

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255259		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 10/14/2026	
NAME OF PROVIDER OR SUPPLIER HUMPHREYS CO NURSING CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 500 CCC ROAD , BELZONI, Mississippi, 39038			
(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 an Annual Recertification survey along with a Complaint Investigation (CI MS #3049770) at the facility from 10/12/2026 through 10/14/2026. During the survey, the SA determined that the facility was not in compliance with Medicare and Medicaid requirements for participation and cited regulatory deficiencies at F628, F641, F801, and F883. The SA investigated CI MS # 3049770 and no deficiencies were cited. The census at the time of the survey was 49 and the facility was licensed for 60 beds.			F0000			
F0628 SS = D	Discharge Process CFR(s): 483.15(c)(2)(iii)(3)-(6)(8)(d)(1)(2); 483.21(c)(2) §483.15(c)(2) Documentation. When the facility transfers or discharges a resident under any of the circumstances specified in paragraphs (c)(1)(i)(A) through (F) of this section, the facility must ensure that the transfer or discharge is documented in the resident's medical record and appropriate information is communicated to the receiving health care institution or provider. (iii) Information provided to the receiving provider must include a minimum of the following: (A) Contact information of the practitioner responsible for the care of the resident. (B) Resident representative information including contact information (C) Advance Directive information (D) All special instructions or precautions for ongoing care, as appropriate. (E) Comprehensive care plan goals; (F) All other necessary information, including a copy of the resident's discharge summary, consistent with §483.21(c)(2) as applicable, and any other documentation, as applicable, to ensure a safe and			F0628			

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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F0628 SS = D	Continued from page 1 effective transition of care. §483.15(c)(3) Notice before transfer. Before a facility transfers or discharges a resident, the facility must- (i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman. (ii) Record the reasons for the transfer or discharge in the resident's medical record in accordance with paragraph (c)(2) of this section; and (iii) Include in the notice the items described in paragraph (c)(5) of this section. §483.15(c)(4) Timing of the notice. (i) Except as specified in paragraphs (c)(4)(ii) and (c)(8) of this section, the notice of transfer or discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged. (ii) Notice must be made as soon as practicable before transfer or discharge when- (A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section; (B) The health of individuals in the facility would be endangered, under paragraph (c)(1)(i)(D) of this section; (C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section; (D) An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (c)(1)(i)(A) of this section; or (E) A resident has not resided in the facility for 30 days. §483.15(c)(5) Contents of the notice. The written notice specified in paragraph (c)(3) of this section	F0628					

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F0628 SS = D	Continued from page 2 must include the following: (i) The reason for transfer or discharge; (ii) The effective date of transfer or discharge; (iii) The location to which the resident is transferred or discharged; (iv) A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request; (v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman; (vi) For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402, codified at 42 U.S.C. 15001 et seq.); and (vii) For nursing facility residents with a mental disorder or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with a mental disorder established under the Protection and Advocacy for Mentally Ill Individuals Act. §483.15(c)(6) Changes to the notice. If the information in the notice changes prior to effecting the transfer or discharge, the facility must update the recipients of the notice as soon as practicable once the updated information becomes available. §483.15(c)(8) Notice in advance of facility closure In the case of facility closure, the individual who is the administrator of the facility must provide written notification prior to the impending closure to the State Survey Agency, the Office of the State Long-Term Care Ombudsman, residents of the	F0628					

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F0628 SS = D	Continued from page 3 facility, and the resident representatives, as well as the plan for the transfer and adequate relocation of the residents, as required at § 483.70(l). §483.15(d) Notice of bed-hold policy and return- §483.15(d)(1) Notice before transfer. Before a nursing facility transfers a resident to a hospital or the resident goes on therapeutic leave, the nursing facility must provide written information to the resident or resident representative that specifies- (i) The duration of the state bed-hold policy, if any, during which the resident is permitted to return and resume residence in the nursing facility; (ii) The reserve bed payment policy in the state plan, under § 447.40 of this chapter, if any; (iii) The nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (e)(1) of this section, permitting a resident to return; and (iv) The information specified in paragraph (e)(1) of this section. §483.15(d)(2) Bed-hold notice upon transfer. At the time of transfer of a resident for hospitalization or therapeutic leave, a nursing facility must provide to the resident and the resident representative written notice which specifies the duration of the bed-hold policy described in paragraph (d)(1) of this section. §483.21(c)(2) Discharge Summary When the facility anticipates discharge, a resident must have a discharge summary that includes, but is not limited to, the following: (i) A recapitulation of the resident's stay that includes, but is not limited to, diagnoses, course of illness/treatment or therapy, and pertinent lab, radiology, and consultation results. (ii) A final summary of the resident's status to include items in paragraph (b)(1) of §483.20, at the time of the discharge that is available for release to authorized persons and agencies, with the consent of the resident or resident's representative. (iii) Reconciliation of all pre-discharge medications	F0628					

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F0628 SS = D	Continued from page 4 with the resident's post-discharge medications (both prescribed and over-the-counter). This REQUIREMENT is NOT MET as evidenced by: Based on record review, interview, and facility policy review, the facility failed to send written notice of transfer/bed hold to the resident and failed to notify the State Long-Term Care Ombudsman of the hospital transfer for one (1) of two (2) transfer/discharge notices reviewed. Resident #41 Findings Include: Review of the facility policy titled, "Discharge Transfer and Planning" with a revised date of 6/26 revealed, "...Before a facility transfers or discharges a resident, the facility must: Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in the language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman... Emergency Transfer Log shall be emailed to the Ombudsman monthly and a copy maintained in the facility. The facility must provide documentation in the resident clinical record that the notice was sent..." Record review of Resident #41's "Progress Note" dated 4/26/26 revealed a "Transfer Out Note," that stated, "...New order received to send to ER (Emergency Room) for eval/treat r/t (related to) altered mental status and elevated blood pressure..." During an interview on 10/13/2026 at 4:15 PM, the Accounts Manager revealed Resident #41 went out to the hospital on 4/26/26 and returned to the facility on 5/6/26. She revealed he is his own Resident Representative (RR); however, she failed to give a written discharge notification and failed to notify the ombudsman of the transfer. The Accounts Manager stated, "I do the ombudsman notification logs, but some months I forget to send them." In an interview on 10/13/2026 at 4:39 PM, the Administrator (ADM) stated that our expectation is that when a resident transfers or is discharged, we send a written discharge notice to the resident/RR and send an Emergency Transfer Log to the Ombudsman at the end of the month. The ADM stated, "Our accounts manager is new in her role." Record review of the "Face Sheet" revealed the facility admitted Resident #41 on 2/23/26 with a medical diagnosis that included Cerebral Infarction	F0628			

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F0628 SS = D	Continued from page 5 due to Thrombosis of Left Posterior Cerebral Artery.	F0628					
F0641 SS = D	Accuracy of Assessments CFR(s): 483.20(g)(h)(i)(j) §483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. §483.20(h) Coordination. A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals. §483.20(i) Certification. §483.20(i)(1) A registered nurse must sign and certify that the assessment is completed. §483.20(i)(2) Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment. §483.20(j) Penalty for Falsification. §483.20(j)(1) Under Medicare and Medicaid, an individual who willfully and knowingly- (i) Certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$1,000 for each assessment; or (ii) Causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$5,000 for each assessment. §483.20(j)(2) Clinical disagreement does not constitute a material and false statement. This REQUIREMENT is NOT MET as evidenced by: Based on record review, staff interviews, and facility policy review, the facility failed to ensure the Minimum Data Set (MDS) accurately reflected the percentage of total calories received through a Percutaneous Gastrostomy (PEG) tube feeding for one (1) of 13 residents reviewed for MDS accuracy, Resident #1. Findings Include:	F0641					

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F0641 SS = D	Continued from page 6 A record review of the facility policy titled "Resident MDS Assessment" latest review date 05/26 revealed, "An assessment shall be completed on each resident utilizing the MDS...Any healthcare professional that completes a portion of the assessment must sign and certify the accuracy of the portion of the assessment that they have completed..." A record review of Resident #1's September and October 2026 Medication Administration Records (MARs) revealed the resident received a total of 1,125 milliliters (mL) of Nutren 2.0 during the seven-day assessment period 9/29/26 through 10/5/26, equivalent to 2,250 calories. Based on the documented tube feeding and estimated oral intake, approximately 21% of the resident's total calories were received through tube feeding. A record review of Resident #1's Quarterly MDS with an Assessment Reference Date (ARD) of 10/05/2026 revealed Section K, Item K0710A, was coded as 3, indicating 51% or more of total calories were received through tube feeding. However, the documented intake supported approximately 21%, indicating inaccurate MDS coding. During an interview on 10/14/2026 at 11:15 AM, the MDS Nurse confirmed the resident's MDS tube-feeding percentage was incorrectly coded, and this could affect the total nutrition that the resident received. During an interview on 10/14/2026 at 11:30 AM, the Director of Nursing (DON) acknowledged the MDS coding error and stated her expectation was that MDS assessments be coded accurately. A record review of Resident #1's Face Sheet revealed the resident was admitted to the facility on 12/06/2024 with diagnoses including hemiplegia and hemiparesis following cerebral infarction affecting the right dominant side and dysphagia following cerebral infarction. A record review of Resident #1's MDS, Section C, revealed the resident's cognitive skills for daily decision-making were documented as severely impaired, with the resident never or rarely making decisions.			F0641			
F0801 SS = D	Qualified Dietary Staff CFR(s): 483.60(a)(1)(2)			F0801			

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F0801 SS = D	Continued from page 7 §483.60(a) Staffing The facility must employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, taking into consideration resident assessments, individual plans of care and the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.71. This includes: §483.60(a)(1) A qualified dietitian or other clinically qualified nutrition professional either full-time, part-time, or on a consultant basis. A qualified dietitian or other clinically qualified nutrition professional is one who- (i) Holds a bachelor's or higher degree granted by a regionally accredited college or university in the United States (or an equivalent foreign degree) with completion of the academic requirements of a program in nutrition or dietetics accredited by an appropriate national accreditation organization recognized for this purpose. (ii) Has completed at least 900 hours of supervised dietetics practice under the supervision of a registered dietitian or nutrition professional. (iii) Is licensed or certified as a dietitian or nutrition professional by the State in which the services are performed. In a State that does not provide for licensure or certification, the individual will be deemed to have met this requirement if he or she is recognized as a "registered dietitian" by the Commission on Dietetic Registration or its successor organization, or meets the requirements of paragraphs (a)(1)(i) and (ii) of this section. (iv) For dietitians hired or contracted with prior to November 28, 2016, meets these requirements no later than 5 years after November 28, 2016 or as required by state law. §483.60(a)(2) If a qualified dietitian or other clinically qualified nutrition professional is not employed full-time, the facility must designate a person to serve as the director of food and nutrition services. (i) The director of food and nutrition services must at a minimum meet one of the following qualifications-	F0801					

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F0801 SS = D	Continued from page 8 (A) A certified dietary manager; or (B) A certified food service manager; or (C) Has similar national certification for food service management and safety from a national certifying body; or D) Has an associate's or higher degree in food service management or in hospitality, if the course study includes food service or restaurant management, from an accredited institution of higher learning; or (E) Has 2 or more years of experience in the position of director of food and nutrition services in a nursing facility setting and has completed a course of study in food safety and management, by no later than October 1, 2023, that includes topics integral to managing dietary operations including, but not limited to, foodborne illness, sanitation procedures, and food purchasing/receiving; and (ii) In States that have established standards for food service managers or dietary managers, meets State requirements for food service managers or dietary managers, and (iii) Receives frequently scheduled consultations from a qualified dietitian or other clinically qualified nutrition professional. This REQUIREMENT is NOT MET as evidenced by: Based on interviews and facility policy review the facility failed to ensure that the Dietary Manager was qualified by obtaining or enrolling in a Certified Dietary Manager (CDM) program for three (3) of 3 days of survey. Findings Include: Review of facility policy titled, "Director of Food and Nutrition" dated 10/2021 revealed under "Job Summary...Regulatory Requirements Certifications as per state and federal requirements..." During an interview on 10/13/2026 at 3:10 PM, Dietary worker #1 revealed she had been employed at the facility for over a year and was serving as the Dietary Manager. She confirmed she did not have the certification required to be a Dietary Manager and revealed she had not signed up for the courses because she was just wanting to "get her feet wet first" as to what she needed to do in the kitchen. In an interview on 10/13/2026 at 4:05 PM, the Administrator confirmed Dietary Worker #1 was hired 09/29/25 and was serving as the Dietary Manager and had not obtained	F0801					

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F0801 SS = D	Continued from page 9 the certification requirements. He confirmed she had neither enrolled in nor completed the Certified Dietary Manager Program. He acknowledged he was aware of the certification requirement for the Dietary Manager position.	F0801					
F0883 SS = D	Influenza and Pneumococcal Immunizations CFR(s): 483.80(d)(1)(2) §483.80(d) Influenza and pneumococcal immunizations §483.80(d)(1) Influenza. The facility must develop policies and procedures to ensure that- (i) Before offering the influenza immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization; (ii) Each resident is offered an influenza immunization October 1 through March 31 annually, unless the immunization is medically contraindicated or the resident has already been immunized during this time period; (iii) The resident or the resident's representative has the opportunity to refuse immunization; and (iv) The resident's medical record includes documentation that indicates, at a minimum, the following: (A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of influenza immunization; and (B) That the resident either received the influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal. §483.80(d)(2) Pneumococcal disease. The facility must develop policies and procedures to ensure that- (i) Before offering the pneumococcal immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization; (ii) Each resident is offered a pneumococcal immunization, unless the immunization is medically contraindicated or the resident has already been	F0883					

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F0883 SS = D	Continued from page 10 immunized; (iii) The resident or the resident's representative has the opportunity to refuse immunization; and (iv) The resident's medical record includes documentation that indicates, at a minimum, the following: (A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of pneumococcal immunization; and (B) That the resident either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal. This REQUIREMENT is NOT MET as evidenced by: Based on record review, resident and staff interviews and facility policy review, the facility failed to administer a vaccination for one (1) of five (5) residents reviewed for immunizations and vaccinations. Resident#9 Findings Include: Review of the facility policy titled, "Pneumococcal Vaccination of Residents," dated 01/24, revealed "It is the policy of this facility that each resident or their resident representative will be asked on admission if they have previously had the pneumococcal vaccinations and their age at the time of vaccination If there is no prior evidence of vaccination, the vaccine will be offered to the resident at that time..." Record review revealed Resident #9 signed his name and initials on the "Vaccine Information and Consents," dated 09/29/25 that stated, "I wish to receive the pneumococcal vaccine as directed by physician." Record review of "Immunization Report," dated 09/01/25-10/31/26 revealed that there was no record that Resident #9 had received the pneumococcal vaccine after 09/29/25. Interview with Director of Nursing (DON) on 10/13/26 at 4:15 PM confirmed that it wasn't on his immunization list documented that he had received it and she would check further to see what occurred and stated, "He might be too old for it, let me look and see." Interview with Resident #9 on 10/14/26 at 9:20 AM confirmed that he wished to receive the pneumococcal vaccine and that he had signed and initialed the consent form last year and stated, "Yeah I want it, I still haven't gotten it." Interview with the DON on 10/14/26 at 9:30 AM stated that she would have been the one responsible to ensure that vaccinations were given to the	F0883					

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NAME OF PROVIDER OR SUPPLIER HUMPHREYS CO NURSING CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 500 CCC ROAD , BELZONI, Mississippi, 39038			
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F0883 SS = D	Continued from page 11. residents and that they failed to administer Resident #9's pneumonia vaccine last year and confirmed that the resident did not receive it after he had signed the consent form. Record review of Resident #9's "Face Sheet," revealed that he was admitted to the facility on 09/29/25 with diagnosis of chronic kidney disease and Major Depressive Disorder. Record review of the most recent Minimum Data Set (MDS) with Assessment Reference Date (ARD) dated 10/01/26 with a Brief Interview for Mental Status (BIMS) score of 15, indicating the resident is cognitively intact.			F0883			