

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 JEFFERSON COUNTY NURSING HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 910 MAIN STREET , FAYETTE, Mississippi, 39069			
(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 survey at the facility from 7/27/27 through 7/30/26. During the annual recertification survey, the SA determined the facility was not in compliance with the Minimum Standards for Institutions for the Aged or Infirm, state licensure requirements and cited M635 and M1570.						
M0635	45.21.7 Gastric feeding Gastric feeding. Residents who are eating alone or with assistance are not fed by a gastric tube unless their clinical condition indicates that the use of a gastric feeding tube is unavoidable. The residents who are fed by a gastric tube receive the treatment and services to prevent complications or to restore if possible, normal eating skills. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, record review, and care plan review, the facility failed to replace an enteral feeding syringe daily as ordered and care planned for one (1) of four (4) residents reviewed for enteral feeding. Resident #9. Findings Include: A record review of the facility policy, "Policy and Procedure: Percutaneous Endoscopic Gastrostomy (PEG) and Gastrostomy Management" with a review date of January 2026 revealed, "...To establish standardized procedure for the safe care, effective and individualized eternal nutrition therapy for residents requiring PEG or Gastrostomy (G)-tubes..." During an observation on 7/27/26 at 11:20 AM, Resident #9 was observed in bed receiving Isosource enteral formula at 50 milliliters per hour. The resident's head of bed was elevated. The enteral syringe was dated 7/26/26 and had not been replaced as ordered. During an interview on 7/27/26 at 11:28 AM, Licensed Practical Nurse (LPN) #1 observed the syringe and confirmed it was dated 7/26/26 and had not been replaced. LPN #1 stated the night-shift		M0635				

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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M0635	Continued from page 1 nurse should have replaced the syringe with a new one. LPN #1 stated the syringe was changed daily to reduce the resident's risk of infection. LPN # 1 acknowledged she should have identified the outdated syringe during her morning rounds. LPN #1 stated that if the night-shift nurse failed to replace the syringe, it became her responsibility to replace it. During an interview on 7/29/26 at 1:54 PM, the Director of Nursing (DON) confirmed the enteral syringe should have been changed during the midnight shift. The DON stated the syringe required daily replacement to reduce the possibility of infection. The DON stated the day-shift nurse should check the enteral feeding equipment during the first morning round to ensure the syringe was properly dated and changed. The Director of Nursing stated she expected all staff to follow the resident's physician orders, care plan, and facility procedures to ensure resident safety. A review of Resident #9's "Admission Record" revealed the resident was admitted on 3/13/25 with diagnoses that included Dysphagia and Alzheimer's disease. A review of Resident #9's Minimum Data Set assessment (MDS) with an Assessment Reference Date (ARD) of 6/3/26, revealed the resident was severely cognitively impaired. A review of Resident #9's "Order Summary Report" revealed orders dated 4/21/26 for Isosource 1.5 enteral formula at 50 milliliters per hour with a 200-milliliter water flush every four hours. The orders directed staff to change the enteral syringe daily and to label the formula container, syringe, and administration set with the resident's name, date, time, and nurse's initials.	M0635					
M1570	48.58.1 Infection Control The following infection control standards shall be met: 1. The facility must maintain and document an effective infection control program that protects patients, families, visitors, and facility personnel by preventing and controlling infections and communicable diseases. 2. The facility must have an active surveillance program that includes specific measures for	M1570					

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M1570	Continued from page 2 prevention, early detection, control, education, and investigation of infections and communicable diseases in the facility. There must be a mechanism to evaluate the effectiveness of the program(s) and take corrective action when necessary. The program must include implementation of nationally recognized systems of infection control guidelines to avoid sources and transmission of infections and communicable diseases. 3. The facility must follow accepted standards of practice to prevent the transmission of infections and communicable diseases, including the use of standard precautions. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, record review, and facility policy review, the facility failed to follow infection prevention and control practices during urinary catheter care for one (1)of (1) residents observed for catheter care. Resident #4. Findings include: A record review of facility policy titled "Catheter Care for Male Policy", undated revealed, "It is the policy of this facility to provide catheter care to prevent infection of the resident's urinary tract..." A record review of facility policy titled "Infection Prevention and Control Program" revealed, "This facility has developed and maintains an infection prevention and control program that provides a safe, sanitary, and comfortable environment to help prevent the development and transmission of infection..." A review of the facility policy titled " Hand Hygiene Policy" reviewed 2/2017 revealed, "Policy: Staff involved in direct resident contact will perform proper hand hygiene procedures to prevent the spread of infection to other personnel, residents, and visitors...3. Hand hygiene is indicated and will be performed under the conditions listed in, but not limited to the attached hand hygiene table... Condition: After handling contaminated objects... Before and after handling clean or soiled dressings, linens, etc. After handling items potentially contaminated with blood, body fluids, secretions, or excretions, after assistance with personal body functions (e.g., elimination, hair grooming, smoking) ..."	M1570					

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M1570	Continued from page 3 During an observation on 7/29/26 at 1:41 PM, Resident #4 was observed receiving urinary catheter care from Registered Nurse (RN) #1. RN #1 cleaned the catheter using three soap-soaked gauze pads, rinsed the area using three water-soaked gauze pads, and dried the area with a washcloth. RN #1 did not remove her gloves or perform hand hygiene during or after the procedure. While wearing the same soiled gloves used to handle the catheter, RN #1 pulled up the resident's bed covers, touched the bed remote control, and adjusted the bed's height. During an interview on 7/29/26 at 1:44 PM, RN #1 acknowledged she should have removed her gloves and performed hand hygiene before transitioning from the wet gauze to the washcloth used to dry the resident. RN #1 stated this was necessary to prevent cross-contamination. RN #1 further acknowledged that touching the catheter area and then touching the resident's bed remote control with the same gloves could have caused cross-contamination. RN #1 confirmed that failing to change gloves, failing to perform hand hygiene, and touching clean items with soiled gloves increased the risk of spreading infection within the facility. During an interview on 7/30/26 at 9:35 AM, the Director of Nursing (DON) stated the facility's catheter care policy did not specifically direct staff to change gloves at a particular point during the procedure. However, the facility's infection prevention policy directed staff to prevent cross-contamination by removing soiled gloves before touching clean objects, including the residents' bed linens and bed remote control. The DON stated she expected staff to follow the facility's infection prevention policies when providing catheter care. During an interview on 7/30/26 at 9:42 AM, the Infection Control Nurse stated that wearing soiled gloves and touching objects in a resident's room increased the risk of spreading organisms from the catheter area to other surfaces through cross-contamination. The Infection Control Nurse stated the treatment nurse had called in on 7/29/26, which required RN #1, the charge nurse, to perform care usually completed by the treatment nurse. The Infection Control Nurse stated all licensed nursing staff had demonstrated competency in the procedure and were capable of performing the care. The Infection Control Nurse stated she expected staff to follow infection prevention policies to prevent the transmission of infection to residents. A review of the Minimum Data Set (MDS) with an		M1570				

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M1570	Continued from page 4 Assessment Reference Date (ARD) of 6/1/26 revealed the resident had a Brief Interview for Mental Status (BIMS) score of 5 which indicated severe mental impairment. A review of the "Admission Record" revealed the resident was admitted on 9/16/25 with diagnoses that included unspecified dementia, unspecified severity, without behavioral disturbance psychotic disturbance, mood disturbance and anxiety.		M1570				