

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 07/14/2026	
NAME OF PROVIDER OR SUPPLIER OXFORD HEALTH & REHAB CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 1301 BELK BOULEVARD , OXFORD, Mississippi, 38655			
(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 The State Agency (SA) conducted four (4) Complaint Investigations (CI S #2985700, CI MS #2998051, CI MS#3008252, and CI MS#3074799) at the facility from 7/13/26 through 7/14/26. During the survey, the SA determined that the facility was not in compliance with the requirements of the Mississippi Regulations for Minimum Standards for Institutions for the Aged or Infirm. M 500 was cited related to resident rights for CI MS#3074799. There were no citations for CI MS # 2985700, CI MS #2998051 or CI MS #3008252. Census at the time of the survey was 95 with a bed capacity of 120 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 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		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 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; 9. is assured security in storing personal possessions and confidential treatment of his		M0500				

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M0500	Continued from page 2 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 liberties including the right to independent personal decisions and knowledge of available choice. The facility shall encourage and assist in the fullest			M0500			

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M0500	Continued from page 3 exercise of these rights. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Level II Based on observation, staff and resident interview, record review, and facility policy review the facility failed to protect resident rights from misappropriation of property for one (1) of three (3) residents reviewed for misappropriation when a housekeeping employee took the resident's debit card from his room and used it to make unauthorized purchases. Resident #2 Findings included: A record review of the facility policy, titled, "Abuse, Neglect and Exploitation", revealed "Policy: This facility's policy is to protect each resident's health, welfare and rights by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect, exploitation and misappropriation of resident property..." A record review of the facility's investigation revealed that on 7/9/26, the Social Worker (SW) was notified that Resident #2 reported his debit card was missing. The SW interviewed the resident, who stated unauthorized charges had been made to his account. With the resident's permission, staff searched his room but were unable to locate the debit card. The resident contacted his financial institution and was informed the card had been used the previous day at a local gas station and grocery store. A police report was filed, and the bank stopped the pending transactions. On 7/10/26, law enforcement provided surveillance photographs from the grocery store identifying Housekeeper #1, an employee of the facility's contracted housekeeping services provider, as the individual using the resident's debit card. The contracted employee was immediately terminated, law enforcement continued its criminal investigation, and the facility re-educated all employees and contracted staff regarding abuse, neglect, and misappropriation of resident property. On 7/14/26 at 11:00 AM, during an interview with Resident #1, he confirmed his debit card had been taken from his room and used without his permission at a local gas station and grocery store for purchases totaling \$181.51. Observation of the surveillance photographs with the Director of Nursing (DON) on 7/14/26 at 11:15 AM,			M0500			

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M0500	Continued from page 4 she confirmed the individual depicted using the resident's debit card was Housekeeper #1. An interview with the Housekeeping Supervisor confirmed that Housekeeper #1's employment was terminated immediately after she was identified as the perpetrator. A record review of the "Admission Record" revealed the facility admitted Resident #2 on 6/5/25, with a diagnosis of Type II Diabetes Mellitus. A record review of the Minimum Data Set (MDS) Assessment, with an Assessment Reference Date (ARD) of 6/3/26 revealed Resident #2 had a Brief Interview for Mental Status (BIMS) score of 15 indicating that he was cognitively intact.			M0500			