

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255149		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 07/16/2026	
NAME OF PROVIDER OR SUPPLIER BEDFORD CARE CENTER OF PETAL				STREET ADDRESS, CITY, STATE, ZIP CODE 908 S GEORGE STREET , PETAL, Mississippi, 39465			
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F0000	INITIAL COMMENTS The State Agency (SA) conducted an annual recertification survey at the facility from 7/13/26 through 7/16/26. During the survey, the SA determined the facility was not in compliance with the requirements of participation in Medicare and Medicaid and cited F812 and F641. The facility had a census of 55 and was licensed for 60 beds.			F0000			
F0812 SS = E	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is NOT MET as evidenced by: Based on observations, interviews, record review, and facility policy review, the facility failed to maintain food under sanitary conditions by failing to ensure prepared and opened food items were			F0812			

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE
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F0812 SS = E	Continued from page 1 properly packaged, sealed, labeled, and dated in accordance with facility policy for one (1) of four (4) kitchen observations. Findings include: A review of the facility's policy titled, "Food Receiving and Storage," reviewed 10/03/2022, revealed, "...Foods shall be received and stored in a manner that complies with safe food handling practices... Policy Interpretation and Implementation... 7. All foods stored in the refrigerator or freezer will be covered, labeled, and dated... 13. Foods that have been cooked and are to be stored will be labeled and dated. They will be used or discarded within three (3) days..." On 07/13/2026 at 5:45 PM, during an initial kitchen observation and interview with Head Cook (DD #1), the State Agency (SA) observed multiple food storage concerns. In Freezer #2, cooked ribs dated 06/29/2026 were loosely wrapped in aluminum foil rather than securely packaged. In Refrigerator #3, five prepared sandwiches were stored without dates or labels. In the dry storage room, an opened package of taco seasoning dated 07/05/2026 was rolled closed but not securely sealed, an opened container of grape drink mix was not resealed, and an opened package of yellow cake mix was not securely closed or repackaged. During the interview, DD #1 stated prepared foods should be covered, securely packaged, labeled, and dated before storage. DD #1 further stated dietary staff were responsible for ensuring opened food items were properly resealed or repackaged and appropriately labeled and dated after opening. A record review of dietary staff in-service records dated 12/22/2025 revealed staff received education regarding food safety. On 07/15/2026 at 11:55 AM, during an interview, the Dietary Manager (DD #2) stated dietary staff were expected to store and label food items in accordance with regulatory requirements and confirmed all dietary staff shared responsibility for maintaining proper food storage practices. On 07/16/2026 at 1:45 PM, during an interview, the Director of Nursing (DON) stated she expected dietary staff to properly package, label, date, and store food items in accordance with federal regulations to reduce the risk of food contamination and foodborne illness. On 07/16/2026 at 2:30 PM, during a post-exit			F0812			

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F0812 SS = E	Continued from page 2 interview, the Administrator stated she expected dietary staff to properly package, seal, label, date, and store food items to maintain sanitary conditions and protect residents from foodborne illness.	F0812					
F0641 SS = D	Accuracy of Assessments CFR(s): 483.20(g)(h)(i)(j) §483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. §483.20(h) Coordination. A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals. §483.20(i) Certification. §483.20(i)(1) A registered nurse must sign and certify that the assessment is completed. §483.20(i)(2) Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment. §483.20(j) Penalty for Falsification. §483.20(j)(1) Under Medicare and Medicaid, an individual who willfully and knowingly- (i) Certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$1,000 for each assessment; or (ii) Causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty or not more than \$5,000 for each assessment. §483.20(j)(2) Clinical disagreement does not constitute a material and false statement. This REQUIREMENT is NOT MET as evidenced by: Based on observations, interviews, record review, and facility policy review, the facility failed to ensure the accuracy of Minimum Data Set (MDS) assessments by incorrectly coding feeding tube status for one (1) resident and weight loss status for two (2) residents, for three (3) of (14) MDS	F0641					

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F0641 SS = D	Continued from page 3 assessments reviewed (Residents #10, #29, and #34). Findings include: A record review of the facility policy titled, "Resident Assessment Instrument" with revised date 6/17/22 revealed "... A comprehensive assessment of a resident's needs shall be made upon the resident's admission and periodically as mandated by the OBRA (Omnibus Budget Reconciliation Act) and Medicare guidelines. Policy Interpretation and Implementation: ... 6. Dietary to complete and enter into computer system MDS (Minimum Data Set) sections K, V, and Z... 8. Each discipline will use the computerized audit system for their assigned section of MSD as section is completed. Any flags for this MDS section will be reviewed and resolved prior to submission of the MDS to ensure accuracy of MDS. Additional audits will be completed by facility through weekly quality assurance meetings to review MDS's and complete the triple check process to assure accuracy of MDS...10. Information derived from the comprehensive assessment enables the staff to plan care that allows the resident to reach his/her highest practicable level of functioning... 14. All persons who have completed any portion of the MDS Resident Assessment Form MUST sign such document attesting to the accuracy of such information..." Resident #10 On 07/13/2026 at 7:51 PM, during an interview and observation, the State Agency (SA) observed Resident #10 lying in bed with head of bed elevated and a syringe used for enteral feeding was hanging from a pole adjacent to the resident's bed. During an interview Resident #10 stated she had a feeding tube and receives feeding during the day. On 07/13/2026 at 8:46 PM, during an interview, Licensed Practical Nurse (LPN)#1 stated Resident #10 experienced a decline in condition with poor oral intake several months earlier, resulting in placement of the feeding tube. On 07/14/2026 at 3:05 PM, during an interview, LPN #2 stated that Resident #10 did not receive any bolus feeding that day and only received routine feeding tube flushes. On 7/16/26 at 10:46 AM and again at 12:45 PM, during an interview, Dietary Manager (DD #2) reviewed the MDS assessments and acknowledged the weight loss coding for Residents #29 and #34 was coded incorrectly. DD #2 confirmed Resident			F0641			

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F0641 SS = D	Continued from page 4 #29 met the criteria for significant weight loss and should have been coded accordingly, while Resident #34 did not meet the weight loss criteria. On 07/16/2026 at 1:21 PM, during an interview with Dietary Department #1, she confirmed that she completes Section K of the residents' MDS and collects her information from weights, physician orders, and meal intakes. She confirmed Resident #10 had an existing feeding tube, although the resident had not required bolus feeding because oral intake had improved. She acknowledged the presence of the feeding tube should have been coded on the MDS and stated the omission was an error. On 07/16/2026 at 2:00 PM, during an interview, MDS Nurse (LPN #3) stated each discipline was responsible for accurately completing its assigned MDS section. She acknowledged completed sections were not routinely verified once staff became experienced and confirmed Resident #10's feeding tube should have been coded on the MDS. On 7/16/26 at 2:00 PM, during an interview, the Director of Nursing (DON) stated each department was responsible for ensuring the accuracy of the MDS sections assigned to them and expected questionable information to be communicated and resolved through the interdisciplinary assessment process before the MDS was submitted. On 07/16/2026 at 2:05 PM, during an interview, the Interim Administrator stated she expected each section of the MDS to accurately reflect the resident's current condition and expected assessments to be verified for accuracy prior to submission. On 7/16/26 at 2:25 PM, during an interview, MDS Nurse (LPN #3) for Residents #29 and #34 revealed each department was responsible for completing MDS sections and acknowledged she did not routinely verify coding completed by other disciplines after staff became experienced. LPN #3 reported the need to manually verify weight data due to potential inaccuracies in the electronic system. A record review of Resident #10's "Admission Record" revealed the facility admitted the resident on 2/11/25 with the diagnoses including Personal History of Transient Ischemic Attack (TIA), And Cerebral Infarction Without Residual Deficits and Moderate Protein-Calorie Malnutrition. A record review of Resident #10's "Order Summary			F0641			

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F0641 SS = D	Continued from page 5 Report" revealed orders for Physician orders for LCS (Low Concentrated Sweets) NAS (No Added Salt) diet, Regular texture, Regular Consistency, Finger foods, with start date 5/12/26. Enteral Feed Order after meals and at bedtime Diabeta Source - 1can (250ml (milliliters)) if resident consumes 50% (percent) or less of a meal, with start date 5/12/26". A record review of Resident #10's Quarterly MDS with an Assessment Reference Date (ARD) of 6/19/26 revealed a Brief Interview for Mental Status (BIMS) Summary Score of 2, which indicated severe cognitive impairment. Review of Section K revealed...K0520 Nutritional Approaches... B. Feeding tube (e.g., nasogastric or abdominal (PEG) (Percutaneous Endoscopic Gastrostomy)) had no documentation and K0710 Percent Intake by Artificial Route A. and B. had no documentation, despite documentation and staff interviews confirming the resident had an existing feeding tube. Resident #29 A record review of Resident #29's "Admission Record" revealed the facility admitted the resident on 2/17/2025 with diagnoses including Atherosclerotic Heart Disease of Native Coronary Artery without Angina Pectoris. A record review of the Quarterly MDS with an ARD of 5/26/2026 revealed Section C1000 Cognitive Skills for Daily Decision Making was coded 3. severely impaired and Section K0300 Weight Loss (loss of 5% or more in the last month or loss of 10% or more in the last 6 months was coded "No" indicating the resident had not experienced significant weight loss, despite documented weight losses meeting MDS coding criteria. A record review of the "Mini Nutritional Health Assessment" dated 5/28/2026 revealed the resident had weight loss greater than 3kg (kilograms) (6.6 lbs (pounds)) in the last three months. A record review of Resident #29's "Weights and Vitals Summary" revealed the following documented weights: 12/8/2025 160 pounds 1/5/2026 166 pounds 2/6/2026 151 pounds 6/9/2026 139 pounds			F0641			

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F0641 SS = D	Continued from page 6 Record review of documented weights revealed Resident #29 experienced a 15-pound (9.04%) weight loss between 01/05/2026 and 02/06/2026 and a 21-pound (13.12%) weight loss between 12/08/2025 and 06/09/2026, meeting the MDS criteria for significant weight loss. A record review of the "Order Summary Report" revealed Physician Orders for NAS (No Added Salt) diet, pureed texture, regular consistency dated 2/17/25. A record review of the "Care Plan Report" for Resident #29 revealed interventions to monitor weight closely for gain and loss. Resident #34 A record review of Resident #34's "Admission Record" revealed the facility admitted the resident on 2/14/2024 with the diagnoses of Type 2 Diabetes Mellitus without Complications. A record review of the Quarterly MDS with an ARD of 5/8/2026 revealed a BIMS score of 3, indicating severe cognitive impairment. Section K0300 Weight Loss indicated weight loss of 5% or more in one month or 10% in six months, which was inaccurate. A record review of Resident #34's "Weights and Vitals Summary" revealed the following documented weights: 12/8/2025 116 pounds 2/3/2026 118 pounds 5/3/2026 120 pounds 6/7/2026 120 pounds 7/10/2026 117.6 pounds Record review of documented weights revealed Resident #34 did not experience a 5% weight loss in one month or a 10% weight loss in six months. A record review of the "Order Summary Report" for Resident #34 revealed Active Physician orders for LCS (Low Concentrated Sweets) NAS diet, chopped meats texture, regular consistency, dated 6/24/26 and NSA (No Sugar Added) Med Pass Supplement two times a day for weight loss dated 6/20/26. A record review of the "Care Plan Report" for Resident #34 revealed interventions to monitor			F0641			

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