

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 09/03/2026	
NAME OF PROVIDER OR SUPPLIER LAURELWOOD COMMUNITY LIVING CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 1036 WEST DRIVE , LAUREL, Mississippi, 39440			
(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 re-licensure survey at the facility from 8/31/26 to 9/3/26. 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 cited M225, M500, and M1570.						
M0225	45.4.1 Nursing Facility Nursing Facility. To be classified as a facility, the institution shall comply with the following staffing requirements: 1. Minimum requirements for nursing staff shall be based on the ratio of two and eight-tenths (2.80) hours of direct nursing care per resident per twenty-four (24) hours. Staffing requirements are based upon resident census. Based upon the physical layout of the nursing facility, the licensing agency may increase the nursing care per resident ratio. 2. Each facility shall have the following licensed personnel as a minimum: a. Seven (7) day coverage on the day shift by a registered nurse. b. A registered nurse designated as the Director of Nursing Services, who shall be employed on a full time (five [5] days per week) basis on the day shift and be responsible for all nursing services in the facility. c. Facilities of one-hundred eighty (180) beds or more shall have an assistant director of nursing services, who shall be a registered nurse. d. A registered nurse or licensed practical nurse shall serve as a charge nurse and be responsible for supervision of the total nursing activities in the		M0225				

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE
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M0225	Continued from page 1 facility during the 7:00 a.m. to 3:00 p.m. and 3:00 p.m. to 11:00 p.m. shift. The nurse assigned to the unit for the 11:00 p.m. to 7:00 a.m. shift may serve as both the charge nurse and medication/treatment nurse. A medication/treatment nurse for each nurses' station shall be required on all shifts. This shall be a registered nurse or licensed practical nurse. e. In facilities with sixty (60) beds or less, the director of nursing services may serve as charge nurse. f. In facilities with more than sixty (60) beds, the charge nurse may not be the director of nursing services or the medication/treatment nurse. 3. Non-Licensed Staff. The non-licensed staff shall be added to the total licensed staff, to complete the required staffing requirements. 4. There shall be at least two (2) employees in the facility at all times in the event of an emergency. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on interview and record review, the facility failed to ensure a licensed nurse designated as the charge nurse was separate from the medication/treatment nurse by assigning the medication/treatment nurse to also serve as the charge nurse from 7:00 PM to 11:00 PM during the 3:00 PM to 11:00 PM shift for one (1) of four (4) days of survey. Findings include: A record review of the facility's staffing grid dated 08/18/2026 through 08/31/2026 revealed there was no separate licensed nurse designated to serve as the charge nurse from 7:00 PM until 11:00 PM. A record review of the time sheets for the 14 days prior to the survey revealed no additional licensed nurse was scheduled to serve as the charge nurse from 7:00 PM until 11:00 PM separate from the medication/treatment nurse. On 09/01/2026 at 8:15 AM, during an interview, the Director of Nursing (DON) stated the facility's Registered Nurses (RNs) worked 12-hour shifts from	M0225					

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M0225	Continued from page 2 7:00 AM until 7:00 PM and the RN served as the charge nurse during those hours. The DON stated that from 7:00 PM until 11:00 PM, she verbally assigned the medication/treatment nurse working the medication cart to also serve as the charge nurse. The DON confirmed that having a separate licensed nurse designated as the charge nurse from 7:00 PM until 11:00 PM would free the medication/treatment nurse to maintain focus on the residents in the event of an emergency.		M0225				
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 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		M0500				

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M0500	Continued from page 3 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 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;	M0500					

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M0500	Continued from page 4 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 evidenced by: Based on observations, interviews, record review, and facility policy review, the facility failed to honor a resident's right to make choices about significant aspects of her life by failing to honor documented meal preferences and serving foods identified as dislikes for one (1) of (16) sampled residents	M0500					

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M0500	Continued from page 5 reviewed for resident choices. Resident #2. Findings include: A record review of the facility's policy titled "Residents Rights and Quality of Life Policy and Procedure," with no date, revealed "... All residents have the right to a dignified existence, self-determination, and communication with and access to people and services inside and outside the facility ..." On 08/31/2026 at 12:47 PM, during an observation and interview, Resident #2 stated her biggest complaint was about the food. Resident #2 stated the food was not the best and that an alternate meal was available. Resident #2 stated she had been served foods she disliked on multiple occasions. On 09/01/2026 at 11:33 AM, during an interview, Licensed Practical Nurse (LPN) #1 stated Resident #2 had complained several times to her and other staff about the food and stated the food did not taste good. LPN #1 stated the resident was offered alternate meal choices. LPN #1 stated she would check with the resident to determine whether she wanted the alternate meal and inform her of the available alternative. LPN #1 stated she had not had the opportunity to ask Resident #2 about the alternate meal that day. On 09/01/2026 at 11:50 AM, the State Agency (SA) observed Resident #2 in bed with her lunch tray on the bedside table. The meal tray contained a bowl of red beans and rice, fried okra, cornbread, cake, and a bowl of chicken and dumplings. Resident #2 stated she did not like red beans and rice or okra and had repeatedly informed staff of these dislikes. Resident #2 stated she had asked staff to obtain the alternate meal and had eaten approximately half of the chicken and dumplings. Resident #2 stated staff continued to place foods on her tray that were identified as dislikes. On 09/01/2026 at 2:10 PM, during an interview, Dietary Department (DD) Staff #2 stated Resident #2 had previously complained that her food preferences were not being honored and that her likes and dislikes had been updated frequently in response to her complaints. DD #2 stated he was unaware Resident #2 had been served red beans and rice with fried okra that day. DD #2 stated alternate and always-available menu items were available and staff communicated residents' choices to the kitchen. On 09/02/2026 at 9:40 AM, during an interview,		M0500				

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M0500	Continued from page 6 Certified Nurse Aide (CNA) #2 stated Resident #2 ate well on some days and poorly on others. CNA #2 stated that when Resident #2 ate in the dining room, the resident would request an alternate meal. CNA #2 stated Resident #2 had complained about the food and about receiving foods from the kitchen that she did not like. On 09/02/2026 at 11:40 AM, during an observation in the dining room, the SA observed Resident #2's lunch tray contained rice and gravy. Resident #2 stated rice and gravy were listed as her dislikes, but she continued to receive them on her meal trays. Resident #2 stated she did not like the facility's gravy and had informed staff of the preference. CNA #2 confirmed Resident #2's meal ticket identified gravy and rice as dislikes. On 09/03/2026 at 2:10 PM, during an interview, DD #2 stated he expected kitchen staff to honor residents' documented likes and dislikes when preparing meal trays. On 09/03/2026 at 3:45 PM, during an interview, the Administrator stated she expected staff to honor residents' rights at all times. A record review of Resident #2's meal ticket dated 09/01/2026 revealed the menu included red beans and rice with sausage and fried okra. The meal ticket identified "No Red Beans and Rice" and listed fried okra and okra as resident dislikes. A record review of Resident #2's meal ticket dated 09/02/2026 revealed the menu included savory roasted chicken over rice. The meal ticket identified gravy and rice as resident dislikes. A record review of Resident #2's "Admission Record" revealed the facility admitted the resident on 02/25/2026 with diagnoses including Collapsed Vertebra, Not Elsewhere Classified, Lumbar Region, Subsequent Encounter for Fracture with Routine Healing. A record review of Resident #2's "Order Summary Report" revealed an active physician's order dated 02/26/2026, for CCHO (Controlled Carbohydrate) diet, Regular texture, Regular consistency. A record review of Resident #2's "Quarterly Minimum Data Set (MDS)," with an Assessment Reference Date (ARD) of 07/29/2026, revealed a Brief Interview for Mental Status (BIMS) Summary Score of 15, which indicated the resident was cognitively intact. Section K revealed the resident	M0500					

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M0500	Continued from page 7 was on a therapeutic diet.	M0500					
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 observations, interviews, record review, and facility policy review, the facility failed to maintain infection prevention and control practices in accordance with facility policy and established infection prevention and control practices by failing to: 1) follow established infection-control practices for a resident on contact precautions for Resident #55; 2) prevent contamination of clean laundry during transport and delivery; and 3) perform hand hygiene after contact with a potentially contaminated environmental surface and before handling residents' meal trays, napkins, straws, and utensils, during one (1) of four (4) survey days. Findings include: A review of the facility's policy titled "Infection Control Policy and Procedure" revealed "...To establish and maintain an infection prevention and control program designed to provide a safe, sanitary,	M1570					

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M1570	Continued from page 8 and comfortable environment and to help prevent the development and transmission of communicable diseases and infections..." A record review of the "Infection Control/MDRO/Isolation/PPE In-Service" dated 07/31/2026 revealed staff received education related to infection control, multidrug-resistant organisms (MDROs), isolation, and personal protective equipment (PPE). Resident #55 On 09/01/2026 at 12:01 PM, the State Agency (SA) observed Resident #55's lunch meal delivered to the resident's room by Certified Nursing Assistant (CNA #1) on a regular plate with a reusable domed lid. Resident #55 was on contact precautions. The SA asked CNA #1 whether the resident should have been served the meal using disposable Styrofoam dinnerware and plastic utensils. CNA #1 stated she had informed the Dietary Department of the resident's isolation status; however, "they don't listen." On 09/01/2026 at 12:19 PM, an interview with Dietary Manager (DD #2) revealed communication between the Nursing and Dietary Departments was not always effective. DD #2 stated he was unaware of the type of transmission-based precautions Resident #55 required at the time of the interview. DD #2 further stated Dietary staff received monthly in-service education and additional education was provided when issues or concerns were identified. On 09/03/2026 at 11:23 AM, an interview with Registered Nurse (RN #1), Infection Preventionist in Training, revealed information regarding residents on contact precautions was communicated through the facility's electronic medical record, PointClickCare (PCC), visually identified by signage posted on residents' doors, and discussed during daily morning stand-up meetings to ensure staff were aware of residents requiring transmission-based precautions. RN #1 further stated that, according to facility practice, residents on contact precautions were to be served meals on disposable Styrofoam plates with disposable plastic utensils so the items could be discarded after use. On 09/03/2026 at 1:05 PM, an interview with the Director of Nursing (DON) revealed staff had access to residents' physician orders and comprehensive care plans through the electronic health record, as well as the Medication Administration Record (MAR) and Treatment Administration Record (TAR), which	M1570					

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M1570	Continued from page 9 identified required precautions. The DON stated resident precautions were also discussed during daily morning meetings. The DON further stated residents on contact precautions were to be served meals using disposable Styrofoam products so the items could be discarded after use. On 09/03/2026 at 2:15 PM, an interview with the Administrator revealed she expected staff to be observant of signage posted on residents' doors regarding required PPE. The Administrator stated residents' infection-control needs were discussed during daily stand-up meetings and communicated to staff through the electronic health record and comprehensive care plans. A record review of Resident #55's "Admission Record" revealed the facility admitted the resident on 08/21/2026 with diagnoses including Enterocolitis due to Clostridium Difficile, not specified as recurrent. A record review of Resident #55's "Order Summary Report" revealed an active physician's order, dated 08/21/2026, for contact precautions related to C-diff (Clostridium difficile). A record review of Resident #55's 5-Day Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 08/27/2026, revealed a Brief Interview for Mental Status (BIMS) summary score of 8, which indicated the resident was moderately cognitively impaired. Laundry Delivery: On 09/01/2026 at 1:26 PM, during an observation of clean laundry delivery, the SA observed a laundry staff member allow residents' clean clothing to contact the floor during two (2) deliveries. The staff member repeatedly removed the cloth covering the clean-laundry cart and tucked the cloth into a handrail affixed to the wall, leaving the clean laundry uncovered. The staff member then returned the cloth that had contacted the handrail to the clean laundry. On 09/01/2026 at 2:05 PM, during an interview, the Housekeeping Supervisor (HS) identified herself as the staff member observed delivering the clean laundry. The HS stated she recalled that some clothing was long enough to contact the floor and that she removed the cloth covering the cart and tucked it into the handrail during multiple stops. The HS confirmed the floor was contaminated and that anything contacting the floor would therefore be contaminated. The HS further stated the handrail			M1570			

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M1570	Continued from page 10 was touched by people throughout the day and acknowledged that placing the cart cover on the handrail was unsanitary and left the clean laundry uncovered. On 09/03/2026 at 1:19 PM, during an interview, the Administrator stated she expected clean clothing to remain covered during transport and to be put away in a sanitary manner. Dining Room: On 08/31/2026 at 11:27 AM, during an observation of the main dining room, the SA observed Licensed Practical Nurse (LPN) #1 pick up a wet-floor sign from the floor and, without performing hand hygiene, proceed to set up residents' meal trays and handle residents' napkins, straws, and utensils while setting up their place settings. During an interview at that time, LPN #1 confirmed she picked up the wet-floor sign and then proceeded to handle residents' meal trays, napkins, straws, and utensils without performing hand hygiene. LPN #1 stated maintaining sanitary conditions during dining service was important for infection control. On 09/03/2026 at 12:40 PM, during an interview, the Director of Nursing (DON) stated LPN #1 had informed her of the failure to perform hand hygiene in the dining room. The DON confirmed that LPN #1 should have performed hand hygiene after picking up the wet-floor sign and before continuing meal service. The DON stated maintaining sanitary conditions during dining service was important to decrease the risk of infection and that she expected nursing staff to maintain proper hand hygiene.			M1570			