

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 07/16/2026	
NAME OF PROVIDER OR SUPPLIER HILLCREST NURSING CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 1401 FIRST AVENUE NORTHEAST , MAGEE, Mississippi, 39111			
(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 and Complaint Investigation (CI MS #2993411) at the facility from 7/13/26 through 7/16/26. CI MS #2993411 was investigated for allegations of staff providing illicit drugs to residents and there were no citations regarding the 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 requirement and cited M225, M500, M815, and M955.						
M0225	45.4.1 Nursing Facility Nursing Facility. To be classified as a facility, the institution shall comply with the following staffing requirements: 1. Minimum requirements for nursing staff shall be based on the ratio of two and eight-tenths (2.80) hours of direct nursing care per resident per twenty-four (24) hours. Staffing requirements are based upon resident census. Based upon the physical layout of the nursing facility, the licensing agency may increase the nursing care per resident ratio. 2. Each facility shall have the following licensed personnel as a minimum: a. Seven (7) day coverage on the day shift by a registered nurse. b. A registered nurse designated as the Director of Nursing Services, who shall be employed on a full time (five [5] days per week) basis on the day shift and be responsible for all nursing services in the facility. c. Facilities of one-hundred eighty (180) beds or more shall have an assistant director of nursing services, who shall be a registered nurse.			M0225			

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE
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M0225	Continued from page 1 d. A registered nurse or licensed practical nurse shall serve as a charge nurse and be responsible for supervision of the total nursing activities in the facility during the 7:00 a.m. to 3:00 p.m. and 3:00 p.m. to 11:00 p.m. shift. The nurse assigned to the unit for the 11:00 p.m. to 7:00 a.m. shift may serve as both the charge nurse and medication/treatment nurse. A medication/treatment nurse for each nurses' station shall be required on all shifts. This shall be a registered nurse or licensed practical nurse. e. In facilities with sixty (60) beds or less, the director of nursing services may serve as charge nurse. f. In facilities with more than sixty (60) beds, the charge nurse may not be the director of nursing services or the medication/treatment nurse. 3. Non-Licensed Staff. The non-licensed staff shall be added to the total licensed staff, to complete the required staffing requirements. 4. There shall be at least two (2) employees in the facility at all times in the event of an emergency. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Level II Based on interview, record review, and facility policy review, the facility failed to ensure the nursing staff had a ratio of 2.8 hours of direct nursing care per resident per twenty-four (24) hours for two (2) of 13 days reviewed in the Second Quarter (January, February, and March) of 2026). Findings include: A record review of the facility's policy, "Nursing Services - Staffing," with a revision date of 02/2026, revealed, "...The facility will comply with established staffing requirements by the individual state governing agencies..." A record review of the "PBJ (Payroll Based Journal) Data Report for the Fiscal Year Quarter 2 2026 (January – March 31) revealed the facility's "Metric" for "Excessively Low Weekend Staffing" resulted in "Triggered" which indicated the submitted weekend	M0225					

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M0225	Continued from page 2 staffing data submitted by the facility was excessively low. A record review of the "Staffing Grid" completed by the facility revealed that on 2/7/26, the staffing ratio was 2.63 and on 3/21/26 the staffing ratio was 2.7 which were below the state requirement of 2.8. During an interview on 7/15/26 at 1:50 PM, the Administrator stated reports for 2/7/26 and 3/21/26 failed to generate email notifications to alert him that the facility fell below the 2.8 staffing ratio. He confirmed the facility did not meet its established staffing level of 2.8 nursing hours per resident day on those dates.	M0225					
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					

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M0500	Continued from page 3 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 4 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: Level II	M0500					

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M0500	Continued from page 5 Based on observation, interview, record review, and facility policy review, the facility failed to ensure the resident's right to dignity by entering the residents' room without knocking for one (1) of eighteen (18) residents sampled. Resident #20. Findings include: A review of the facility's policy, "Dignity and Respect", revised 07/22, revealed "A facility must treat each resident with respect and dignity...The facility shall protect the rights of the resident...6. All staff, regardless of department, should knock and wait for a response before entering any resident's room..." On 07/13/2026 at 2:08 PM, during an observation of the residents' halls, Certified Nursing Assistant (CNA) #1 entered Resident #20's room twice without knocking on her door. On 07/13/2026 at 2:15 PM, during an interview with CNA #1, she confirmed that she entered Resident #20's room twice without knocking. CNA #1 stated the facility's protocol for entering residents' rooms is to knock, announce self, and explain the care to be administered. CNA #1 reported the purpose of knocking is to announce oneself before entering. On 07/15/2026 at 8:46 AM, during an interview with the Director of Nursing (DON) she was made aware of CNA #1 entering Resident #20s room twice without knocking on her door. The DON confirmed that the facility's protocol for entering a resident's room is for the staff to knock before entering, introduce themselves, announce the care to be performed. The DON added that the staff are to further ensure privacy by pulling the curtain and closing the door. The DON reported that the purpose of knocking on a resident's door prior to entrance is to respect the residents' privacy. The DON affirmed that her expectation for the staff is that they will honor the residents' privacy and knock before entering their rooms. A record review of the "Face Sheet" revealed the facility admitted Resident #20 on 05/28/2002 with diagnoses including Cerebral Infarction. A record review Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 07/02/2026 revealed Resident #20 had a Brief Interview for Mental Status (BIMS) score of 03 indicating severe cognitive impairment.		M0500				

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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 evidenced by: Level II Based on observation, interview, record review, and facility policy review, the facility failed to store food in accordance with professional standards by not removing expired food product, and not labeling or dating opened or prepared food items for one (1) of two (2) kitchen observations. Findings include: A review of the facility's policy, "Food Storage Labeling," revised 8/12, revealed, "Policy: The facility will ensure the safety and quality of food by adhering to proper storage and labeling procedures. Procedure: 1. Labeling a. All temperature-controlled foods and ready-to-eat foods that are prepared in the facility and held for longer than twenty-four hours will be labeled. Information included on the label: Name of the Food...Date of storage...3. Rotation...b. Foods stored in storage units will be surveyed routinely to identify and discard foods that have passed its manufacturer use-by date or expiration date..." On 7/13/2026 at 10:30 AM, during an observation and interview with the Dietary Manager (DM) in the kitchen, there was one (1) opened bag of breaded okra stored in the freezer that was not labeled. The milk refrigerator contained one (1) pitcher of tea without a preparation or discard date, (1) one covered plastic glass containing milk without a date, and two (2) half-pint cartons of milk with an expiration date of 7/12/2026. The DM explained the milk vendor instructed the facility to keep the expired milk in the refrigerator until the facility received credit for the products. The walk-in freezer had one (1) opened bag of breaded chicken patties that was not labeled with the date it was opened. On 7/14/2026 at 11:00 AM, the DM stated all opened food items should be properly closed and dated when opened to ensure they remained within safe-use periods. She stated expired food items should be discarded because spoiled food could cause residents to become ill. She confirmed pitchers of tea should be dated to prevent spoilage			M0815			

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M0815	Continued from page 7 During an interview on 7/15/2026 at 11:15 AM, the Nursing Home Administrator (NHA) stated that improperly labeled or expired foods presented a health hazard and could cause residents to become ill. He confirmed he discussed the expired milk with the DM and the milk vendor. He explained expired products must be removed immediately and should not be stored with food available for resident use. The NHA stated the DM and dietary staff were responsible for ensuring foods were properly labeled, dated, monitored, and stored.		M0815				
M0955	45.33.1 Water Supply Water Supply. 1. If at all possible, all water shall be obtained from a public water supply. If not possible to obtain water from a public water supply source, the private water supply shall meet the approval of the local county health department and/or the Mississippi State Department of Health. 2. Water under pressure sufficient to operate fixtures at the highest point during maximum demand periods shall be provided. Water under pressure of at least fifteen (15) pounds per square inch shall be piped to all sinks, toilets, lavatories, tubs, showers, and other fixtures requiring water. 3. It is recommended that the water supply into the facility can be obtained from two (2) separate water lines if possible. 4. A dual hot water supply shall be provided. The temperature of hot water to lavatories and bathing facilities shall not exceed one hundred fifteen (115) degrees Fahrenheit, nor shall hot water be less than one hundred (100) degrees Fahrenheit. 5. Each facility shall have a written agreement for an alternate source of potable water in the event of a disruption of the normal water supply. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, record review, and policy review, the facility failed to ensure a resident's right to comfortable hot water		M0955				

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M0955	Continued from page 8 temperatures for one (1) of three (3) resident rooms reviewed, (Resident #53). Findings include: A review of the facility's document entitled "Water Temperature" revised 08/00, revealed, "Procedure: The temperature of hot water at plumbing fixtures used by residents shall not exceed 115 degrees Fahrenheit and no less than 100 degrees Fahrenheit." On 7/13/2026 at 12:30 PM, during an interview and observation, Resident #53 was seated in a wheelchair. Resident #53 explained the hot water at the bathroom sink did not get hot. The resident stated the Maintenance Director had been informed of the problem, but it had been corrected. The hot water was turned on for two (2) minutes and was lukewarm. Resident #53 stated the water always had to run for a long time before it became slightly warm or at a comfortable temperature. On 7/14/2026 at 9:27 AM, during an observation and interview, with the Maintenance Director, the water temperature was measured with a thermometer at 98.2 degrees after running for two (2) minutes, which was below 100 degrees Fahrenheit. The Maintenance Director explained he believed the thermostat on the water heater was causing low water temperatures. He reported a plumber had been contacted to evaluate the system and acknowledged the facility had experienced previous problems with the water heaters. During an interview on 7/15/2026 at 11:30 AM, the Nursing Home Administrator stated the Maintenance Director informed him of the out-of-range temperatures identified on 7/14/2026. The Administrator stated he instructed the Maintenance Director to increase the thermostat setting on the water heater. The Administrator acknowledged that water temperatures outside the facility's acceptable range could cause resident discomfort and stated the facility would continue monitoring water temperatures. A record review of the "Face Sheet" revealed Resident #53 was admitted by the facility on 1/7/2026 with diagnoses including Type 2 Diabetes Mellitus. A record review of the Quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 6/5/2026, revealed Resident #53 had a Brief Interview for Mental Status (BIMS) score of 14,			M0955			

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M0955	Continued from page 9 indicating the resident was cognitively intact.			M0955			