

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255303		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 09/24/2026	
NAME OF PROVIDER OR SUPPLIER BRIAR HILL REST HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 1201 GUNTER ROAD , FLORENCE, Mississippi, 39073			
(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 a Complaint Investigation (CI) at the facility from 9/22/26 through 9/24/26. Incident 3207980 was investigated related to accident/fall with no deficiencies cited. CI MS # 3188863 was investigated related to quality of care, abuse, and physical environment/supply/pests (ants). CI MS# 3205798 was investigated regarding physical environment/pests (ants). CI MS #3205674 was investigated regarding accidents/falls, physical environment/pests (ants) and residents' rights. During the survey, the SA determined the facility was not in compliance with the requirements for participation in Medicare and Medicaid and cited F925 associated with CI MS # 3188863, CI MS # 3205798 and CI MS# 3205674. The facility held a license for 60 beds, with a census of 56.		F0000				
F0925 SS = D	Maintains Effective Pest Control Program CFR(s): 483.90(i)(4) §483.90(i)(4) Maintain an effective pest control program so that the facility is free of pests and rodents. This REQUIREMENT is NOT MET as evidenced by: Based on facility policy review, record review and interviews, the facility failed to provide a safe environment free from pest for two (2) of (12) sampled residents. Resident #4 and Resident #6 Findings Included: Record review of the facility policy, "RESIDENT HOME ENVIRONMENT AND DIGNITY POLICY" with a revision date of 7/11/22, revealed, "...we recognize that this is our residents' home. Every resident has the right to live in an environment that is safe, clean, comfortable...Resident Home Environment Staff shall...2. Maintain a clean and comfortable environment...free of unnecessary clutter or hazards..."		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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE
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F0925 SS = D	Continued from page 1 Resident #4 During an interview on 9/24/26 at 2:50 PM, the Administrator confirmed that ants had been observed in the bed of Resident #4 on 9/14/26 with no noted ant bites to Resident #4. She reported that the facility took an interdisciplinary approach to resolve the issue with on-going interventions. On 9/24/26 at 3:50 PM interview with the Social Service Director (SSD) and record review of the Grievance Log for September 2026 revealed she received reports which she treated as grievances according to facility policy on 9/14/26 related to ants in the room and on the bed of Resident #4. She stated that the entire interdisciplinary team was involved in the resolution, including nursing services and the maintenance department along with contract pest control services to eradicate the ants and any substances that acted as attractants to the ants. Record review of the "Face Sheet" for Resident #4, revealed the facility admitted the resident on 3/01/21 with diagnoses that included Alzheimer's Disease, dementia, hypertension and anxiety. Record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 8/13/26 for Resident #4 revealed there was no Brief Interview for Mental Status (BIMS) score but documentation included that the resident "rarely understood or understands" and memory problem and severe impairment of cognitive skills for daily decision making. Further MDS review revealed the resident was dependent on all activities of daily living, unable to sit, stand or walk. Resident #6 On 9/22/26 at 12:09 PM, during a telephone interview, the Resident Representative (RR) for Resident #6 revealed she had been notified on the morning of 9/16/26 by Hospice Nurse #1 that during a routine hospice care visit ants had been observed in the bed of and on the body of Resident #6 with no ant bites noted upon evaluation. On 9/22/26 at 1:15 PM, during a telephone interview with Hospice Nurse #1 revealed she visited Resident #6 at the facility on 9/16/26 at approximately 9:30 AM and observed many ants on the bed and on Resident #6. She stated that she conducted a skin audit and had not observed any ant bites on the resident. Record review of the Progress Note dated 9/16/26			F0925			

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F0925 SS = D	Continued from page 2 for Resident #6 revealed, "Notified by hospice nurse that ants were seen in resident room, went into room with hospice nurse to check the resident. Ants were noted near residents' bed and tube feeding. body audit performed at this time no visible bites or irritation noted. NP (Nurse Practitioner) notified, the resident removed from bed immediately and placed into Geri chair and moved out of room. Housekeeping notified then deep clean of room preformed." On 9/23/26 at 2:47 PM, interview with NP #1 revealed she had visited and conducted skin evaluations for Resident #6 following a report of ants in the resident's bed and on her body on 9/16/26. She stated that she had not observed any ant bites on the resident's skin. On 9/23/26 at 3:00 PM, interview with the Maintenance Director revealed he had observed ants on the windowsill of two resident rooms, but he could not recall which rooms. On 9/24/26 at 2:50 PM, interview with the Administrator confirmed that ants had been observed in bed and on the person of Resident #6 on 9/16/26 with no noted ant bites to the resident. She reported that the facility took an interdisciplinary approach to resolve the issue with on-going interventions. On 9/24/26 at 3:50 PM interview with the Social Service Director (SSD) and record review of the Grievance Log for September 2026 revealed she received reports which she treated as grievances according to facility on 9/16/26 related to ants in the room and on the bed and on Resident # 6. She stated that the entire interdisciplinary team was involved in the resolution, including nursing services and the maintenance department along with contract pest control services to eradicate the ants and any substances that acted as attractants to the ants. Record review of the "Face Sheet" for Resident #6 revealed the resident was admitted on 3/11/25 with diagnoses that included hemiplegia and anxiety. Record review of the Annual MDS with an ARD of 3/10/26 revealed cognitive skills for daily decision making were coded at 3 which indicated cognition was severely impaired.			F0925			