

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 08/13/2026	
NAME OF PROVIDER OR SUPPLIER NORTH POINTE HEALTH & REHABILITATION				STREET ADDRESS, CITY, STATE, ZIP CODE 211 WINDMILL DRIVE , MERIDIAN, Mississippi, 39305			
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M0000	Initial Comments The State Agency (SA) conducted an annual re-licensure survey at the facility from 8/11/26 to 8/13/26. During the survey, the SA determined the facility was in compliance with the Minimum Standards of Operations for Alzheimer's Disease/Dementia Care unit and there were no deficiencies cited. The census at the time of the survey was 14 with a bed capacity of 14.		M0000				
M0000	Initial Comments The State Agency (SA) conducted an annual recertification survey at the facility from 08/11/2026 through 08/13/2026. 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 M1570.		M0000				
M0500	45.17.2 Residents' Rights 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		M0500				

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	<p>Continued from page 1</p> <p>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 medication and treatment after fully informed of and understanding the consequences of such action;</p> <p>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;</p> <p>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;</p> <p>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;</p> <p>7. is free from mental and physical abuse;</p> <p>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</p>			M0500			

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M0500	<p>Continued from page 2 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;</p> <p>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;</p> <p>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;</p> <p>11. is not required to perform services for the facility that are not included for therapeutic purposes in his plan of care;</p> <p>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);</p> <p>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);</p> <p>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);</p> <p>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</p>			M0500			

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M0500	<p>Continued from page 3 physician or nurse practitioner/physician assistant in the medical record); and</p> <p>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.</p> <p>This LICENSURE REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on observation, interview, record review, and facility policy review, the facility failed to reasonably accommodate residents' needs by ensuring call lights were accessible and within reach for three (3) of (15) sampled residents. Resident #10, #12 and #29.</p> <p>Findings Include:</p> <p>Record review of the facility's "Dignity and Respect" undated, revealed "You have the right to dignity and respect in the care you receive and the settings you live in... It also means you have a right to expect care and a residential setting that: promotes your quality of life... aims to reach or maintain for you the highest achievable level of physical, mental and social well-being, consistent with a comprehensive assessment of your needs and your plan of care..."</p> <p>Resident # 10</p> <p>On 08/11/2026 at 11:30 AM, during an observation, Resident #10 was observed sitting in the recliner. Resident #10 stated "who is there?" It is obvious Resident #10 has vision impairment. She states she uses call light when it is near, but if not, she just yells out for staff come sees what she needs.</p> <p>On 08/11/26 at 1:11 PM, an observation and interview with Resident #10 stated sometimes she drops the call light and must yell out for help. An observation of the call light revealed the call light was not in reach but wrapped around bed rail. She stated she sometimes gets frustrated when she does not have call light and must yell for help. She stated they do not always place call light within reach of her.</p> <p>On 08/12/26 at 1:28 PM, in an interview and observation with Certified Nursing Assistant (CNA)# 2 confirmed the call light was not within reach and was wrapped around the bed rail. She stated she forgot to make sure it was in reach. She stated she</p>	M0500					

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M0500	<p>Continued from page 4 usually lets Resident #10 know that call light is within reach. She stated that when Resident #10 yells out for help the staff goes to see what she needs.</p> <p>Record review of Resident #10 "Admission Record" revealed an admission date of 4/20/26 with diagnoses that included of unqualified visual loss, both eyes.</p> <p>Record review of Resident #10's Minimum Data Set (MDS) with Assessment Reference Date (ARD) of 7/21/26 revealed a Brief Interview for Mental Status (BIMS) score of 10 which indicates moderate cognitive impairment.</p> <p>Resident # 12</p> <p>On 08/12/26 during random observations of call lights revealed Resident #12 was in the wheelchair close to the window. The call light was observed on the opposite side of the bed and wrapped around bed rail and was not in reach.</p> <p>On 08/13/26 at 11:48 AM, during an observation revealed Resident #12 was in the wheelchair close to the window. The call light was observed on the opposite side of the bed and wrapped around bed rail and was not in reach.</p> <p>On 08/13/2026 at 11:50 AM, an observation revealed Resident #12 sitting in a wheelchair on the right side of the bed. The call light was observed wrapped around the bed rail and was not in reach. CNA#3 confirmed the call light was not in reach and unwrapped it and placed it on the wheelchair. She stated she assisted resident in the wheelchair and "forgot" to give the resident the call light. She stated residents could get injured if call lights are not in place. She stated that call light should always be in reach for all residents to use for assistance.</p> <p>Record review of Resident #12's "Admission Record" revealed an admission date of 1/13/25 and diagnoses that included unspecified abnormalities of gait and mobility and unspecified lack of coordination.</p> <p>Record review of Resident #12's MDS with an ARD of 6/17/26, revealed a BIMS score of 14, indicating the resident was cognitively intact.</p> <p>Resident # 29</p> <p>On 08/11/26 at 07:50 AM, an observation of Resident #29 was sitting in the recliner eating</p>			M0500			

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M0500	<p>Continued from page 5 breakfast. The call light was observed on the opposite side of the room wrapped around the bed rail with the cord for the bed remote.</p> <p>On 08/11/2026 at 9:09 AM, in an interview and observation, Resident #29 stated they do not always give her call light when they place her in the recliner. An observation revealed the call light was wrapped around bed remote and attached to the bed on the opposite side of the chair where the resident was sitting. Resident #29's daughter who was at the bedside untangled the call light and gave it to the resident. The residents' daughter confirmed that the call light was not in reach and was difficult to untangle. She stated call lights should be in reach.</p> <p>On 08/13/2026 at 1:22 PM, in an interview with Corporate Compliance Nurse who was also acting as the Director of Nursing (DON), stated residents call light should be in reach. She stated she expects staff to answer call lights in a timely manner and place them in reach. She stated residents trying to get help without call lights could fall. She stated she expects staff to follow policy, care plans and assessments.</p> <p>Record review of Resident #29's "Admission Record" revealed an admission date of 01/20/26 with diagnoses that included unspecified osteoarthritis, unspecified site and unspecified abnormalities of gait and mobility.</p> <p>Record review of Resident #29's MDS with an ARD of 7/22/26 revealed a BIMS score of 12 which indicated moderate cognitive impairment.</p>	M0500					
M1570	<p>48.58.1 Infection Control</p> <p>The following infection control standards shall be met:</p> <p>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.</p> <p>2. The facility must have an active surveillance program that includes specific measures for 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</p>	M1570					

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M1570	<p>Continued from page 6 must include implementation of nationally recognized systems of infection control guidelines to avoid sources and transmission of infections and communicable diseases.</p> <p>3. The facility must follow accepted standards of practice to prevent the transmission of infections and communicable diseases, including the use of standard precautions.</p> <p>This LICENSURE REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on observation, interview, record review, and facility policy review, the facility failed to follow infection prevention guidelines when performing perineal/incontinent care for one (1) of two (2) care observations during survey. Resident #8.</p> <p>Findings include:</p> <p>Record review of the facility policy "Perineal Care Policy" revised 1/2010 revealed, "It is the policy of this facility to provide perineal cleanliness and comfort to the resident, to prevent infections and skin irritation, and to observe the resident's skin condition...4. Always change gloves when moving from a dirty to a clean environment..."</p> <p>On 8/13/26 at 10:29 AM, Certified Nursing Assistant (CNA) #1 was observed providing incontinent care for Resident #8. The resident's brief contained urine and a small amount of feces (bowel movement). CNA #1 removed the resident's brief, turned the resident onto her side, and cleaned bowel movement from the resident's buttocks while wearing gloves. CNA #1 then turned the resident onto her back and performed urinary perineal care while wearing the same gloves used to clean the bowel movement. CNA #1 did not change gloves or perform hand hygiene between cleaning the resident's buttocks and urinary perineal area.</p> <p>During an interview on 8/13/26 at 10:36 AM, CNA #1 confirmed she cleaned bowel movement from Resident #8's buttocks before performing urinary perineal care while wearing the same gloves. CNA #1 stated staff should clean the perineal area first and proceed from clean to dirty areas to prevent transferring bacteria from bowel movement to the urinary perineal area. CNA #1 stated bacteria transferred to the urinary perineal area could cause a urinary tract infection. CNA #1 further stated gloves should be changed when moving from one area to another because wearing the same soiled</p>	M1570					

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M1570	<p>Continued from page 7 gloves could result in cross-contamination.</p> <p>During an interview on 8/13/26 at 11:19 AM, the Interim Director of Nursing (IDON) stated CNA #1 should have cleaned the urinary perineal area before cleaning the resident's buttocks to follow the practice of moving from clean to dirty areas. The IDON stated CNA #1 should have removed the contaminated gloves, performed hand hygiene, and applied clean gloves before moving from the resident's buttocks to the urinary perineal area. She stated the failure could transfer bacteria, including Escherichia coli, to the resident's urinary perineal area and cause a urinary tract infection. She stated staff were expected to provide care according to infection prevention practices and facility policies.</p> <p>During an interview on 8/13/26 at 12:42 PM, the Infection Preventionist (IP) stated CNA #1 should have changed gloves and performed hand hygiene before moving from the resident's buttocks to the urinary perineal area. The IP stated CNA #1 should have cleaned the urinary perineal area before cleaning the resident's buttocks to reduce the risk of a urinary tract infection. The IP stated staff were expected to follow perineal care procedures and hand hygiene recommendations to prevent infection.</p> <p>A record review of Resident 8's "Progress Notes" revealed the resident was treated for a Urinary Tract Infection (UTI) on 5/22/2026.</p> <p>A record review of Resident #8's "Admission Record" revealed she was admitted on 7/25/22 with diagnoses that included Alzheimer's disease.</p> <p>A record review of the Minimum Data Set (MDS) with an Assessment Reference Date of 5/29/26 revealed a Brief Interview for Mental Status (BIMS) score of 00 which indicates severe cognitive impairment.</p> <p>A record review of Inservice Records dated 6/22/26 revealed the CNA #1 attended an in-service and skills competency on perineal/incontinent care.</p>			M1570			