

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 07/30/2026	
NAME OF PROVIDER OR SUPPLIER QUITMAN COUNTY HEALTH & REHAB LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 350 GETWELL DRIVE , MARKS, Mississippi, 38646			
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M0000	Initial Comments The State Agency (SA) conducted an Annual Re-licensure survey along with one (1) Complaint Investigation (CI MS#3095226) at the facility from 7/28/26 - 7/30/26. During the survey, the SA determined the facility was not in compliance with the Mississippi Regulations for Minimum Standards for Institutions for the Aged or Infirm. The SA identified non-compliance and cited M640 for CI MS#3095226 related to Accidents. The SA also cited M475 and M630. The census at the time of the survey was 49 and the facility is licensed for 60 beds.		M0000				
M0475	45.16.6 Employee Testing for Tuberculosis Employee Testing for Tuberculosis 1. Each employee, upon employment of a licensed entity and prior to contact with any patient/resident, shall be evaluated for tuberculosis by one of the following methods: a. IGRA (blood test) and an evaluation of the individual for signs and symptoms of tuberculosis by medical personnel; or b. A two-step Mantoux tuberculin skin test administered and read by a licensed medical/nursing person certified in the techniques of tuberculin testing and an evaluation of the individual for signs and symptoms of tuberculosis by a licensed Physician, Physician ' s Assistant, Nurse Practitioner or a Registered Nurse. 2. The IGRA/Mantoux testing and the evaluation of signs/symptoms may be administered/conducted on the date of hire or administered/read no more than 30 days prior to the individual ' s date of hire; however, the individual must not be allowed contact with a patient or work in areas of the facility where patients have access until receipt of the results of the IGRA/assessment or at least the first of the two-step Mantoux test has been administered,/read		M0475				

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE
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M0475	<p>Continued from page 1 and assessment for signs and symptoms completed.</p> <p>3. If the Mantoux test is administered, results must be documented in millimeters. Documentation of the IGRA/TB skin test results and assessment must be documented in accordance with accepted standards of medical/nursing practice and must be placed in the individual 's personnel file no later than 7 days of the individual 's date of employment. If an IGRA is performed, results and quantitative values must be documented.</p> <p>4. Any employee noted to have a newly positive IGRA, a newly positive Mantoux skin test or signs/symptoms indicative of tuberculin disease (TB) that last longer than three weeks (regardless of the size of the skin test or results of the IGRA), shall have a chest x-ray interpreted by a board certified Radiologist and be evaluated for active tuberculosis by a licensed physician within 72 hours. The employee shall not be allowed to work in any area where residents have routine access until evaluated by a physician/nurse practitioner/physician assistant and approved to return. Exceptions to this requirement may be made if the employee is asymptomatic and;</p> <p>a. The individual is currently receiving or can provide documentation of having received a course of tuberculosis prophylactic therapy approved by the Mississippi State Department of Health (MSDH) Tuberculosis Program for tuberculosis infection, or</p> <p>b. The individual is currently receiving or can provide documentation of having received a course of multi-drug chemotherapy approved by the MSDH Tuberculosis Program; or</p> <p>c. The individual has a documented previous significant tuberculin skin reaction or IGRA reaction.</p> <p>4. For individuals noted to have a previous positive to either Mantoux testing or the IGRA, annual re-evaluation for the signs and symptoms must be conducted and must be maintained as part of the employee 's annual health screening. A follow-up annual chest x-ray is NOT required unless symptoms of active tuberculosis develop.</p>			M0475			

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M0475	<p>Continued from page 2</p> <p>5. If using the Mantoux method, employees with a negative tuberculin skin test and a negative symptom assessment shall have the second step of the two-step Mantoux tuberculin skin test performed and documented in the employees ' personal record within fourteen (14) days of employment.</p> <p>6. The IGRA or the two-step protocol is to be used for each employee who has not been previously skin tested and/or for whom a negative test cannot be documented within the past 12 months. If the employer has documentation that the employee has had a negative TB skin test within the past 12 months, a single test performed thirty (30) days prior to employment or immediately upon hire will fulfill the two-step requirements. As above, the employee shall not have contact with residents or be allowed to work in areas of the facility to which residents have routine access prior to reading the skin test, completing a signs and symptoms assessment and documenting the results and findings.</p> <p>7. All staff noted as negative per the IGRA blood test or who do not have a significant Mantoux tuberculin skin test reaction (reaction of less than 5 millimeters in size) shall be retested annually within thirty (30) days of the anniversary of their last IGRA or Mantoux tuberculin skin test. Staff exposed to an active infectious case of tuberculosis between annual tuberculin skin tests shall be treated as contacts and be managed appropriately. Individuals found to have a significant Mantoux tuberculin skin test reaction and a chest x-ray not suggestive of active tuberculosis, shall be evaluated by a physician or nurse practitioner/physician assistant for treatment of latent tuberculin infection.</p> <p>This LICENSURE REQUIREMENT is NOT MET as evidenced by:</p> <p>Level IIBased on staff interviews, record review, and facility policy review, the facility failed to ensure newly hired employees received the required two-step tuberculosis (TB) screening prior to employment. Review of employee health records revealed five (5) of 5 newly hired employees had documentation of only one TB skin test rather than the required two-step baseline screening, as required by Mississippi State Licensure requirements.</p> <p>Findings Include:</p> <p>Review of the facility policy titled, "Policy and</p>	M0475					

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M0475	<p>Continued from page 3</p> <p>Procedure Plan for Tuberculosis Control" with a revision date of 05/08 revealed, "Employee Testing: 1. All employees prior to hire will be given the 1st step of a 2 step Mantoux tuberculin skin test which shall be performed, administered, and read 30 days prior to hire or immediately upon hire and read 48 to 72 hours later by the designated TB certified Nurse..."</p> <p>Record review of the "TB Screening and Immunization Record" for five (5) newly hired employees revealed each employee had documentation of only one Tuberculin Skin Test (TST), rather than the required two-step TST. Employee #1 had a TST completed on 05/06/2026; Employee #2 on 05/12/2026; Employee #3 on 05/19/2026; Employee #4 on 06/02/2026; and Employee #5 on 06/22/2026. None of the five (5) newly hired employees had documentation of a second TST.</p> <p>During an interview on 07/30/2026 at 1:15 PM, the Quality Assurance (QA)/Infection Preventionist revealed she was responsible for TB testing of newly hired employees. She confirmed she completed only the first step of TB testing for the five newly hired employees because she was unaware that newly hired employees were required to receive two-step TB testing.</p>			M0475			
M0630	<p>45.21.6 Mental and psycho-social</p> <p>Mental and psycho-social. A resident who displays adjustment difficulty receives appropriate treatment and services to address the assessed problem.</p> <p>This LICENSURE REQUIREMENT is NOT MET as evidenced by:</p> <p>Level II</p> <p>Based on record review and staff interview, the facility failed to coordinate Resident #20's assessments with the State Level II Pre-Admission Screening and Resident Review (PASRR) process. The facility failed to incorporate the PASRR recommendations for psychiatric medication evaluation and monitoring, individual therapy, and psychosocial rehabilitation resulting in increased withdrawal, for one (1) of 14 residents sampled. Resident #20</p> <p>Findings include:</p> <p>Review of a statement on facility letterhead dated 7/30/26 and signed by the Administrator revealed,</p>			M0630			

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M0630	<p>Continued from page 4</p> <p>"We do not have a policy on Behavior Health/Mental Health."</p> <p>Review of Level II PASRR completed on 10/7/2025 revealed the Department of Mental Health sent a PASRR notice of nursing facility approval stating Resident #20 was appropriate for nursing home level of care. The notice indicated Resident #20 met criteria for having a diagnosis of mental illness as defined by PASRR, with an Axis I primary: Schizophrenia. The notice goes on to report that Resident #20 would benefit from the specialized services of: Medication evaluation and monitoring by a psychiatrist to evaluate response to psychotropic medications on target symptoms and modify orders, for management of his mental illness; Individual therapy services to develop coping skills to better manage his symptoms of delusions, paranoia, agitation, and refusing care; and to provide an appropriate outlet to express his feelings and emotions; Psychosocial rehabilitation to support and restore community functioning and well-being to promote recovery in the community and to incorporate independent community living due to a discharge anticipated. Recommendations for Placement Needs Specialized Services: Psychosocial Rehabilitation Medication Evaluation and Monitoring Individual Therapy.</p> <p>Record review of a Social Services note dated 11/11/25, documented, "Referral emailed to (Proper name of company providing psychiatric services)."</p> <p>During an interview on 7/29/26 at 3:45 PM, the Registered Nurse (RN) Nurse Consultant stated that the facility contacted (Proper Name) Health Services, the company used by the facility to provide psychiatric services, and they had no record that Resident #20 had received a psychiatric evaluation or treatment from them. The clinical record similarly contained no evidence that a psychiatric provider evaluated or treated Resident #20 following his 10/9/25 admission.</p> <p>Record review of Resident #20's Psychotropic Evaluation dated 7/21/26, revealed, "...Resident is feeling or appearing down, depressed or hopeless >= (less than or equal to) two weeks...Resident will cry at times but usually easily redirected. Usually happy when out of his room. Family and/or staff believe that depression is consistently contributing to impaired quality of life..."</p> <p>Review of the Admission Record indicated Resident #20 was admitted to the facility on 10/9/2025 with medical diagnoses that included (Idiopathic) Normal</p>	M0630					

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M0630	Continued from page 5 Pressure Hydrocephalus and Schizoaffective Disorder. Review of the Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 11/14/2025, revealed under Section C a Brief Interview for Mental Status (BIMS) score of 9, indicating Resident #20 had moderate cognitive impairment.	M0630					
M0640	45.21.8 Accidents Accidents. The facility shall ensure that the residents ' environment remains as free of accident hazards as possible, and adequate supervision shall be provided to prevent accidents. If an unexplained accident occurs, this injury must be investigated and reported to appropriate state agencies. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Level IIIBased on observation, record review, resident and staff interview, and facility policy review, the facility failed to ensure a resident was transported safely and that appropriate safety devices were used to prevent an accident for one (1) of two (2) resident reviewed for accidents, Resident #11. Resident #11 was transported in a wheelchair that was not secured with a wheelchair restraint/securement system, resulting in the resident rolling backward out of the van when the lift gate was lowered, striking his head on the ramp and sustaining a laceration on his arm and head that required emergency-room evaluation. Findings Include: Review of the facility policy titled "Safety and Supervision of Residents" revealed "Policy Statement: Our facility strives to make the environment as free from accident hazards as possible. Resident safety and supervision and assistance to prevent accidents are facility-wide priorities..." Record review of "Emergency Physician Record" dated 7/13/26 revealed Chief Complaint: "Fall" under context: "Presents to emergency department (ED) with complaint of (c/o) headache (HA) and left (LT) elbow injury that started after being dropped in his wheelchair (w/c) during a transfer." Under "Clinical Impression: Head contusion and left arm contusion." Under Subjective/Objective Assessment: "Patient sent from the nursing home with c/o fall from w/c with head injury and skin tear to left elbow and small laceration to posterior	M0640					

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M0640	<p>Continued from page 6 head..."</p> <p>During an interview on 7/28/2026 at 1:42 PM, Resident #11 revealed he fell out of the van upon returning from dialysis. He stated his wheelchair was backed up to the lift gate and Certified Nursing Assistant (CNA) #1 lowered the gate and began walking toward the front of the van. Resident #11 stated, "I rolled out backward; I hit my head hard on the ramp and got a cut on my arm." He further stated he was taken to the emergency room and did not return to the facility until approximately 9:30 PM later that night.</p> <p>During an interview on 7/28/2026 at 1:50 PM, the Administrator revealed she had reviewed camera footage of the incident and observed CNA #1 turn her back after lowering the lift gate, at which time Resident #11 fell backward out of the van.</p> <p>During an interview and observation on 7/28/2026 at 3:05 PM, CNA #1 revealed she was transportation staff and recalled transporting Resident #11 after his dialysis appointment. She stated she had already picked up another resident whose wheelchair was secured in the van and decided to also pick up Resident #11 because she knew he was finishing dialysis and did not want him to wait. She revealed, "I'm going to be honest with you, even if it gets me in trouble," and further stated, "he was wedged against the gate lift in the back of the van, and his wheelchair was not secured with a safety buckle." CNA #1 revealed she didn't think he could go anywhere because he was wedged in but apparently when she put the lift gate down, he rolled out because he was not secured. An observation of the transportation van revealed a minivan with two bucket seats and two safety harness buckles on the floor in between the seats. No wheelchair securement buckle was observed for a second wheelchair.</p> <p>During an interview on 7/29/2026 at 8:28 AM, the Housekeeping Supervisor revealed he was responsible for the upkeep of the facility vehicles. He confirmed the transportation van was designed to transport one wheelchair, although additional securement could be installed for a second wheelchair. He confirmed Resident #11 was not properly secured during transport and stated, "I can see how when CNA #1 let the gate down and then turned her back it would be easy for the resident to come out."</p> <p>Record review of the "Admission Record" revealed Resident #11 was admitted to the facility on</p>			M0640			

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M0640	<p>Continued from page 7</p> <p>02/05/2026 with diagnoses that included Chronic Kidney Disease, Stage 4, and Hemiplegia, unspecified affecting left nondominant side.</p> <p>Record review of Resident #11's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of May 6, 2026 revealed under Section C a Brief Interview for Mental Status (BIMS) score of 15 indicating the resident is cognitively intact.</p>	M0640					