

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255110		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 07/23/2026	
NAME OF PROVIDER OR SUPPLIER MS CARE CENTER OF ALCORN COUNTY, INC-SNF				STREET ADDRESS, CITY, STATE, ZIP CODE 3701 JOANNE DRIVE , CORINTH, Mississippi, 38834			
(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 two (2) Complaint Investigations (CI MS #3049401 and CI MS #3029615) at the facility on 7/22/2026 through 7/23/2026. CI MS #3049401 was investigated for insufficient staffing and pest control. MS #3029615 was investigated for transfer and documentation with no deficiencies cited. During the survey, the SA determined the facility was not in compliance with the requirements of participation in Medicare and Medicaid and F550 was cited related to CI MS #3049401. The facility held a license for 119 beds, with a census of 88 at the time of the survey.			F0000			
F0550 SS = D	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. §483.10(b) Exercise of Rights.			F0550			

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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F0550 SS = D	Continued from page 1 The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States. §483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility. §483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, record review, and facility policy review, the facility failed to ensure residents were treated with dignity by providing timely responses to requests for assistance for two (2) of two (2) residents interviewed regarding call light response (Residents #2 and #3) and for one (1) of 55 occupied rooms observed (Room 417). This failure resulted in prolonged delays in responding to call lights and residents reporting repeated waits for assistance with toileting and incontinence care. Findings Include: Record review of facility policy titled "Call System" dated October 2022 revealed, "...2. All employees shall respond to a nurse call system in a prompt, efficient, and courteous manner within 5-7 minutes..." Record review of facility policy titled "Resident Rights Policy" with revision date of 9/2022 revealed, "...Facility will ensure the resident has the right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility..." During an interview on 7/22/2026 at 10:30 AM, Resident #3 stated that she often has to wait 30 minutes or longer for staff to respond to her call light. She stated staff sometimes come in and turn the call light off but do not provide the assistance she needs, requiring her to activate the call light again. She stated she is a "heavy wetter" and relies on staff to respond to her call light for assistance with changing her brief.			F0550			

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F0550 SS = D	Continued from page 2 During an interview on 7/22/2026 at 11:58 AM, Resident #2 stated that she had recently waited an hour and a half for staff to respond to her call light to change her soiled brief. She stated she frequently soils herself because staff take too long to answer her call light. Resident #2's daughter and niece were present during the interview and stated that approximately one month earlier, Resident #2 activated her call light at approximately 10:00 AM, but staff did not respond until after lunch. Resident #2's niece further stated she had visited the facility on numerous occasions and had not observed staff enter the resident's room during her visits. She stated her visits typically last three hours or longer. During an observation on 7/22/2026 beginning at 2:21 PM, the call light outside Room 417 was visible and turned on and the call light system at the nurses' station was making an audible sound. During the observation, at least five (5) staff members, including licensed nurses and Certified Nursing Assistants (CNAs), walked past Room 417 without responding to the call light. One CNA exited another resident room, placed soiled linen in a nearby linen barrel, and continued down the hallway without responding to the sounding call light. Two (2) licensed nurses exited another resident room, walked past Room 417, and did not respond. Additionally, three (3) licensed nurses and one (1) CNA were observed at the nurses' station while the call light system continued to sound. No staff member responded to the call light for approximately 15- 20 minutes. During an interview on 7/23/2026 at 12:17 PM, the Director of Nursing (DON) stated it is her expectation that staff respond to call lights promptly in accordance with facility policy. She stated that all staff are responsible for answering call lights, regardless of their department or job title. She further stated that if a staff member is unable to provide the assistance requested, they are expected to determine the resident's needs and immediately notify or obtain the appropriate staff member to provide the necessary assistance. The DON confirmed that staff should not walk past an unanswered call light and that the call light should have been answered in a timely manner. Record review of "Admission Record" revealed Resident #2 was admitted to facility on 5/31/2022 and had diagnoses of Other Fracture of Shaft of Right Femur, Subsequent Encounter for Closed Fracture with Routine Healing, Unspecified Abnormalities of Gait and Mobility, and Muscle			F0550			

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F0550 SS = D	Continued from page 3 Weakness (Generalized). Record review of the Minimum Data Set (MDS) with Assessment Reference Date (ARD) of 5/5/2026 revealed a Brief Interview for Mental Status (BIMS) summary score of 15, indicating Resident #2 was cognitively intact. Record review of "Admission Record" revealed Resident #3 was admitted to facility on 2/23/2026 and had diagnoses of Urinary Tract Infection, Site Not Specified and Type 2 Diabetes Mellitus Without Complications. Record review of the MDS with ARD of 5/31/2026 revealed a BIMS summary score of 15, indicating Resident #3 as cognitively intact.			F0550			