

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 08/20/2026	
NAME OF PROVIDER OR SUPPLIER JONES CO REST HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 683 COUNTY HOME ROAD , ELLISVILLE, Mississippi, 39437			
(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 and Complaint Investigation (CI MS #3166632), at the facility from 8/17/26 through 8/20/26. CI MS #3166632 was investigated related to admission rights and there were no citations related to the complaint. 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, M640 and M1570.						
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 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		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	Continued from page 1 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; 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	M0500					

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M0500	Continued from page 2 health care institution, or as required by law of third-party payment contract; 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			M0500			

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M0500	Continued from page 3 evidenced by: Based on observation, interviews, record review, and facility policy review, the facility failed to ensure residents' rights for four (4) of (24) sampled residents related to a clean, sanitary, and homelike environment (Resident #10 and Resident #20) and related to privacy (Resident #53 and Resident #105). Findings include: A review of the facility's "Environmental Services Policy," revised 7/1/2024, revealed, "...The Environmental Services department (EVS)...shall have processes in place to maintain a sanitary environment that will assist in the prevention and control of infections and communicable diseases...Procedure Sanitation within the hospital environment depends on cleaning thoroughness and frequency. There shall be procedures for cleaning walls, floors, windows, beds, furniture, carpets, waste containers, bathrooms, and other surfaces for patient care areas and non-patient areas. 1. Patient Rooms...Bathrooms shall be cleaned daily with an approved disinfectant with special attention given to toilets, bars, handles, and doorknobs..." A review of the facility's "Notice of Privacy Practices for Protected Health Information", dated July 2022, revealed, "...Our Responsibilities... (Proper Name of Facility) is dedicated to protecting your medical information. We are required by law to maintain the privacy of protected health information..." Clean, sanitary, and homelike environment (Resident #10 and Resident #20) On 8/18/26 at 9:34 AM, during an observation and interview, Resident #10 revealed that Environmental Services (EVS) staff did not clean the resident's bathroom daily. In the bathroom shared by Residents #10 and #20, there was a pink-colored ring and circular areas of brown discoloration inside the toilet bowl. Dark brown specks of adhered residue were also observed on the interior surface of the toilet bowl. The bathroom floor was dirty. On 8/19/26 at 11:38 AM, during an interview and observation of the bathroom shared by Residents #10 and #20, the same discolored areas and adhered residue previously identified were inside the toilet bowl, along with the pink and brown rings around the bowl. An interview with Resident #20 revealed EVS had entered the bathroom and removed the trash but had not performed additional cleaning.			M0500			

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M0500	Continued from page 4 On 8/19/26 at 2:39 PM, an interview with Housekeeping #1 (HSK #1), Environmental Services Supervisor, revealed EVS staff were expected to clean resident rooms daily. HSK #1 stated daily cleaning included removing trash and cleaning toilets and baseboards. HSK #1 further stated EVS staff performed more extensive cleaning of resident rooms on designated deep-cleaning days and completed a skills competency checklist in February 2026 that included cleaning bathrooms according to facility protocol. HSK #1 stated the pink discoloration observed inside the toilet bowl in Resident #10 and Resident #20's toilet, the pink rings were reportedly associated with fungus or mold. HSK #1 further stated room cleanliness was discussed during stand-up meetings at least weekly and confirmed she was aware of resident complaints regarding room cleaning. On 8/20/26 at 8:43 AM, during an interview, the Administrator stated she was aware that residents had complained about their rooms not being cleaned prior to the survey. The Administrator stated the rings observed inside the toilet bowls were caused by mineral and calcium buildup from the facility's water supply. She stated staff, including herself, had attempted to remove the rings without success and believed the toilet bowls might need to be replaced. The Administrator stated she expected Environmental Services (EVS) staff to clean resident rooms and bathrooms and maintain them in a sanitary and homelike condition, including cleaning mirrors, windows, and other surfaces. She stated Certified Nursing Assistants (CNAs) were expected to remove paper and other debris from resident floors and tidy resident rooms as needed. Privacy (Resident #53 and Resident #105). On 08/18/2026 at 8:26 AM, during an observation of the medication cart on the 500-hall the computer screen was unlocked, and Resident #53's Medication Administration Record (MAR) was visible on the screen. The MAR displayed private health information related to medications prescribed to Resident #53 and was visible to anyone who was walking in the hallways. Licensed Practical Nurse (LPN) #2 was not at the medication cart and was inside Resident #53's room. On 08/18/2026 at 8:29 AM, during an interview with (LPN) #2 she revealed that she meant to lock the computer screen, but the resident called her and she got in a hurry and didn't do it. LPN #2 reported that the importance of keeping the screen locked is to			M0500			

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M0500	Continued from page 5 protect the residents' privacy. LPN #2 stated she will lock the screen in the future. On 08/18/2026 at 8:32 AM, during an interview with the Registered Nurse (RN) #1 she was informed of the medication carts' computer screen being unlocked with Resident #53's MAR visible on the screen. RN #1 revealed the staff are trained at the facility to be careful to protect the residents' privacy. The RN stated it is important to keep the residents' information private because they may not want other people to know their medications or what they are taking them for. The RN affirmed she expects the nurses to protect the residents' privacy. On 8/18/26 at 9:40 AM, during an observation of Resident #105's room, there was signage posted on the wall above the resident's bed instructing staff to "apply barrier cream after each brief change." The words on the signage were highlighted in blue. On 08/20/2026 at 9:15 AM, during an interview with the Director of Nursing (DON) he revealed that he was made aware of the computer screen left unlocked on the medication cart and that Resident #53's MAR was exposed to anyone walking down the hall. The DON stated the facility reviews privacy with the staff. The DON affirmed that this was a violation of Resident #53's privacy and that the resident may not want everyone to know her information. The DON reported that he expects the staff to lock the computer screen when not in use. On 8/20/26 at 11:00 AM, a telephone interview with Resident #105's representative, daughter, and Power of Attorney (POA) revealed the signage had been posted above the resident's bed following a discussion with a nurse regarding a reddened area on the resident's buttocks. The representative stated she observed the redness and expressed concern that staff were not applying barrier cream following episodes of incontinence care. She stated an unidentified nurse posted the signage approximately one year earlier. The representative further stated that when family members prepared to take a photograph with the resident in the room, she instructed them to remove the sign before taking the photograph because she believed the signage compromised the resident's privacy. On 8/20/26 at 11:45 AM, an interview with LPN #6 revealed she believed the signage had been requested by the resident's daughter. When informed that the resident's daughter reported a nurse had posted the sign, LPN #6 stated the signage may have been posted before she assumed			M0500			

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M0500	Continued from page 6 her current position. LPN #6 stated she had observed the signage above the resident's bed for approximately one year and had not posted it. LPN #6 further stated Certified Nursing Assistants (CNAs) could access the resident's care instructions through the electronic health record. On 8/20/26 at 11:56 AM, an interview with CNA #2 revealed she had provided care to Resident #105 during the survey week. CNA #2 stated the signage had been posted above the resident's bed for as long as she had provided care to the resident. CNA #2 further stated staff could access the resident's care instructions through the electronic health record and the care plan/Kardex to determine when barrier cream was to be applied. On 8/20/26 at 12:14 PM, an interview with the DON revealed CNAs could access Resident #105's care instructions through the care plan or Kardex, including instructions to apply barrier cream following episodes of incontinence care, without posting the resident's individualized care information on the wall above the bed. The DON stated his expectation was for staff not to post residents' medical or care information on the walls of resident rooms and to utilize the Care plan and Kardex to obtain resident-specific care instructions. Resident #10 A record review of the "Admission Record" revealed the facility admitted Resident #10 on 4/8/2026 with diagnoses including chronic kidney disease. A record review of the Comprehensive Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 7/8/2026 revealed Resident #10 had a Brief Interview for Mental Status (BIMS) score of 14, indicating her cognition was intact. Resident #20 A record review of the "Admission Record" revealed the facility admitted Resident #20 on 7/31/2026 with diagnoses including Hemiplegia and Hemiparesis following Cerebral Infarction Affecting the Right Dominant Side. A record review of the Comprehensive MDS with an ARD of 8/6/2026 revealed Resident #20 had a BIMS score of 15, indicating her cognition was intact. Resident #53 A record review of the "Admission Record" revealed	M0500					

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M0500	Continued from page 7 the facility admitted Resident #53 on 07/24/2026 with diagnoses including Unspecified Fracture of Right Femur. A record review of the Admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 07/30/2026 revealed Resident #53 had a Brief Interview for Mental Status (BIMS) score of 14 indicating she was cognitively intact. Resident #105 A record review of the "Admission Record" revealed the facility admitted Resident #105 on 7/17/2019 and she had diagnoses including Hemiplegia and Hemiparesis following Nontraumatic Intracerebral Hemorrhage Affecting Right Dominant Side. A record review of the Quarterly MDS with an ARD of 7/22/2026 revealed Resident #105 did not receive a BIMS interview because she was rarely/never understood. A record review of the "Care Plan Report" revealed Resident #105 had a care plan "Focus" of "Skin" with an intervention to "apply preventative silicone cream to buttocks after brief changes for prevention of skin breakdown."	M0500					
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: Based on observation, interviews, record review, and review of the manufacturer's instructions, the facility failed to ensure a resident received assistance with transfers in a manner that minimized the risk for accidents by using a mechanical lift as a transport device to move the resident while suspended in a full-body sling across the hallway and into the resident's room, contrary to the mechanical lift manufacturer's safety instructions for one (1) of two (2) residents reviewed for accident hazards. (Resident #113). Findings include: A review of the manufacturer's instructions for the	M0640					

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M0640	Continued from page 8 Invacare RPL600-2 mechanical lift revealed, "...WARNING! The Invacare patient lift is NOT a transport device. It is intended to transfer an individual from one resting surface to another (such as a bed to a wheelchair)..." A record review of Resident #113's "Admission Record" revealed the facility admitted the resident on 03/15/2017 with diagnoses including Hemiplegia and Hemiparesis Following Cerebral Infarction Affecting Left Non-Dominant Side and Unspecified Dementia. A record review of Resident #113's Annual Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 07/21/2026, revealed a Brief Interview for Mental Status (BIMS) score of 9, which indicated moderate cognitive impairment. A record review of Resident #113's "Care Plan Report" revealed a focus related to functional abilities with an intervention directing staff, "TRANSFER: DEPENDENT X 2 STAFF WITH MECHANICAL LIFT VIA MEDIUM FULL BODY LIFT PAD (PURPLE OR YELLOW TRIM)." On 08/17/2026 at 2:05 PM, during an observation in the hallway, two Certified Nursing Assistants (CNAs) prepared to transfer Resident #113 from a geri-chair using a mechanical lift and full-body sling. One CNA obtained a third CNA to assist. The three CNAs raised Resident #113 from the geri-chair until the resident was suspended in the sling. While Resident #113 remained suspended in the sling, staff rotated the mechanical lift approximately 180 degrees and moved the resident across the hallway, through the doorway of the resident's room, and toward the resident's bed. The third CNA left after the mechanical lift entered the resident's room, and the remaining two CNAs lowered Resident #113 onto the bed. An observation of Resident #113's room revealed sufficient space to accommodate the geri-chair and mechanical lift. On 08/17/2026 at 2:05 PM, during an interview following the observation, CNA #4 stated she had been trained to transfer residents from geri-chairs in this manner. CNA #4 acknowledged that it would be safer to transfer a resident directly from one surface to another without transporting the resident while suspended in the mechanical lift; however, she stated this was how staff had always performed the transfer and how she had been trained by another CNA. During a concurrent interview, CNA #5 stated this			M0640			

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M0640	Continued from page 9 was her first time transferring Resident #113. CNA #5 stated staff routinely used the mechanical lift in the hallway to move residents who used geri-chairs. On 08/19/2026 at 9:35 AM, during an interview, Licensed Practical Nurse (LPN) #7 stated Resident #113 was dependent on staff for activities of daily living and required assistance from two staff members and a mechanical lift for transfers. On 08/19/2026 at 4:00 PM, during an interview, the Director of Nursing (DON) stated he had provided staff education on proper mechanical-lift techniques on 07/30/2026. The DON stated the training addressed use of two staff members during mechanical-lift transfers, selection of the appropriate lift-pad size, and performing transfers as close to the bed or wheelchair as possible to minimize risk. During the continued interview at 4:07 PM, the DON confirmed Resident #113 required assistance from two staff members and a mechanical lift for transfers. The DON stated transporting a resident from a geri-chair located in the hallway into the resident's room while suspended in the mechanical lift was not ideal and that transfers should occur as close to the bed or wheelchair as possible to decrease potential risks associated with the transfer. The DON confirmed Resident #113 had not experienced a recent fall or injury. On 08/20/2026 at 9:15 AM, during an interview, CNA #7 and CNA #8 stated they had conducted mechanical-lift training for nursing staff from 10/01/2025 through 10/03/2025. They stated the training included the requirement for two-person assistance during mechanical-lift transfers, selection of the appropriate lift-pad size, and return demonstration of the transfer procedure. CNA #7 and CNA #8 stated mechanical-lift transfers were expected to occur in the resident's room from one transfer surface to another for resident safety and dignity. On 08/20/2026 at 12:40 PM, during an interview, the Administrator stated resident transfers using a mechanical lift should occur as close to the transfer surfaces as possible.		M0640				
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		M1570				

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M1570	Continued from page 10 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 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, interviews, record review, and facility policy review, the facility failed to implement infection prevention and control practices by failing to use required personal protective equipment (PPE), including gowns, during high-contact care for a resident with a nephrostomy tube who was on Enhanced Barrier Precautions (EBP) for one (1) of (3) residents reviewed for infection control. (Resident #8). Findings include: A review of the facility policy titled, "Enhanced Barrier Precautions", reviewed 6/27/26, revealed, "...Definitions...gown and gloves use during high contact resident care activities...Policy Explanation or Compliance Guidelines...2. Enhanced Barrier Precautions (EBP) will be utilized for residents with any of the following: a...indwelling medical devices...urinary catheters...4. High-contact resident care activities include:...g. Device care use...urinary catheters..." A record review of Resident #8's "Admission Record" revealed the facility admitted the resident on 10/16/2025 with diagnoses including Other Artificial Openings of Urinary Tract Status, Chronic Kidney Disease Stage 2, and Unspecified Hydronephrosis.	M1570					

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(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
M1570	Continued from page 11 A record review of Resident #8's "Order Summary Report" revealed an active order for EBP related to the resident's nephrostomy tube. Additional orders directed staff to monitor the nephrostomy tubes for patency and freedom from kinks every shift and monitor the nephrostomy-tube insertion sites for signs of infection, including redness, swelling, warmth, discharge, odor, and leakage every shift. A record review of Resident #8's "Care Plan Report" revealed a focus for Enhanced Barrier Precautions related to the resident's nephrostomy tube and Extended-Spectrum Beta-Lactamase (ESBL), with interventions directing staff to use a gown and gloves during high-contact resident-care activities. On 08/19/2026 at 2:15 PM, during an observation of nephrostomy-site care for Resident #8, Licensed Practical Nurse (LPN) #7 and a Certified Nursing Assistant (CNA) provided care at the resident's bedside. The CNA assisted with positioning the resident. LPN #7 removed the dressing from the nephrostomy insertion site, cleansed the site with normal saline, and applied a dry dressing. LPN #7 and the CNA wore gloves during the care; however, neither staff member wore the required gown while providing high-contact nephrostomy-site care. On 08/19/2026 at 2:27 PM, during an interview following the observation, LPN #7 confirmed Resident #8 was on Enhanced Barrier Precautions related to the nephrostomy tube. LPN #7 acknowledged that she and the CNA should have worn gowns during the observed nephrostomy-site care because the care involved close contact with the nephrostomy site. On 08/19/2026 at 4:25 PM, during an interview, the Assistant Director of Nursing (ADON) confirmed Resident #8 was on Enhanced Barrier Precautions related to the nephrostomy tube and ESBL. The ADON stated staff were expected to wear appropriate PPE, including a gown and gloves, during direct-contact care. The ADON stated an EBP sign was posted at the resident's room, the resident was identified for staff as requiring precautions, and PPE was available on the hallway. On 08/20/2026 at 11:25 AM, during an interview, the Director of Nursing (DON) confirmed staff should have worn appropriate PPE, including a gown and gloves, while providing Resident #8's nephrostomy-site care. On 08/20/2026 at 12:25 PM, during an interview, the Administrator stated staff were expected to be aware			M1570			

Mississippi State Department of Health

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M1570	Continued from page 12 of residents' required precautions and wear appropriate PPE when providing close-contact care.		M1570				