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 **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
M0000	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 the Mississippi Regulations for Minimum Standards for Institutions for the Aged or Infirm. The SA identified non-compliance and cited M 1570 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.	M0000		
M1570	48.58.1 Infection Control The following infection control standards shall be met: 1. The facility must maintain and document an effective infection control program that protects patients, families, visitors, and facility personnel by preventing and controlling infections and communicable diseases. 2. The facility must have an active surveillance program that includes specific measures for prevention, early detection, control, education, and investigation of infections and communicable diseases in the facility. There must be a mechanism to evaluate the effectiveness of the program(s) and take corrective action when necessary. The program must include implementation of nationally recognized systems of infection control guidelines to avoid sources and transmission of infections and communicable diseases. 3. The facility must follow accepted standards of practice to prevent the transmission of infections and communicable diseases, including the use of standard precautions. This LICENSURE REQUIREMENT is NOT MET as evidenced by:	M1570		

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

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M1570	Continued from page 1 Level II Based on observation, staff interview, record review and facility policy review, the facility failed to implement Enhanced Barrier Precautions (EBP) when staff 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	M1570		

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M1570	Continued from page 2 facility admitted Resident #1 on 11/17/25, with diagnoses including ENCOUNTER FOR ATTENTION TO GASTROSTOMY.	M1570		