STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255140	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 02/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE BLUFFS REHABILITATION AND HEALTHCARE CENTER	2850 PORTER'S CHAPEL ROAD , VICKSBURG, Mississippi, 39180

(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 two (2) Complaint Investigations (CI MS#2698546 and CI MS# 2730961) at the facility on 2/10/26. During the survey, the SA determined that the facility was not in compliance with the requirements of participation in Medicare and Medicaid Services. The SA identified non-compliance and cited F 880 for CI MS# 2730961 related to infection control. There were no deficiencies cited for CI MS#2698546. The census at the time of the survey was 95 with a bed capacity of 120 beds.	F0000		
F0880 SS = D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.71 and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:	F0880		

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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F0880 SS = D	Continued from page 1 (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is NOT MET as evidenced by: Based on observation, staff interview, record review and facility policy review, the facility failed to implement Enhanced Barrier Precautions (EBP) when staff	F0880		

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F0880 SS = D	Continued from page 2 did not wear a gown during Percutaneous Endoscopic Gastrostomy (PEG) tube medication administration for one (1) of four (4) residents reviewed for infection control practices. Resident #1. Findings Included: Record review of facility policy, “Enhanced Barrier Precautions”, latest review date 6/30/25, revealed, “Enhanced Barrier Precautions refer to an infection control intervention designed to reduce transmission of multidrug-resistant organisms that employ targeted gown and glove use during high contact resident care activities…EBP are indicated for residents with any of the following:…indwelling medical devices…Indwelling medical device examples include…feeding tubes…” Record review of signage posted outside Resident #1’s room revealed a notice indicating “Enhanced Barrier Precautions (EBP)” and instructed that providers and staff must wear gloves and a gown during high-contact resident care activities, including device care and use involving a feeding tube. Observation on 2/10/26, at 9:00 AM, of Licensed Practical Nurse (LPN) #1 administering medications via Resident #1’s Percutaneous Endoscopic Gastrostomy (PEG) tube revealed that she did not don a gown prior to administering medications. Interview with LPN #1 on 2/10/26, at 9:25 AM, revealed that she stated EBP were used to prevent the spread of infection. She verified that she did not wear a gown while administering medications through Resident #1’s PEG tube and agreed that she should have worn a gown. Interview with the Director of Nursing (DON) on 2/10/26, at 10:00 AM, revealed that she verified it was her expectation that LPN #1 would have worn a gown when administering medications through a PEG tube in accordance with Enhanced Barrier Precautions. Record review of the Admission Record revealed the facility admitted Resident #1 on 11/17/25, with diagnoses including ENCOUNTER FOR ATTENTION TO GASTROSTOMY.	F0880		