

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 08/27/2026	
NAME OF PROVIDER OR SUPPLIER LEAKESVILLE REHABILITATION AND NURSING CENTER, INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1300 MELODY LANE , LEAKESVILLE, Mississippi, 39451			
(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				
M1570	The State Agency (SA) conducted an annual recertification survey at the facility from 08/24/2026 through 08/27/2026. 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 requirement and cited 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 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 Enhanced Barrier Precautions (EBP) by failing to wear required Personal Protective Equipment (PPE), including a gown, while providing tracheostomy care for one (1) of four (4) care observations. Resident		M1570				

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 08/27/2026	
NAME OF PROVIDER OR SUPPLIER LEAKESVILLE REHABILITATION AND NURSING CENTER, INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1300 MELODY LANE , LEAKESVILLE, Mississippi, 39451			
(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 1 #40. Findings include: A record review of the facility's policy titled, "Enhanced Barrier Precautions" with reviewed date of 09/01/2024 revealed "... It is the policy of this facility to implement enhanced barrier precautions for the prevention of transmission of multidrug-resistant organisms ... "Enhanced barrier precautions" (EBP) refer to an infection control intervention designed to reduce transmission of multidrug-resistant organisms that employs targeted gown and gloves use during high contact resident care activities ... High-contact resident care activities include: ... device care or use: ... tracheostomy ..." During an observation and interview on 08/25/2026 at 10:20 AM, Resident #40 was observed lying in bed with the head of the bed elevated. A tracheostomy with an oxygen collar was in place. Resident #40 stated tracheostomy care was completed daily. During an interview on 08/25/2026 at 10:55 AM, Certified Nurse Aide (CNA) #1 stated the yellow star by Resident #40's name near the door indicated the resident was on EBP related to having a tracheostomy. She explained when providing any close contact care staff is to wear Personal Protective Equipment (PPE) to prevent spread of infection. During an interview on 08/25/2026 at 11:25 AM, Licensed Practical Nurse (LPN) #1 stated a Respiratory Therapist (RT) was working that day, and tracheostomy care was provided by the RT or Registered Nurse (RN) supervisor. She stated the yellow star by the resident's name indicated the resident was on Enhanced Barrier Precautions and PPE was to be worn when providing care for the resident. During an observation and interview on 08/25/2026 at 3:30 PM, the RT provided tracheostomy care to Resident #40 while wearing gloves but no gown. The RT stood on the left side of the resident's bed and reached across the resident to remove the existing tracheostomy dressing. During the care, the RT's clothing contacted the resident's bed linens, bedrail, and gown. The RT stated he did not believe a gown was necessary because he stood to the side of the bed and believed there was no risk of contamination from the resident. When asked about EBP, the RT stated the precautions applied when a risk of contamination was present.			M1570			

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 08/27/2026	
NAME OF PROVIDER OR SUPPLIER LEAKESVILLE REHABILITATION AND NURSING CENTER, INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1300 MELODY LANE , LEAKESVILLE, Mississippi, 39451			
(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 2 During an interview on 08/26/2026 at 2:00 PM, LPN #5, reported the facility practiced EBP, the yellow star identified residents on EBP, PPE was available, and a gown should have been worn during Resident #40's tracheostomy care. During an interview on 08/26/2026 at 3:30 PM, the Director of Nursing (DON) stated PPE was required while providing tracheostomy care and that staff were expected to wear the required PPE while providing high-contact care to residents on EBP. During an interview on 08/26/2026 at 3:45 PM, the Administrator, reported that she expects all staff to follow infection control practices and to wear required PPE while providing high-contact care, including tracheostomy care, for residents on EBP. A record review of Resident #40's "Admission Record" revealed the facility admitted the resident on 12/16/2025 with diagnoses including Chronic Obstructive Pulmonary Disease With (Acute) Exacerbation and Tracheostomy Status. A record review of Resident #40's "Order Summary Report," with active orders as of 08/26/2026, revealed orders to assess tracheostomy status every two hours; change the drain sponge to the tracheostomy site every shift; change the Shiley 5 XLT Distal inner cannula daily; change tracheostomy ties daily; implement Enhanced Barrier Precautions every day and night shift; and provide tracheostomy site care every shift. A record review of Resident #40's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 06/13/2026 revealed a Brief Interview for Mental Status (BIMS) Summary Score of 11, indicating moderate cognitive impairment. Section O revealed resident had a tracheostomy and received respiratory therapy.			M1570			