STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255283	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VAIDEN COMMUNITY LIVING CENTER	**868 MULBERRY STREET P O BOX 607, VAIDEN, Mississippi, 39176**

(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
F0000	INITIAL COMMENTS The State Agency (SA) conducted two (2) Complaint Investigations (CI MS #3170424 and CI MS #3171530) at the facility from 09/15/26 through 09/16/26. During the survey, the SA determined the facility was not in compliance with the requirements for participation in Medicare and Medicaid. The SA identified non-compliance and cited F677 for CI MS # 3171530 for failure to provide timely incontinence care. There were no deficiencies cited for CI MS #3170424 related to misappropriation of resident funds. The census at the time of the survey was 59 and the facility was licensed for 60 beds.	F0000		
F0677 SS = D	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is NOT MET as evidenced by: Based on observation, resident and staff interviews, record review and facility policy review the facility failed to ensure that a dependent resident received timely incontinence care for one (1) of four (4) residents reviewed for Activities of Daily Living (ADLs). Resident #3. Findings Include: Review of the facility policy "ADL (Activities of Daily Living) Care of a Resident" revealed, "Resident ADL care will be provided to the resident according to the individualized resident needs." An observation and interview conducted on 09/16/26 at 10:00 AM revealed Resident #3 lying in bed with his wife present at his bedside. Resident #3 stated that he had resided in the facility for nearly three months. He reported that he was unable to get out of bed without assistance, he wore briefs due to incontinence and relied on staff for assistance with toileting and incontinence care. Resident #3 reported	F0677		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

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F0677 SS = D	Continued from page 1 that staff did not consistently check on him during the night and stated, “I wake up soaked and wet a lot.” He further reported that staff did not come into his room during the night to check on him, and that third shift (11p-7a) staff entered his room around 3:00 AM or 4:00 AM every morning to change him. Resident #3 also stated that when he previously addressed the concern, staff told him that they could not come into his room every few minutes to check on him. He could not recall the staff member who voiced this. During an interview on 09/16/26 at approximately 10:10 AM, Resident #3’s wife, reported ongoing concerns regarding the provision of incontinence care, particularly during the night shift. She stated, “The night shift is lacking.” She reported that she visited Resident #3 yesterday, on 09/15/26 and took all of his soiled clothing home to launder. She stated that when she arrived at the facility at approximately 9:00 AM today, 09/16/26, she detected a strong urine odor and observed three pairs of Resident #3’s pants and two pull-over shirts that were wet and soaked with urine. She stated, “They were so wet, I had to put them in a plastic bag.” Resident #3's wife reported that his clothing was frequently “soaking wet” and expressed concern that he was not being kept clean and dry. Resident #3's wife became tearful during the interview and expressed concern regarding Resident #3’s prolonged exposure to urine. She further reported that Resident #3 had a history of skin problems and expressed concern that continued exposure to urine could result in skin breakdown. An observation in Resident #3’s bathroom at 10:20 AM, revealed three pairs of pants and two pull-over shirts inside a plastic bag located in a laundry basket. The clothing items were observed to be wet, and a strong foul odor consistent with urine was detected. During an interview on 09/16/26 at 10:30 AM with Licensed Practical Nurse (LPN) #1, she revealed that she was assigned to Resident #3. She confirmed that Resident #3 was incontinent, wore briefs, and required significant assistance with his care. LPN #1 stated that Certified Nursing Assistants (CNAs) were expected to make rounds at least every two hours and were responsible for keeping residents clean and dry. On 09/16/26 at 10:35 AM, LPN #1 observed Resident #3’s clothing in his bathroom and confirmed that three pairs of pants and two shirts were wet. She also confirmed the presence of a strong foul odor	F0677		

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F0677 SS = D	Continued from page 2 and identified the odor as urine. LPN #1 stated that failure to provide timely incontinence care resulted in Resident #3's needs not being met and could result in discomfort and skin breakdown. During an observation and interview with the Director of Nursing (DON) on 09/16/26 at 10:45 AM, Resident #3's three pairs of pants and two shirts were again observed and confirmed to be wet. The DON confirmed the presence of a urine odor. Resident #3 reported to the DON that night-shift staff were not consistently keeping him dry and Resident #3's wife stated to the DON, "His pants and shirts are wet and reek of urine." The DON acknowledged the condition of Resident #3's clothing and stated that the care provided was unacceptable. She also apologized to Resident #3 and his wife and stated, "He doesn't deserve this kind of care" and "We will take care of this." The DON further acknowledged that leaving a resident wet and failing to provide timely incontinence care could result in discomfort and significant skin problems. She stated that it was her expectation that CNAs make rounds at least every two hours and provide timely incontinence care as needed. Record review of Resident #3's "Admission Record" revealed that he admitted on 07/03/26 with diagnoses that included Parkinson's Disease with Dyskinesia, Muscle Weakness, and Unsteadiness on Feet. Record review of Resident #3's Minimum Data Set (MDS) with Assessment Reference Date (ARD) of 07/09/26 under Section C - Cognitive Patterns revealed a Brief Interview for Mental Status (BIMS) Score of 14 which indicated that he was cognitively intact. Section H-Bladder and Bowel revealed that he was frequently incontinent. Record review of Resident #3's MDS with ARD of 09/04/26 under Section GG - Functional Abilities revealed that he required Substantial/Maximal assistance with Toileting hygiene.	F0677		