

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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| <b>STATEMENT OF DEFICIENCIES<br/>AND PLAN OF CORRECTIONS</b>        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>255278</b> |  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING<br><br>B. WING                                                    |                                                                                                                          | (X3) DATE SURVEY COMPLETED<br><br><b>09/24/2026</b> |                            |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>HILLCREST NURSING CENTER</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                            |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>1401 FIRST AVENUE NORTHEAST , MAGEE, Mississippi, 39111</b> |                                                                                                                          |                                                     |                            |
| (X4) ID<br>PREFIX<br>TAG                                            | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                            |  | ID<br>PREFIX<br>TAG                                                                                         | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE<br>APPROPRIATE DEFICIENCY) |                                                     | (X5)<br>COMPLETION<br>DATE |
| F0000                                                               | INITIAL COMMENTS<br><br>The State Agency (SA) conducted a Complaint Investigation (CI MS #3691138) at the facility on 9/24/26. During the survey, the SA determined that the facility was not in compliance with the requirements of participation in Medicare and Medicaid Services. The SA cited F689 related to accident hazards and F925 related to pest control.<br><br>The facility census on the SA's entrance was 88. Facility licensed for 100 beds.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                            |  | F0000                                                                                                       |                                                                                                                          |                                                     |                            |
| F0925<br>SS = F                                                     | Maintains Effective Pest Control Program<br><br>CFR(s): 483.90(i)(4)<br><br>§483.90(i)(4) Maintain an effective pest control program so that the facility is free of pests and rodents.<br><br>This REQUIREMENT is NOT MET as evidenced by:<br><br>Based on observation, resident and staff interviews, record review, review of pest-control records, and facility policy review the facility failed to maintain an effective pest-control program to prevent rodents from entering resident rooms during two (2) of (2) months reviewed for pest control. August and September 2026.<br><br>Findings include:<br><br>Record review of the facility policy titled " Accident Prevention", revised 09/25revealed "Each resident shall receive adequate supervision and assistive devices to reduce the likelihood of accidents. The environment will be free from accident hazards for all residents, staff, and visitors through interventions such as but not limited to... 9. Pest control program to free community from pests and rodents..."<br><br>Record review of the facility investigation revealed that on 9/21/26, at approximately 5:00 AM, Certified Nursing Assistant #1 (CNA) observed open areas to Resident #1's left arm and the bottom of his right foot. The investigation documented that a Licensed Practical Nurse (LPN) had observed a mouse in the |                                                                            |  | F0925                                                                                                       |                                                                                                                          |                                                     |                            |

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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE |  | TITLE | (X6) DATE |
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DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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| F0925<br>SS = F                                                     | <p>Continued from page 1</p> <p>resident's bed earlier that night. The resident had previously reported a rodent sighting to the Maintenance Supervisor, and the resident's room was being treated for pests.</p> <p>Record review of a statement provided by a local law enforcement investigator, dated 9/21/26, revealed the investigator responded to the facility after receiving a report concerning Resident #1. Upon entering the resident's room, the investigator observed two empty boxes of sticky traps on the foot of the bed, a white pillow with blood stains and rodent feces nearby, and several sticky traps throughout the room.</p> <p>On 9/24/26 at 10:32 AM, during an interview, Resident #1 stated he had experienced a problem with mice in his room for more than one month and had reported the problem to the Administrator. Resident #1 stated sticky traps were placed in his room but did not always work. The resident stated that on the morning of 9/21/26, he observed blood on his pillow and sheets and mouse droppings in his bed.</p> <p>During an interview on 9/24/26 at 11:12 AM, the Nurse Practitioner (NP) stated she was notified on the morning of 9/21/26 that Resident #1 had wounds to the bottom of his right foot and left arm and that staff suspected the resident may have been bitten by a rodent. The NP stated her assessment identified approximately three puncture areas to the bottom of the resident's right foot and two small puncture areas to the resident's upper arm. The NP stated the areas did not appear to be self-inflicted.</p> <p>In a telephone interview with CNA#1 on 9/24/26 at 11:45 AM, stated she observed a mouse running into Resident #1's room on 9/21/26 but was unable to locate where the mouse went.</p> <p>Observation of Resident #1's room on 9/24/26 at 12:00 PM revealed a sticky trap on the floor behind the bathroom door.</p> <p>Telephone interview with LPN #1, on 9/24/26 at 1:05 PM, she stated that between approximately 9:00 PM and 9:30 PM on 9/20/26, she entered Resident #1's room and observed a mouse lying on the resident's bed cover near his head. She stated she startled the mouse, which ran away, and she was unable to determine where it went. LPN #1 stated she assessed Resident #1's skin at that time and did not observe any injuries. LPN further stated that at approximately 5:00 AM to 5:30 AM on 9/21/26, Resident #1 was observed with bleeding puncture</p> |                                                                            |  | F0925                                                                                                       |                                                                                                                          |                                                     |                            |

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| F0925<br>SS = F                                                     | <p>Continued from page 2<br/>areas to the bottom of his right foot, areas to his arm, and mouse feces in his bed. She notified the NP and obtained orders for a tetanus vaccination.</p> <p>Record review of the facility's "Sightings with Corrective Action" logs and interview, on 9/24/26 at 1:30 PM, with the Administrator revealed **five rat sightings and three mouse sightings** were documented in resident rooms or common areas during August and September 2026. Further review revealed the logs did not document the dates of the sightings but documented dates corrective actions were taken. The Administrator verified the logs reflected sightings beginning on 8/2/26. During further interview, the Administrator verified that in response to the repeated rodent sightings during August and September 2026, the facility increased the use of sticky traps.</p> <p>On 9/24/26 at 2:00 PM, in an interview, the Maintenance Man stated the facility had a problem with mice entering the building. He stated staff documented sightings on the facility's "Sightings with Corrective Action" logs, after which he checked the identified area and placed sticky traps. He stated he previously identified a hole in Resident #1's room and repaired the hole with silicone; however, mice chewed through the silicone, requiring the opening to subsequently be repaired with cement. In a continued interview the Maintenance Man further stated that he generally checked the sticky traps approximately every two days after placement and would find a mouse. He stated the problem would improve for a period of time, but the mice would return. The Maintenance man stated he did not routinely conduct environmental rounds to identify evidence of mice. He further stated he discovered the pest-control provider had not been reviewing the facility's pest-control sighting logs, although the provider was expected to do so.</p> <p>During an interview with the Administrator and Director of Nursing on 9/24/26 at 3:03 PM, they verified that no further additional protective measures for Resident #1 were implemented after staff directly observed a mouse on the resident's bed near his head.</p> <p>Record review of the "Face Sheet" revealed the facility admitted Resident #1 on 9/4/2018 with diagnoses that included Diabetes Mellitus and Peripheral Vascular Disease.</p> <p>Record review of Resident #1's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 8/10/2026 revealed a Brief Interview for Mental</p> | F0925                                                                      |                                                                                                                          |                                                     |  |

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| F0925<br>SS = F                                                     | Continued from page 3<br>Status (BIMS) score of 15, indicating full cognitive<br>ability.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | F0925                                                                      |                                                                                                                          |                                                                                                             |  |                                                     |  |
| F0689<br>SS = D                                                     | <p>Free of Accident Hazards/Supervision/Devices</p> <p>CFR(s): 483.25(d)(1)(2)</p> <p>§483.25(d) Accidents.</p> <p>The facility must ensure that -</p> <p>§483.25(d)(1) The resident environment remains as<br/>free of accident hazards as is possible; and</p> <p>§483.25(d)(2) Each resident receives adequate<br/>supervision and assistance devices to prevent<br/>accidents.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on observation, resident and staff interviews,<br/>record review and facility policy review, the facility<br/>failed to take adequate measures to protect a<br/>resident from a known environmental hazard after a<br/>mouse was observed on the resident's bed for one<br/>(1) of three (3) residents reviewed. Resident #1.</p> <p>Findings include:</p> <p>Record review of the facility policy titled " Accident<br/>Prevention", revised 09/25 revealed "Each resident<br/>shall receive adequate supervision and assistive<br/>devices to reduce the likelihood of accidents..."</p> <p>Record review of the facility investigation revealed<br/>that on 9/21/26 at approximately 5:00 AM, Certified<br/>Nursing Assistant #1 (CNA) observed open areas to<br/>Resident #1's left arm and the bottom of his right<br/>foot. The investigation documented that a Licensed<br/>Practical Nurse (LPN) had observed a mouse in<br/>Resident #1's bed earlier that night. Resident #1 had<br/>previously reported a rodent sighting to the<br/>Maintenance Supervisor, and the resident's room<br/>was being treated for pests.</p> <p>Record review of a statement provided by a local<br/>law enforcement investigator, dated 9/21/26,<br/>revealed the investigator responded to the facility<br/>regarding Resident #1. Upon entering the resident's<br/>room, the investigator observed two empty boxes of<br/>sticky traps on the foot of the bed, a white pillow<br/>with blood stains and rodent feces nearby, and<br/>several sticky traps throughout the room.</p> <p>During an interview on 9/24/26 at 10:32 AM,</p> | F0689                                                                      |                                                                                                                          |                                                                                                             |  |                                                     |  |

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| F0689<br>SS = D                                                     | <p>Continued from page 4</p> <p>Resident #1 stated he had experienced a problem with mice in his room for more than one month and had reported the problem to the Administrator. Resident #1 stated sticky traps had been placed in his room but did not always work. The resident stated that on the morning of 9/21/26, he observed blood on his pillow and sheets and mouse droppings in his bed. Resident #1 stated he did not see or feel a mouse or rat bite him. Resident #1 verified he was unable to get up without assistance.</p> <p>On 9/24/26 at 11:12 AM, during an interview, the Nurse Practitioner (NP) stated she was notified on the morning of 9/21/26 that Resident #1 had wounds to the bottom of his right foot and left arm and that staff suspected the resident may have been bitten by a rodent. The NP stated her assessment identified approximately three puncture areas to the bottom of the resident's right foot and two small puncture areas to the resident's upper arm. The NP stated the areas did not appear to be self-inflicted.</p> <p>During a telephone interview on 9/24/26 at 11:45 AM, CNA #1 stated she observed a mouse running into Resident #1's room on 9/21/26 but was unable to locate where the mouse went.</p> <p>Observation of Resident #1's room on 9/24/26 at 12:00 PM, revealed a sticky trap on the floor behind the bathroom door.</p> <p>During a telephone interview on 9/24/26 at 1:05 PM, LPN #1 stated that between approximately 9:00 PM and 9:30 PM on 9/20/26, she entered Resident #1's room and observed a mouse lying on the resident's bed cover near his head. LPN #1 stated she startled the mouse, which ran away, but she was unable to determine where it went. LPN #1 stated she assessed Resident #1's skin at that time and did not observe any injuries. LPN #1 further stated that at approximately 5:00 AM to 5:30 AM on 9/21/26, Resident #1 was observed with bleeding puncture areas to the bottom of his right foot, areas to his arm, and mouse feces in his bed.</p> <p>Record review of the facility's "Sightings with Corrective Action" logs and interview with the Administrator on 9/24/26 at 1:30 PM, revealed five rat sightings and three mouse sightings had been documented in resident rooms or common areas during August and September 2026. The Administrator verified the logs reflected sightings beginning on 8/2/26 and that the facility had increased the use of sticky traps in response to the sightings.</p> |                                                                            |  | F0689                                                                                                       |                                                                                                                          |                                                     |                            |

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| <b>STATEMENT OF DEFICIENCIES<br/>AND PLAN OF CORRECTIONS</b>        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>255278</b> |  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING<br><br>B. WING                                                    |                                                                                                                          | (X3) DATE SURVEY COMPLETED<br><br><b>09/24/2026</b> |                            |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>HILLCREST NURSING CENTER</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                            |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>1401 FIRST AVENUE NORTHEAST , MAGEE, Mississippi, 39111</b> |                                                                                                                          |                                                     |                            |
| (X4) ID<br>PREFIX<br>TAG                                            | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                            |  | ID<br>PREFIX<br>TAG                                                                                         | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE<br>APPROPRIATE DEFICIENCY) |                                                     | (X5)<br>COMPLETION<br>DATE |
| F0689<br>SS = D                                                     | <p>Continued from page 5</p> <p>During an interview on 9/24/26 at 2:00 PM, the Maintenance Man stated he was aware mice were entering the facility and that staff reported sightings for follow-up. The Maintenance Man stated a hole had previously been identified in Resident #1's room and was initially repaired with silicone; however, mice chewed through the silicone and the opening subsequently required repair with cement. The Maintenance Man further stated that when sticky traps were placed, he generally checked them approximately every two days and would find a mouse. He stated the problem would improve for a period of time, but the mice would return.</p> <p>Interview with the Administrator and Director of Nursing on 9/24/26 at 3:03 PM, they verified that no further additional protective measures for Resident #1 were implemented after staff directly observed a mouse on the resident's bed near his head.</p> <p>Record review of the "Face Sheet" revealed that the facility admitted Resident #1 on 9/4/2018 with diagnoses that included Diabetes Mellitus and Peripheral Vascular Disease.</p> <p>Record review of Resident #1's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 8/10/2026 revealed a Brief Interview for Mental Status (BIMS) score of 15, indicating full cognitive ability.</p> |                                                                            |  | F0689                                                                                                       |                                                                                                                          |                                                     |                            |