Mississippi State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 23093	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TUPELO COMMUNITY CARE CENTER	**1901 BRIAR RIDGE ROAD , TUPELO, Mississippi, 38804**

(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 The State Agency (SA) conducted three (3) Complaint Investigations (CI MS #3193317, CI MS #3053478, and CI MS #3053893) at the facility from 9/8/2026 through 9/10/2026. CI MS #3193317 was investigated for resident rights. CI MS #3053478 was investigated for accidents and safety. CI MS #3053893 was investigated for sufficient supplies, pressure injuries, and staffing. 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 M0500 was cited for CI MS#3193317. There were no citations for CI MS#3053478. The census was 102 and the facility had a license for 120 beds.	M0000		
M0500 SS = D	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	M0500		

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

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M0500 SS = D	Continued from page 1 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; 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;	M0500		

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M0500 SS = D	Continued from page 2 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; 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	M0500		

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M0500 SS = D	Continued from page 3 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: Level IIBased on resident interviews, staff interviews, record review and facility policy review, the facility failed to ensure a resident's right to be treated with dignity and respect for one (1) of eight (8) sampled residents (Resident #4). Findings Include: Review of facility policy titled “Resident Rights” revised 12/2026 revealed, “Employees shall treat all residents with kindness, respect, and dignity...Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident's right to: a. A dignified existence..." During an interview on 9/9/2026 at 9:00 AM, Resident #4 stated that the previous night, Licensed Practical Nurse (LPN) #1 told her, “You should be ashamed of yourself; you should have pulled that wheelchair around, got out of bed and went to the bathroom.” Resident #4 stated that she had an incontinent episode and was talked to badly by LPN #1 and that she reported the incident to LPN #2. During a follow-up interview on 9/9/2026 at 1:32 PM, Resident #4 stated that she got into bed at approximately 7:30 PM and had been having diarrhea. She stated that at approximately 11:00 PM, she called for assistance with incontinent care. Resident #4 stated that LPN #1 answered the call light and told her she would have to wait to be changed because rounds were completed every two (2) hours and she could not be changed more often than that. Resident #4 stated that the interaction with LPN #1 made her feel embarrassed. She further stated that between 11:00 PM and 3:30 AM, she was changed one time. During an interview on 9/9/2026 at 1:42 PM, Resident #8, who is Resident #4's roommate, confirmed that LPN #1 answered Resident #4’s call light on the night of 9/8/2026 and that she heard LPN #1 tell Resident #4 that she would have to wait to be changed and to get up and go by herself. Resident #8 also confirmed that LPN #1 told Resident #4 that she was sorry and should be ashamed of herself.	M0500		

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M0500 SS = D	Continued from page 4 During an interview on 9/10/2026 at 9:51 AM, LPN #2 stated that Resident #4 reported to her that LPN #1 answered her call light the previous night and told her she could go to the bathroom on her own and that she was "laid up in the bed being sorry." LPN #2 stated that she was in the middle of medication pass when Resident #4 reported the incident, so she instructed Resident #4 to report the concern to the Administrator. LPN #2 stated that she did not report the concern to the Administrator herself. LPN #2 also stated that Resident #8 confirmed to her what LPN #1 said to Resident #4. During an interview on 9/10/2026 at 12:26 PM, the Director of Nursing (DON) stated that her expectation was for staff to treat all residents with dignity and respect, to honor their rights and to treat them like family. The DON stated that it was not appropriate for LPN #1 to tell Resident #4 that she should be ashamed of herself and acknowledged that it was a violation of the resident's rights that she was talked to that way. During an interview on 9/10/2026 at 1:47 PM, the Administrator stated that at approximately 1:00 PM on 9/9/2026, Resident #4 entered her office and reported the incident involving LPN #1. She stated that Resident #4 told her that she was having diarrhea and LPN #1 answered her call light at 11:00 PM and told her she was just being sorry, you can get up and go to the bathroom. The Administrator stated that she also interviewed Resident #8, who reported that LPN #1 entered the room and told Resident #4 that she could get up and go to the bathroom. The Administrator stated that Resident #8 also reported that LPN #1 was rude to Resident #4. The Administrator stated that she called the incident into the State Agency on 9/9/2026 at approximately 2:20 PM. The Administrator confirmed that the interaction was a resident rights and dignity concern and stated, “It is a dignity issue.” Record review of “Admission Record” revealed Resident #4 was admitted to facility on 11/3/2025 and had diagnoses of Nondisplaced Fracture of Lateral Condyle of Right Femur, Subsequent Encounter for Closed Fracture with Routine Healing and Type 1 Diabetes Mellitus with Ketoacidosis Without Coma. Record review of the Minimum Data Set (MDS) with Assessment Reference Date (ARD) of 7/24/2026 revealed, under Section C, a Brief Interview for Mental Status (BIMS) summary score of 15, indicating Resident #4 was cognitively intact.	M0500		

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M0500 SS = D	Continued from page 5 Record review of “Admission Record” revealed Resident #8 was admitted to facility on 10/22/2025 with a diagnosis of Primary Osteoarthritis, Right Hip. Record review of the MDS with ARD of 7/26/2026 revealed, under Section C, a BIMS summary score of 15, indicating Resident #8 was cognitively intact.	M0500		