

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255276		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 09/30/2026	
NAME OF PROVIDER OR SUPPLIER THE MADISON HEALTH AND REHAB				STREET ADDRESS, CITY, STATE, ZIP CODE 111 KELLY BLVD , MADISON, Mississippi, 39110			
(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			F0000			
F0584 SS = D	The State Agency (SA) conducted an annual recertification survey at the facility from 09/28/2026 through 09/30/2026. During the survey, the SA determined that the facility was not in compliance with the requirements of participation with Medicare and Medicaid Services and cited F584. The facility held a license for 60 beds, with a census of 57. Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7) §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft. §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior; §483.10(i)(3) Clean bed and bath linens that are in good condition; §483.10(i)(4) Private closet space in each resident			F0584			

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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F0584 SS = D	Continued from page 1 room, as specified in §483.90 (e)(2)(iv); §483.10(i)(5) Adequate and comfortable lighting levels in all areas; §483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and §483.10(i)(7) For the maintenance of comfortable sound levels. This REQUIREMENT is NOT MET as evidenced by: Based on observations, interviews, record review, and facility policy review, the facility failed to maintain a clean, comfortable, and homelike environment, as evidenced by a broken wheelchair armrest for Resident #11 and soiled bed linen for Resident #35 for two (2) of 57 residents residing in the facility. Findings Include: Review of the facility policy titled "Safe and Homelike Environment" revealed under, "Policy: In accordance with residents' rights, the facility will provide a safe, clean, comfortable and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk." Additionally revealed under, "Policy Explanation and Compliance Guidelines: ... 4. The facility will provide and maintain bed and bath linens that are clean and in good condition." Resident #11 During an observation on 9/28/26 at 11:02 AM, Resident #11 was sitting in his wheelchair outside the doorway to his room. He had weakness on his left side, and his left arm rested on the wheelchair armrest. The armrest was broken and missing its cushion and upholstery, leaving the hard black plastic exposed. During an observation and interview on 9/29/26 at 10:24 AM, Registered Nurse (RN) #1 confirmed that Resident #11's wheelchair armrest was broken and in disrepair. RN #1 stated that any staff member			F0584			

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F0584 SS = D	Continued from page 2 could report concerns about resident equipment for repair. She stated that the armrest could be uncomfortable and that resident equipment should be kept in good repair. Record review of the "Admission Record" revealed the facility admitted Resident #11 on 12/30/20 with medical diagnoses that included Unspecified Dementia, Hemiplegia and Hemiparesis following Cerebral Infarction affecting Left Non-Dominant Side. Record review of the Brief Interview for Mental Status (BIMS) dated 9/11/26 revealed a summary score of 3, which indicated Resident #11 was severely cognitively impaired. Resident #35 During an observation on 9/28/26 at 11:21 AM, Resident #35 was sitting in his wheelchair in his room. A strong, foul urine odor was present in the room. The bed linen was visibly soiled, with a large, dark brown circular stain in the center of the bed. The stain had a diameter approximately equal to the width of two basketballs. During an observation on 9/29/26 at 8:46 AM, Resident #35 was sitting in his wheelchair in his room. A strong urine odor remained in the room. The bed linen had not been changed, and the same large, dark brown circular stain remained in the center of the bed. During an observation and interview on 9/29/26 at 10:09 AM, Certified Nurse Aide (CNA) #1 confirmed that a strong urine odor was present in Resident #35's room. CNA #1 stated that the resident was incontinent, toileted himself, and refused to wear a brief. She stated that he wet the bed because he refused to wear a brief. CNA #1 confirmed that the sheets were visibly soiled and stated that the stains "looked old". She stated that she had not had a chance to change the bed linen that day because she was busy getting her residents up for therapy. She stated that bed linen should be changed on the resident's bath day and whenever it was soiled. She acknowledged that changing soiled linen would promote a homelike environment and reduce foul odors in the resident's room. During an observation and interview on 9/29/26 at 10:16 AM, RN #1 confirmed that Resident #35's sheets were soiled. She stated that the aides should change the resident's bed linen whenever it was soiled and on bath days.			F0584			

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

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F0584 SS = D	Continued from page 3 During an interview on 9/29/26 at 3:21 PM, the Director of Nursing confirmed that all residents should be provided with a homelike environment. Record review of the "Admission Record" revealed the facility admitted Resident #35 on 12/31/19 with a medical diagnosis that included Dementia in other Diseases Classified Elsewhere, Unspecified Severity, with other Behavioral Disturbance. Record review of the BIMS dated 9/18/26 revealed a summary score of 11, which indicated Resident #35 was moderately cognitively impaired.			F0584			