

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 09/24/2026	
NAME OF PROVIDER OR SUPPLIER PINE CREST GUEST HOME INC				STREET ADDRESS, CITY, STATE, ZIP CODE 133 PINE STREET , HAZLEHURST, Mississippi, 39083			
(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 Relicensure survey along with one (1) Complaint Investigation (CI MS #3171942) at the facility from 09/21/26 through 09/24/26. CI MS #3171942 was investigated for Quality of Care. 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 M0500 related to the CI. There were no citations related to the annual relicensure survey.						
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		M0500				

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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M0500	Continued from page 1 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 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		M0500				

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M0500	Continued from page 2 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; 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	M0500					

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M0500	Continued from page 3 evidenced by: Level III Based on observation, interview, record review, and facility policy review, the facility failed to ensure one (1) of two (2) residents reviewed for accidents and hazards was free from neglect when the facility failed to respond appropriately after Certified Nursing Assistant (CNA) #1 discovered Resident #41 on the floor in her room. Specifically, CNA #1 assisted Resident #41 from the floor back to bed without notifying a nurse, obtaining a nursing assessment, summoning additional assistance, or using a mechanical lift, despite the resident's history of falls and the potential for injury following a fall. The failure to report the incident resulted in a delay of approximately one day in Resident #41's assessment, diagnostic evaluation, and treatment. Resident #41 subsequently complained of increasing pain and swelling, and an X-ray performed on 8/19/26 identified acute fracture of the right distal tibia. The Nurse Practitioner (NP) confirmed the delay in evaluation and treatment placed Resident #41 at risk for worsening of the fractures, compound fracture, pulmonary fat embolism, and untreated pain. Findings Include: Record review of the facility policy "Incident and Accident Reporting " revised 9/5/26 revealed "It is the policy of this facility that everything possible should be done to avoid accidents or incidents involving patients, guests, or employees of this facility. An incident report records details of an accident, injury, workplace incident, security breach, or any other type of unforeseen event..." During an initial observation and interview on 09/21/26 at 2:19 PM, Resident #41 was seated in a wheelchair with her swollen right leg elevated on a leg rest. Resident #41 stated she had recently fallen and broken her leg and did not know what caused the fracture. During an interview on 09/23/26 at 9:41 AM, Certified Nursing Assistant (CNA)#1 stated she worked the night shift on 08/17/26 and found Resident #41 on the floor in her room, resting on her knees on top of pillows and attempting to pull herself up by the bed. CNA #1 stated Resident #41 begged her to return her to bed and not tell anyone because of the resident's history of repeated falls. CNA #1 stated she asked Resident #41 if she was all right, and the resident denied pain. CNA #1 stated			M0500			

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M0500	Continued from page 4 she assisted Resident #41 to stand and return to bed without notifying a nurse or obtaining a nursing assessment. CNA #1 stated she did not summon assistance or use a mechanical lift. CNA #1 stated the Director of Nursing (DON) contacted her on 08/19/26 and requested a written statement because Resident #41 had sustained a fractured leg and the facility was investigating the incident. CNA #1 stated she believed it was acceptable not to report the incident because Resident #41 denied pain. CNA #1 acknowledged the significance of the incident did not occur to her at that time. During an interview on 09/23/26 at 12:50 PM, the DON stated Resident #41 began complaining of knee pain on 08/18/26. The Nurse Practitioner (NP) was notified and assessed the resident. The DON stated Resident #41 later complained of lower-leg pain at approximately 9:30 PM. The NP was notified again, and an order was obtained for an X-ray of the resident's right leg. The DON stated the X-ray completed on 08/19/26 identified fractures of the right tibia and fibula near an area that had previously been surgically repaired. The DON stated CNA #1 should have immediately reported the fall, summoned assistance, obtained a nursing assessment, and used a mechanical lift to return Resident #41 to bed. The DON confirmed CNA #1's failure to report the fall delayed Resident #41's assessment, X-ray, and treatment by approximately one day. During an interview on 09/23/26 at 3:20 PM, the NP stated she was contacted on 08/18/26 because Resident #41 complained of significant knee pain and had received Tylenol. The NP stated Resident #41 denied pain when assessed at the bedside following rest and a nap. The NP stated she was contacted again later that day after Resident #41 developed pain and swelling of the right ankle. An X-ray was ordered and completed on 08/19/26. The X-ray identified fractures of the right tibia and fibula. The NP stated she expected staff to notify her immediately when a resident sustained a fall or injury. The NP confirmed the failure to report the fall delayed Resident #41's evaluation and treatment by approximately one day. The NP stated the delay placed Resident #41 at risk for worsening of the fractures, a compound fracture if the resident continued bearing weight, a pulmonary fat embolism, and untreated pain. During an interview on 09/24/26 at 9:30 AM, Resident #41's daughter stated the resident had a history of attempting to stand without assistance. The daughter stated Resident #41 required the			M0500			

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M0500	Continued from page 5 assistance of one staff member for transfers before the incident and had undergone surgery involving the affected leg approximately 20 years earlier. Record review of the Radiology Interpretation dated 8/19/26 revealed "Right tibia/fibula X-ray - 2 view: Findings:...Acute oblique fracture distal tibia...Right ankle X-ray: Findings: Acute oblique fracture distal tibia..." A record review of the "Admission Record" revealed Resident #41 had an admission date of 9/4/25 with diagnoses that included heart failure. A record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 9/4/26 revealed a Brief Interview for Mental Status (BIMS) score of 15 indicating the resident was cognitively intact.			M0500			