

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 08/06/2026	
NAME OF PROVIDER OR SUPPLIER AZALEA GARDENS NURSING CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 530 HALL ST , WIGGINS, Mississippi, 39577			
(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 re-licensure survey at the facility from 8/3/26 to 8/6/26. During the 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 M500 and M815.						
M0500	45.17.2 Residents' Rights		M0500				
	Residents' Rights. The residents' rights policies and procedures ensure that each resident admitted to the facility:						
	1. is fully informed, as evidenced by the resident's written acknowledgment, prior to or at the time of admission and during stay, of these rights and is given a statement of the facility's rules and regulations and an explanation of the resident's responsibility to obey all reasonable regulations of the facility and to respect the personal rights and private property of other residents;						
	2. is fully informed, and is given a written statement prior to or at time of admission and during stay, of services available in the facility, and of related charges including any charges for services covered by the facility's basic per diem rate;						
	3. is assured of adequate and appropriate medical care, is fully informed by a physician or nurse practitioner/physician assistant of his medical conditions unless medically contraindicated (as documented by a physician or nurse practitioner/physician assistant in his medical record), is afforded the opportunity to participate in the planning of his medical treatment, to not be limited in his/her choice of a pharmacy or pharmacist provider in accordance with state law, as referenced in House Bill 1439, which states that the facility shall not limit a resident ' s choice of pharmacy or pharmacy provider if that provider meets the same standards of dispensing guidelines required of long term care facilities, to refuse to participate in experimental research, and to refuse						

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE
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M0500	Continued from page 1 medication and treatment after fully informed of and understanding the consequences of such action; 4. is transferred or discharged only for medical reasons, or for his welfare or that of other residents, or for nonpayment for his stay (except as prohibited by sources of third-party payment), and is given a two weeks advance notice in writing to ensure orderly transfer or discharge. A copy of this notice is maintained in his medical record; 5. is encouraged and assisted, throughout his period of stay, to exercise his rights as a resident and as a citizen, and to this end may voice grievances, has a right of action for damages or other relief for deprivations or infringements of his right to adequate and proper treatment and care established by an applicable statute, rule, regulation or contract, and to recommend changes in policies and services to facility staff and/or to outside representatives of his choice, free from restraint, interference, coercion, discrimination, or reprisal; 6. may manage his personal financial affairs, or is given at least a quarterly accounting of financial transactions made on his behalf should the facility accept his written delegation of this responsibility to the facility for any period of time in conformance with State law; 7. is free from mental and physical abuse; 8. is free from restraint except by order of a physician or nurse practitioner/physician assistant, or unless it is determined that the resident is a threat to himself or to others. Physical and chemical restraints shall be used for medical conditions that warrant the use of a restraint. Restraint is not to be used for discipline or staff convenience. The facility must have policies and procedures addressing the use and monitoring of restraint. A physician order for restraint must be countersigned within 24 hours of the emergency application of the restraint; 9. is assured security in storing personal possessions and confidential treatment of his personal and medical records, and may approve or refuse their release to any individual outside the facility, except, in the case of his transfer to another health care institution, or as required by law of third-party payment contract;		M0500				

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M0500	Continued from page 2 10. is treated with consideration, respect, and full recognition of his dignity and individuality, including privacy in treatment and in care for his personal needs; 11. is not required to perform services for the facility that are not included for therapeutic purposes in his plan of care; 12. may associate and communicate privately with persons of his choice, may join with other residents or individuals within or outside of the facility to work for improvements in resident care, and send and receive his personal mail unopened, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 13. may meet with, and participate in activities of, social, religious and community groups at his discretion, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 14. may retain and use his personal clothing and possessions as space permits, unless to do so would infringe upon rights of other residents, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 15. if married, is assured privacy for visits by his/her spouse; if both are inpatients in the facility, they are permitted to share a room, unless medically contraindicated (as documented by the attending physician or nurse practitioner/physician assistant in the medical record); and 16. is assured of exercising his civil and religious liberties including the right to independent personal decisions and knowledge of available choice. The facility shall encourage and assist in the fullest exercise of these rights. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on observations, interviews, record review,	M0500					

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M0500	Continued from page 3 and facility policy review, the facility failed to protect residents' rights to personal privacy and confidentiality by failing to provide visual privacy for one resident whose shoulder and a portion of the chest were exposed and visible from the doorway and by posting residents' personal care information on the walls without evidence the residents or their representatives requested the information be displayed, for three (3) of (16) sampled residents. (Residents #7, #21, and #52). Findings include: A record review of the facility's policy titled, "Resident Rights Policy," dated Jun2026, revealed, "...Policy Guidelines...11. staff members are educated on the rights of residents, and the responsibility of the facility is to properly care for its residents." Resident #21 A record review of the "Admission Record" for Resident #21 revealed the facility admitted the resident on 1/12/2025 with diagnoses including Senile Degeneration of Brain, Not Elsewhere Classified. A record review of the "Quarterly Minimum Data Set (MDS)" with an Assessment Reference Date (ARD) of 5/10/2026 for Resident #21 revealed Cognitive Skills for Daily Decision Making were severely impaired. A record review of the "Comprehensive Care Plan" for Resident #21 revealed interventions to encourage the resident not to chew clothing. A record review of the "Resident Rights" in-service dated February 16–20, 2026, revealed staff received education regarding resident privacy. The in-service instructed staff to maintain resident privacy by closing room doors, pulling privacy curtains, and providing appropriate clothing or draping to prevent unnecessary exposure of body parts during care. On 8/3/26 at 12:18 PM, during an observation of Resident #21, the resident was asleep in bed and visible from the doorway because the privacy curtain had not been pulled. The resident's right shoulder and a portion of the chest were exposed. On 8/5/26 at 1:15 PM, during an observation of Resident #21, the privacy curtain was not closed. The resident's right shoulder and a small portion of the chest were visible from the doorway. The resident remained visible for approximately five minutes while the roommate was transferred to bed.			M0500			

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M0500	Continued from page 4 On 8/5/26 at 1:38 PM, an interview with Certified Nursing Assistant (CNA #1) for Resident #21 revealed the resident chewed on the right side of the gown because the resident's head remained turned in that direction. CNA #1 reported the gown was removed from that side to reduce the risk of choking and confirmed staff were expected to pull the privacy curtain to maintain the resident's privacy. On 08/06/2026 at 3:15 PM, during an interview, the Administrator stated Resident #21's right shoulder remained uncovered because the resident chewed on clothing and the resident's roommate preferred the privacy curtain remain open to view hallway activity. The Administrator acknowledged Resident #21 depended on staff to protect the resident's privacy because the resident was unable to independently close the privacy curtain or maintain clothing over the exposed area. Resident #7 A record review of Resident #7's "Admission Record" revealed the facility admitted the resident on 12/21/2022 with the diagnoses of Senile Degeneration of Brain, Not Elsewhere Classified, Unspecified Dementia, Unspecified Severity, With Other Behavioral Disturbance and Gastrostomy Status. A record review of Resident #7's "Order Summary Report," with active orders as of 08/06/2026, revealed orders for NPO (nothing by mouth) diet, Percutaneous Endoscopic Gastrostomy (PEG) tube feeding, use of an abdominal binder, PEG site care, and Head of bed (HOB) elevated above 30 degrees. A record review of Resident #7's "Significant Change Minimum Data Set (MDS)," with an Assessment Reference Date (ARD) of 06/03/2026, revealed the Staff Assessment for Mental Status identified short- and long-term memory problems and cognitive skills for daily decision-making as severely impaired. Section K identified the resident as having a feeding tube and receiving 51% or more of total calories through parenteral or tube feeding. On 08/03/2026 at 12:25 PM, during an observation of Resident #7, the State Agency (SA) observed a sign posted on the wall above the resident's bed that stated, "Keep Head of Bed elevated as tolerated." On 08/04/2026 at 10:53 AM, during an observation of Resident #7, the sign stating, "Keep Head of Bed		M0500				

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M0500	Continued from page 5 elevated as tolerated," remained posted on the wall above the resident's bed. On 08/05/2026 at 3:22 PM, during a telephone interview, Resident #7's Responsible Representative stated she was unaware of the sign posted above the resident's bed directing staff to keep the head of the bed elevated. The Responsible Representative stated the resident's tube-feeding care information should be maintained in the medical record rather than posted on the wall. Resident #52 A record review of Resident #52's "Admission Record" revealed the facility admitted the resident on 10/07/2024 with diagnoses including Traumatic Subdural Hemorrhage Without Loss of Consciousness, Subsequent Encounter and Gastrostomy Status. A record review of Resident #52's "Order Summary Report" revealed active physician orders dated 8/6/26 for NPO diet NPO texture, NPO consistency, for dysphagia and Enteral Feed four times a day. A record review of Resident #52's "Quarterly MDS," with an ARD of 05/10/2026, revealed a BIMS Summary Score of 11, indicating moderate cognitive impairment. Section K identified the resident as having a PEG tube and receiving 51% or more of total calories through parenteral or tube feeding. On 08/03/2026 at 12:25 PM, during an observation of Resident #52's room, the SA observed a sign posted on the wall above the resident's bed that stated, "NPO." On 08/03/2026 at 3:19 PM, during an interview, Resident #52 stated she did not know who posted the NPO sign above her bed or how long it had been displayed. Resident #52 stated she did not like the sign because it informed others that she could not receive food or fluids by mouth. On 08/04/2026 at 10:10 AM, during an observation of Resident #52, the "NPO" sign remained posted on the wall above the resident's bed. On 08/05/2026 at 10:10 AM, during an interview, RN #2 stated staff were aware that signs containing residents' personal care or medical information were not to be posted in residents' rooms due to privacy concerns. On 08/05/2026 at 1:20 PM, during an observation			M0500			

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M0500	Continued from page 6 and interview, RN #1 confirmed the "Keep Head of Bed elevated as tolerated" sign remained posted above Resident #7's bed and the "NPO" sign remained posted above Resident #52's bed. RN #1 confirmed the information displayed on the signs was available in the residents' medical records. On 08/06/2026 at 10:19 AM, during an interview and observation, the Director of Nursing (DON) confirmed the signs remained posted above Residents #7's and #52's beds. The DON acknowledged the signs communicated personal care information that was available in the residents' medical records and stated the information should not have been posted on the walls. The DON removed the signs during the observation and stated she expected staff to protect residents' privacy. On 08/06/2026 at 3:15 PM, during an interview, the Administrator stated residents' personal health information was expected to remain private and staff were expected to protect each resident's privacy.			M0500			
M0815	45.29.1 Safe Food Handling Procedures Safe Food Handling Procedures. Food shall be prepared, held, and served according to current Mississippi State Department of Health Food Code Regulations. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on observation, interviews, and facility policy review, the facility failed to store and maintain food under sanitary conditions by failing to remove produce with visible biological growth from refrigerated storage and by storing an ice scoop directly on consumable ice for one (1) of two (2) kitchen observations. Findings include: A review of the facility's policy titled, "Food Safety Policy," dated Nov 2023, revealed, "...Policy Guidelines: 1. Food safety practices shall be followed throughout the facility's entire food handling process...b. Storage of food in a manner that helps prevent deterioration...6. All equipment used in the handling of food shall be cleaned and sanitized, and handled in a manner to prevent contamination..." On 08/03/2026 at 9:51 AM, during an initial kitchen observation and interview with the Dietary Manager (DM), five (5) tomatoes with visible white biological			M0815			

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M0815	Continued from page 7 growth were observed in the walk-in cooler. The ice scoop was observed lying directly on top of the ice in the ice bin, with the handle positioned over the consumable ice, creating the potential for hand contact with the ice when retrieving the scoop. The DM acknowledged the tomatoes were not of acceptable quality and were not appropriate for food service. The DM stated she would increase monitoring of refrigerated produce and inspect produce at the time of delivery. The DM acknowledged the ice scoop should not be stored directly on the ice and stated a scoop holder would be installed outside the ice bin. On 08/06/2026 at 10:19 AM, during an interview, the Administrator stated she had been informed of the tomatoes with visible biological growth and the ice scoop being stored directly on the ice. The Administrator stated dietary staff were expected to monitor produce and maintain sanitary food storage practices. She reported staff would begin conducting daily checks of produce for deterioration and confirmed the ice scoop had been relocated to a holder outside the ice bin.			M0815			