

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 08/18/2026	
NAME OF PROVIDER OR SUPPLIER VAIDEN COMMUNITY LIVING CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 868 MULBERRY STREET P O BOX 607, VAIDEN, Mississippi, 39176			
(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				
	<p>The State Agency (SA) conducted two (2) Complaint Investigations (CI MS #3103963 and CI MS #3166196) at the facility from 08/17/26 through 08/18/26. 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 a deficiency was cited at M640 related to CI MS #3166196. There were no deficiencies cited related to CI MS #3103963. The census at the time of the survey was 58 and the facility was licensed for 60 beds.</p>						
M0640	<p>45.21.8 Accidents</p> <p>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.</p> <p>This LICENSURE REQUIREMENT is NOT MET as evidenced by:</p> <p>Level IIIBased on observation, interview, record review, and facility policy review, the facility failed to ensure a resident was free from accident hazards during a transfer using a mechanical lift which resulted in a fall with major injury for one (1) of three (3) residents reviewed for falls. Resident #2</p> <p>Findings Include:</p> <p>Review of the facility policy "Transfer of Resident with Mechanical Lift Procedure" revealed that the purpose is "To provide resident safety with transfers...Procedure: 1. Two people should assist in transfer involved in resident being lifted via Hoyer Lift..."</p> <p>On 08/17/26 at 10:00 AM an interview conducted with the Administrator (ADM) revealed that on 08/15/26, nursing staff observed swelling and bruising to Resident #2's right leg, foot, and ankle and sent her to the hospital for further evaluation. ADM reported that X-rays were ordered and completed, which revealed fractures. She stated that Resident #2 was determined not to be a surgical</p>		M0640				

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE
---	--	-------	-----------

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 08/18/2026	
NAME OF PROVIDER OR SUPPLIER VAIDEN COMMUNITY LIVING CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 868 MULBERRY STREET P O BOX 607, VAIDEN, Mississippi, 39176			
(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
M0640	<p>Continued from page 1</p> <p>candidate and returned to the facility. ADM reported that, during the facility's investigation, staff interviews revealed that on the morning of 08/13/26, Certified Nursing Assistant (CNA) #1 attempted to transfer Resident #2 using a total body lift without assistance, during which Resident #2 fell. The ADM reported that CNA #1 initially stated on 08/15/26 that she had lifted Resident #2 from the bed and the lift began swaying, at which point she lowered the resident to the floor. ADM stated that CNA #1 later reported that while transferring Resident #2 with the total body lift, the lift began swaying, causing the resident's body to strike the side of the chair, the lift then tilted and Resident #2 fell to the floor with CNA there trying to protect her from injury. ADM stated that it was not acceptable practice for one CNA to perform a transfer using a total body lift without assistance and reported that CNA #1 was suspended. She further stated that she was not aware of the full circumstances surrounding the incident until after conducting interviews with other staff members, including the Director of Nursing (DON), Assistant Director of Nursing (ADON), Registered Nurse (RN) Supervisor, and RN #2. ADM agreed that CNA #1 used poor judgment and stated that had Resident #2 been transferred appropriately using the total body lift with the required assistance, the fall could have been prevented, and Resident #2 would not have experienced the resulting injury.</p> <p>An interview on 08/17/26 at 10:20 AM with CNA #1 revealed that on 08/13/26, she used a total body lift without assistance to transfer Resident #2 from the bed to her chair. CNA #1 stated that she made the decision to proceed with the transfer without help. CNA #1 reported that she lifted Resident #2 from the bed and, when she turned to position the resident in the chair, the sling began swaying and the lift tilted, causing Resident #2's body to strike the chair. CNA #1 stated that she then grabbed Resident #2 and lowered her to the floor while attempting to protect the resident's head. CNA #1 reported that RN #2 entered the room shortly after the fall and called for assistance. CNA #1 acknowledged that she knew a resident should not be transferred using a lift without assistance and stated that her failure to follow facility protocol resulted in Resident #2's fall. CNA #1 confirmed that two staff members should always be present when transferring a resident using a lift and acknowledged that she should have waited for assistance before transferring Resident #2.</p> <p>An observation on 08/17/26 at 10:40 AM revealed Resident #2 lying in bed with her right leg and foot rotated inward, with her great toe touching the bed sheet. Light purple bruising was observed to the</p>			M0640			

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 08/18/2026	
NAME OF PROVIDER OR SUPPLIER VAIDEN COMMUNITY LIVING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 868 MULBERRY STREET P O BOX 607, VAIDEN, Mississippi, 39176		
(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	
M0640	<p>Continued from page 2</p> <p>resident's right foot and ankle, as well as bruising to the plantar surfaces of both feet.</p> <p>An interview on 08/17/26 at 1:00 PM with RN #2 revealed that she was working on the medication cart on 08/13/26. RN #2 stated that at approximately 8:30 AM, she entered Resident #2's room and observed the resident lying on the floor on her right side with CNA #1 present. RN #2 reported that CNA #1 was bent over Resident #2, holding the resident's head off the floor, and CNA #1 stated, "She fell." RN #2 revealed that she recognized there was a concern when she observed only one staff member present, a Hoyer lift in the room, and Resident #2 on the floor. RN #2 reported that she immediately went into the hallway and called for assistance. She revealed that the DON, ADON, and RN Supervisor entered the room promptly to assist, and RN #2 returned to the medication cart. RN #2 confirmed that two staff members should always assist with a transfer when a lift is required. She stated that failure to have the required assistance contributed to Resident #2's fall and resulting injury. RN #2 reported that Resident #2 was not immediately sent to the hospital following the incident. She stated that on 08/15/26, after bruising and swelling were identified, Resident #2 was sent to the hospital, where X-rays revealed fractures. RN #2 expressed concern for Resident #2 and stated, "This never should have happened."</p> <p>On 08/17/26 at 2:35 PM an interview with the DON revealed that on 08/13/26, she was called to Resident #2's room by RN #2. The DON stated that upon entering the room, she observed Resident #2 lying on the floor on her right side with CNA #1 present. The DON reported that CNA #1 stated that Resident #2 had been on the lift when it began to sway and that she lowered the resident to the floor. DON reported that the ADON and RN Supervisor were also present and assessed Resident #2 with no injuries identified at that time. DON stated that Resident #2 was assisted from the floor into her Geri chair and continued to be monitored. The DON confirmed that she did not initially consider the incident to be a fall. She stated that CNA #1 had transferred Resident #2 using a total lift without a second staff member present. DON revealed that on Saturday, 08/15/26, RN #3 notified her after observing bruising and swelling to Resident #2's right leg, foot, and ankle and Resident #2 was sent to the hospital, where X-rays were completed and fractures were identified. DON confirmed that two staff members should always be present when transferring a resident using a lift and acknowledged that the absence of a second staff member contributed to the fall and that the resulting injury</p>	M0640			

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 08/18/2026	
NAME OF PROVIDER OR SUPPLIER VAIDEN COMMUNITY LIVING CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 868 MULBERRY STREET P O BOX 607, VAIDEN, Mississippi, 39176			
(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
M0640	<p>Continued from page 3</p> <p>could have been prevented. The DON expressed concern regarding Resident #2's condition and confirmed that the resident experienced pain following the injury and was no longer able to get out of bed and sit in her chair due to the fracture.</p> <p>A telephone interview conducted on 08/18/26 at 11:40 AM with RN #3 revealed that on 08/15/26, while CNAs were providing Resident #2's morning care, they called RN #3 to the room. RN #3 reported observing swelling to Resident #2's right thigh, with the right leg rotated inward toward the opposite foot and the toes nearly touching the mattress. RN #3 stated that when she touched the resident's thigh, Resident #2 grimaced and moaned. RN #3 stated, "It was evident that it was broken." RN #3 revealed that she also observed significant bruising to Resident #2's right foot and ankle. She reported the findings to the nurse practitioner and received an order to send Resident #2 to the hospital for further evaluation. RN #3 stated that she knew Resident #2 had not been out of bed that morning and recognized that there was an obvious injury.</p> <p>An interview conducted on 08/18/26 at 1:10 PM with Resident #4, who is the roommate of Resident #2, revealed that she witnessed Resident #2's fall. Resident #4 reported that a CNA entered the room and attempted to transfer Resident #2 into her chair using a total body lift. Resident #4 stated that the CNA lifted Resident #2 into the air but not high enough to clear the chair. She reported that the CNA then used her hands underneath Resident #2's body in an attempt to swing and position the resident into the chair, during which Resident #2's body struck the chair. Resident #4 reported that the lift began rocking back and forth, tilted over and the CNA went to the floor with Resident #2. Resident #4 expressed concern regarding the incident and stated that it was sad and should not have happened.</p> <p>Record review of Resident #2's Progress Notes, with an effective date of 08/15/26 at 10:17 AM, revealed the following: "Edema and bruising to right leg reported to RN supervisor by CNA during personal care this am. Patient noted lying supine in bed with edema to upper right thigh and hip. Adduction and bruising noted to right foot and ankle. Pt unable to move extremity and displays nonverbal signs of pain such as grimacing and moaning when leg is touched.... Received orders to transport patient to hospital via ambulance for further evaluation and treatment...."</p> <p>Record review of Resident #2's Emergency Department (ED) Provider Notes dated 08/15/26</p>			M0640			

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 08/18/2026	
NAME OF PROVIDER OR SUPPLIER VAIDEN COMMUNITY LIVING CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 868 MULBERRY STREET P O BOX 607, VAIDEN, Mississippi, 39176			
(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
M0640	<p>Continued from page 4 revealed the final X-ray results documented: "1. Acute subtrochanteric fracture with varus angulation of the distal segment. 2. Suspected fracture of the right superior pubic ramus without clear companion fracture."</p> <p>Record review of Resident #2's Admission Record revealed an original admission date of 09/03/25 and diagnoses including Hemiplegia and Hemiparesis Following Cerebral Infarction Affecting Right Dominant Side, Aphasia Following Cerebral Infarction, and Dysphagia.</p> <p>Record review of Resident #2's Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 07/08/26, revealed a Brief Interview for Mental Status (BIMS) score of 04 under Section C, indicating severe cognitive impairment.</p> <p>Record review of Resident #2's Task List Report revealed the following transfer requirement: "Bed-to Chair Transfer: Transfer x 2 (times two) staff using total body lift r/t (related to) Right Hemiparesis."</p> <p>Record review of Resident #2's Mechanical Lift Evaluation dated 01/05/26 revealed that Resident #2 required use of a total body lift for transfers, with the number of staff required to perform the transfer documented as two.</p>			M0640			