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 **09/10/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHEARER-RICHARDSON MEMORIAL NURSING HOME	**512 ROCKWELL DRIVE PO BOX 604, OKOLONA, Mississippi, 38860**

(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 an annual recertification survey at the facility from 09/08/2026 through 09/10/2026. During the survey, the SA determined the facility was not in compliance with the Minimum Standards of Operation for Institutions for the Aged or Infirm, state licensure requirements and deficiencies were cited at M0625. The facility held a license for 73 beds at the time of survey, and the facility census was 69.	M0000		
M0625	45.21.5 Range of motion Range of motion. Residents with limited range of motion shall receive treatment and services to increase range of motion or prevent further decline in range of motion. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Level IIBased on observation, interview, record review, and facility policy review, the facility failed to ensure interventions were continued to maintain functional range of motion (ROM) for one (1) of three (3) residents reviewed for range of motion. The facility failed to ensure Resident #2's right-hand resting splint was applied or range of motion as indicated after the resident was discharged from the restorative nursing program to floor staff. This failure placed Resident #2 at risk for worsening contracture, further loss of range of motion, skin impairment, and infection. (Resident #2) Findings Include: Review of the facility policy "Prevention of Decline in Range of Motion" revealed "Residents who enter the facility without limited range of motion will not experience a reduction in range of motion unless the resident's clinical condition demonstrated that a reduction in range of motion is unavoidable...3.b. The facility will provide treatment and care in accordance with professional standards of practice. This includes, but is not limited to: ...ii. Appropriate equipment (braces or splints)..." Observation on 09/08/2026 at 1:50 PM revealed Resident #2 seated in a wheelchair in the activity	M0625		

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

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M0625	Continued from page 1 room. Resident #2 used his left hand to support his right wrist. Limited range of motion was observed in the right hand and wrist. Resident #2 was unable to open his right hand without using his left hand to assist in opening it and was observed without a splint or device in place on his right hand. Observation on 09/09/2026 at 8:35 AM revealed Resident #2 seated in a wheelchair with no splint or other device in place on the right hand. Record review on 09/09/2026 at 1:15 PM revealed documentation dated 05/26/26 indicating Resident #2 would be "DC (discharged) to floor staff at this time." "Resident is in the RNCA (Restorative Nursing Care Assistant) program for PROM (passive range of motion) to right hand and brace assistance. He will wear his right-hand brace for 3 hours/day with a goal of five (5) hours/day and increase ROM in right hand. RNCA will assist him for 15 minutes/day or as tolerated for at least six (6)/days/week." During an interview on 09/09/2026 at 2:30 PM, Registered Nurse (RN) #1 stated Resident #2 previously wore a splint while participating in the restorative nursing program but was not currently wearing the splint. During an interview on 09/09/2026 at 3:15 PM, Resident #2 stated, "I had something on my hand before, but I don't wear it anymore and I'm not sure why." During an interview on 09/09/2026 at 3:30 PM, the Restorative Certified Nursing Assistant (CNA) stated Resident #2 had participated in restorative nursing for range-of-motion exercises to the bilateral lower extremities and use of a splint to the right hand. The Restorative CNA stated Resident #2 met his goal of tolerating the splint for five to six hours per day and was subsequently discharged from restorative nursing to floor staff to continue his therapy. The Restorative CNA confirmed Resident #2's resting hand splint was located in the restorative office and had not been applied to the resident since 05/26/26. The Restorative CNA stated failure to apply the splint placed Resident #2 at risk for worsening limitation in range of motion. During an interview on 09/09/2026 at 3:45 PM, the Director of Rehabilitation (DOR) stated that if use of the splint was not continued to keep the resident's right hand open, then the muscles in Resident #2's hand could tighten, which could result in the resident's fingernails digging into the skin and potentially causing a skin infection.	M0625		

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M0625	Continued from page 2 During an interview on 09/09/2026 at 3:55 PM, the Minimum Data Set (MDS) Nurse confirmed Resident #2 was no longer participating in the restorative nursing program and did not currently have an order for a splint. During an interview on 09/10/2026 at 9:30 AM, the Director of Nursing (DON) confirmed Resident #2 had the potential for worsening range of motion of the right hand and wrist without an intervention. Record review of Resident #2's Admission Record revealed the resident was admitted to the facility on 12/23/2021 with a diagnosis of hemiplegia, unspecified, affecting the right dominant side. Record review of Resident #2's Minimum Data Set (MDS) assessment with an Assessment Reference Date (ARD) of 06/23/2026 revealed a Brief Interview for Mental Status (BIMS) score of 4, indicating severe cognitive impairment. Item GG0115 identified functional limitation in range of motion on both sides of upper extremities.	M0625		