

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255097		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 07/21/2026	
NAME OF PROVIDER OR SUPPLIER CARE CENTER OF ABERDEEN				STREET ADDRESS, CITY, STATE, ZIP CODE 505 JACKSON ST , ABERDEEN, Mississippi, 39730			
(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	
F0000	INITIAL COMMENTS The State Agency (SA) conducted a Complaint Investigation (CI MS #3023726) at the facility from 7/20/2026 through 7/21/2026. During the survey, the SA determined the facility was not in compliance with the requirements of participation in Medicare and Medicaid. CI MS #3023726 was investigated and F580 was cited. The facility had a census of 90 and was licensed for 105 beds.		F0000				
F0580 SS = D	Notify of Changes (Injury/Degrade/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician.		F0580				

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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F0580 SS = D	Continued from page 1 (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is- (A) A change in room or roommate assignment as specified in §483.10(e)(6); or (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section. (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s). §483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is NOT MET as evidenced by: Based on record review, staff and family interviews, and facility policy review, the facility failed to ensure the Resident Representative (RR) was notified timely of a significant change in condition requiring the initiation of treatment for one (1) of four (4) sampled residents. Resident #1. This failure resulted in the resident representative not being informed that the resident developed three (3) new Stage II pressure injuries and that treatment had been initiated. Findings Include: Record review of facility policy titled "Change In Resident Medical Status" with review date of 3/26 revealed "...A facility must immediately inform the resident, consult with the resident's physician, and notify, consistent with his or her authority, the resident representative(s), when there is - ... A need to alter treatment significantly (that is a need to discontinue or change an existing treatment due to adverse consequences, or to commence a new form of treatment)..." During an interview on 7/20/2026 at 3:00 PM, the	F0580					

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F0580 SS = D	Continued from page 2 Treatment Nurse stated nursing staff reported skin concerns on 5/7/2026 with Resident #1. She stated she assessed Resident #1, identified and staged three (3) Stage II pressure injuries, and initiated treatment. She further stated that she did not notify the RR of the newly developed pressure injuries or treatment because she believed the Nursing Supervisor was responsible for notifying the RR. During an interview on 7/20/2026 at 3:10 PM, the Nursing Supervisor stated she did not notify Resident #1's RR of the newly developed pressure injuries or treatment because she believed the Treatment Nurse was responsible for notifying the RR of treatment-related orders. During an interview on 7/20/2026 at 3:39 PM, the Director of Nursing (DON) stated it was the facility's expectation that the RR be notified whenever a resident experiences a change in condition. He confirmed the RR should have been notified when Resident #1 developed the Stage II pressure injuries and treatment was initiated. During a telephone interview on 7/21/2026 at 8:47 AM the RR stated that she did not receive a phone call or any other notification informing her that Resident #1 had developed pressure injuries or that treatment had been initiated. Record review of a "Progress Note - Skin Issues" with effective date of 5/7/2026 revealed nursing documentation of 3 new in-house Stage II pressure injuries located on the coccyx, right rear thigh, and right gluteus. The documentation included wound measurements and treatment orders for each wound. Record review revealed no documentation that Resident #1's representative was notified of the newly developed pressure injuries or initiation of treatment. Record review of "Face Sheet" revealed Resident #1 was admitted to the facility on 4/16/2025 with a medical diagnosis of "Unspecified Intracranial Injury with Loss of Consciousness of Unspecified Duration, Initial Encounter." Record review of Resident #1's Minimum Data Set (MDS) with Assessment Reference Date (ARD) of 5/12/2026 revealed a blank Brief Interview for Mental Status (BIMS) summary score indicating the resident does not have the ability to be interviewed.			F0580			