD of 6/10/26 revealed BIMS score of 15 which	M0500					

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M0500	Continued from page 8 indicated cognitively intact. Resident #33 A record review of the facility Admission record revealed the resident was admitted on 2/24/25 with a DX of Paraplegia A record review of residents' Quarterly MDS with an ARD of 3/25/25 revealed BIMS score of 15 which indicated cognitively intact. Resident #40 A record review of the facility Admission record revealed the resident was admitted on 4/17/26 with a DX of Fracture of unspecified part of left clavicle and heart failure. A record review of residents' Quarterly MDS with an ARD of 5/6/26 revealed BIMS score of 14 which indicated cognitively intact. Resident #44 A record review of the facility Admission record revealed the resident was admitted on 4/17/26 with a DX of Chronic Obstructive Pulmonary Disease (COPD). A record review of residents' Admission MDS with an ARD of 4/24/26 revealed BIMS score of 15 which indicated cognitively intact. Resident #47 A record review of the facility Admission record revealed the resident was admitted on 11/01/24 with a DX of heart failure and Hypertension. A record review of residents' Quarterly MDS with an ARD of 5/6/26 revealed BIMS score of 15 which indicated cognitively intact.	M0500					
M0815	45.29.1 Safe Food Handling Procedures Safe Food Handling Procedures. Food shall be prepared, held, and served according to current Mississippi State Department of Health Food Code Regulations. This LICENSURE REQUIREMENT is NOT MET as	M0815					

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M0815	Continued from page 9 evidenced by: Based on observation, interview, record review, and facility policy review, the facility failed to procure, store, and maintain food under sanitary conditions by failing to ensure opened food items were properly covered, labeled, dated, and discarded in accordance with facility policy and by failing to remove moldy and deteriorated fresh produce from refrigerated storage for one (1) of three (3) days of survey, with the potential to affect all residents who received food prepared by the dietary department. Findings include: A review of the facility's policy titled, "Food Storage", revealed "...Procedure...7.c. Date marking should be visible on all high-risk food to indicate the date ...ready-to-eat TCS (time/temperature control for safety) food should be consumed, sold, or discarded...12. Leftover food should be stored in covered containers or wrapped carefully and securely...clearly labeled and dated before being refrigerated. Leftover food must be used within 7 days or discarded as per the 2022 Federal Food Code...13.f. all food should be covered, labeled, and dated, and routinely monitored to assure that foods (including leftovers) will be consumed by their use by dates...or discarded...g. All foods should be stored to allow air circulation." On 06/28/2026 at 10:27 AM, during an observation and interview on the initial kitchen tour with the Dietary Manager (DM) #1, the following observations were made: one (1) opened pound cake, dated 06/19/2026, was stored with the food product exposed, was not repackaged or covered, and had not been discarded in accordance with the facility's seven-day policy after opening, Five (5) containers of fresh blueberries with visible mold were stored in a case that restricted adequate air circulation, and a (1) one-pound container of strawberries contained visible mold on the fruit. DM #1 observed the above findings and acknowledged the produce was deteriorated. During an interview, DM #1 stated dietary staff were responsible for monitoring opened food items to ensure they were properly covered, labeled, dated, and discarded in accordance with facility policy. She further stated dietary staff were responsible for monitoring fresh produce and removing spoiled items from storage. On 07/01/2026 at 2:36 PM, during a follow-up interview, DM #1 stated all food items were expected to be covered, labeled, dated, and discarded in accordance with facility policy. She stated			M0815			

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M0815	Continued from page 10 responsibility for monitoring food storage was shared among dietary staff and acknowledged accountability had not been consistently maintained. She reported plans to provide re-education and monitor staff compliance. On 07/01/2026 at 3:23 PM, during an interview, the Administrator stated the facility expected food items to be properly covered, labeled, dated, stored, and discarded in accordance with facility policy to maintain sanitary conditions and reduce the risk of foodborne illness. A record review of dietary staff in-service records dated 10/28/2025 and 10/31/2025 revealed staff received education regarding foodborne illness prevention, cross-contamination, food storage, and leftover food handling.		M0815				