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 **12/02/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
YAZOO CITY REHABILITATION AND HEALTHCARE CENTER	**925 CALHOUN AVENUE , YAZOO CITY, Mississippi, 39194**

(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 The State Agency (SA) conducted complaint investigations (CI) #2667885, CI #2676455, CI #2676511, and CI # 2676615 at the facility from 12/1/25 through 12/2/25. During the survey, the SA determined that the facility was not in compliance with the requirements of the Mississippi Regulations for Minimum Standards for Institutions for Aged or Infirm. The SA identified non-compliance and cited M 610 for failure to provide incontinent care to a dependent resident for CI #2667885. There were no deficiencies cited for CI #2676455, CI #2676511, and CI # 2676615 The census at the time of the survey was 126 with a bed capacity of 165 beds.	M0000		
M0610	45.21.2 Activities of daily living Activities of daily living. Each resident shall receive assistance as needed with activities of daily living to maintain the highest practicable well being. These shall include, but not be limited to: 1. Bath, dressing and grooming; 2. Transfer and ambulate; 3. Good nutrition, personal and oral hygiene; and 4. Toileting. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on observation, resident and staff interview, and facility policy review the facility failed to provide Activities of Daily Living (ADL) assistance to a dependent resident related to incontinent care for one (1) of 10 residents reviewed for activities of daily living. Resident #1.	M0610		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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M0610	Continued from page 1 Findings Include: Record review of the facility policy titled “ Activities of Daily Living, Supporting” revealed “ Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming and personal and oral hygiene…Appropriate care and services will be provided for residents who are unable to carry out ADLs independently…including appropriate support and assistance with:.. c. elimination (toileting).” During an interview, on 12/2/25 at 8:15 AM, with Resident #1, he stated that the Certified Nursing Assistant (CNA) did not come in and change him during the night. He stated that if he is asleep, staff will not check him or change him, and they leave him wet. An observation of Resident #1’s incontinence pad and brief, on 12/2/25 at 8:17 AM, revealed a light brown colored ring covering the pad and a saturated brief. Observation and interview on 12/2/25 at 8:19 AM, with CNA #1 of Resident #1’s incontinence pad and brief, she verified the presence of a light brown ring and a saturated brief. She agreed that the discoloration and saturation were consistent with urine and likely occurred because the resident had not been changed throughout the night. She confirmed that he should have been changed sooner and not allowed to remain wet. On 12/2/25 at 8:25 AM, in an interview with the Director of Nursing (DON) and Assistant Director of Nursing (ADON), they stated that residents should be checked and provided incontinent care at least every two (2) hours. They agreed that the light brown ring on the incontinence pad and the saturated brief indicated the resident had not been changed as required. Record review of the “Admission Record” revealed that the facility admitted Resident #1 on 8/20/25 with a diagnosis of Paraplegia. Record review of “Minimum Data Set Assessment” (MDS) with an Assessment Reference Date (ARD) of 8/29/25 revealed a Brief Interview for Mental Status (BIMS) score of 15 indicated that Resident #1 was cognitively intact. Further review of the MDS revealed that Resident #1 was dependent with toileting.	M0610		