STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255146	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 04/10/2026

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
F0000	INITIAL COMMENTS The State Agency (SA) conducted five (5) Complaint Investigations (CI) from 4/8/2026 to 4/10/2026 for CI MS# 2714120, CI MS# 2714355, CI MS# 2723274, CI MS# 2787895, and CI MS# 2798733. During the survey, the facility was determined not to be in compliance with the requirements of participation for Medicare and Medicaid Services. The SA identified non-compliance and cited F580 and F760 for CI MS# 2723274 for failure to notify physician and significant medication errors. The SA cited F628 for CI MS# 2798733 and CI MS# 2787895 for failure to implement an effective discharge process. No deficiencies were cited for CI MS# 2714120 and CI MS# 2714355. The facility failed to ensure Resident #1, who required tracheostomy care including suctioning and nebulizer treatments, was discharged with necessary respiratory equipment. The resident was discharged home on 2/23/26 without a suction machine or nebulizer, resulting in the need for emergency medical services (EMS) intervention and subsequent hospitalization due to unsafe discharge conditions. The State Agency (SA) identified an Immediate Jeopardy (IJ) that began on 2/23/26 when the facility failed to ensure necessary respiratory equipment was in place prior to discharge, resulting in the resident being unable to safely maintain airway clearance and requiring EMS intervention and hospitalization. The facility's failure to ensure a safe discharge process placed Resident #1 in a situation that was likely to cause serious harm, injury, impairment, or death. On 4/9/26 at 10:32 AM, the SA notified the Administrator of the Immediate Jeopardy and provided the facility with the IJ template. IJ existed at: 42 CFR 483.15 Discharge Process (F628)-Scope/Severity "J". The facility submitted an acceptable Removal Plan on 4/9/26, in which they alleged all corrective actions	F0000		

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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F0000	Continued from page 1 were completed on 4/9/26 and the IJ was removed on 4/10/26. The SA validated the Removal Plan on 4/10/26 through record review and staff interview and determined the IJ was removed on 4/10/26, prior to exit. Therefore, the scope and severity for 42 CFR 483.15 Discharge Process (F628) was lowered from a "J" to a "D", while the facility develops a plan of correction to monitor the effectiveness of the systemic changes to ensure the facility sustains compliance with regulatory requirements. The census at the time of the survey was 127 with a capacity for 165 beds.	F0000		
F0580 SS = D	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-	F0580		

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F0580 SS = D	Continued from page 2 (A) A change in room or roommate assignment as specified in §483.10(e)(6); or (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section. (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s). §483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is NOT MET as evidenced by: Based on record review, staff interview, and facility policy review the facility failed to ensure the physician or nurse practitioner was notified of an omitted medication for one (1) of three (3) residents reviewed for medication errors. Resident #2. Findings Included: Record review of the facility policy, titled “Condition & Medical Doctor (MD)-Family Notification”, revealed “Purpose: To ensure that resident’s family and/or legal representative and physician are notified of resident changes that fall under the following categories…A need to significantly alter treatment…” Record review of “Order Summary Report” for Resident #2 revealed an order for Lantus SoloStar Subcutaneous Solution Pen-Injector 100 units/milliliter. Inject 10 units subcutaneously at bedtime with an order date of 1/16/26. Record review of the January 2026 Medication Administration Record (MAR) for Resident #2 revealed that on 1/16/26, 1/17/26, and 1/18/26, the resident did not receive the ordered dose of insulin. Record review of “Progress Notes” dated 1/16/26, for	F0580		

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F0580 SS = D	Continued from page 3 Resident #2, revealed documentation that insulin was "pending pharmacy." There was no further documentation explaining the omission of the medication. Further record review of "Progress Notes" dated 1/16/26 through 1/18/26, for Resident #2, revealed no documentation that the Physician or Nurse Practitioner was notified that the insulin was not administered as ordered. Interview with the Director of Nursing (DON) on 4/10/26, at 8:35 AM, she verified that there was no documentation that the provider was notified that Resident #2 did not receive the ordered insulin. She agreed that failure to notify the provider prevented the opportunity for the provider to assess the resident's condition and alter treatment as necessary. Record review of the "Admission Record" revealed that the facility admitted Resident #2 on 1/16/26 with a diagnosis of Type two (2) Diabetes Mellitus with Hyperglycemia.	F0580		
F0628 SS = J	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;	F0628		

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F0628 SS = J	Continued from page 4 (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 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	F0628		

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F0628 SS = J	Continued from page 5 (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 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.	F0628		

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F0628 SS = J	Continued from page 6 §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 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,	F0628		

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F0628 SS = J	Continued from page 7 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 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, staff and resident representative interview, and facility policy review, the facility failed to implement an effective discharge planning process to ensure necessary durable medical equipment (DME) was arranged and received prior to discharge for one (1) of three (3) residents reviewed, Resident #1. The facility failed to ensure Resident #1, who required tracheostomy care including suctioning and nebulizer treatments, was discharged with necessary respiratory equipment. The resident was discharged home on 2/23/26 without a suction machine or nebulizer, resulting in the need for emergency medical services (EMS) intervention and subsequent hospitalization due to unsafe discharge conditions. The facility's failure to ensure a safe discharge process placed Resident #1 in a situation that was likely to cause serious harm, injury, impairment, or death. The State Agency (SA) identified an Immediate Jeopardy (IJ) that began on 2/23/26 when the facility failed to ensure necessary respiratory equipment was in place prior to discharge, resulting in the resident being unable to safely maintain airway clearance and requiring EMS intervention and hospitalization. IJ existed at: 42 CFR 483.15(c)(2) Discharge Process (F628)- Scope/Severity "J". On 4/9/26 at 10:32 AM, the SA notified the Administrator of the Immediate Jeopardy and provided the facility with the IJ template. The facility submitted an acceptable Removal Plan on 4/9/26, in which they alleged all corrective actions were completed on 4/9/26 and the IJ was removed on 4/10/26. The SA validated the Removal Plan on 4/10/26 through	F0628		

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F0628 SS = J	Continued from page 8 record review and staff interview and determined the IJ was removed on 4/10/26, prior to exit. Therefore, the scope and severity for F628 was lowered from a “J” to a “D” while the facility continues to monitor systemic changes to ensure sustained compliance. Findings include: Record review of "Facility Protocol: Safe Discharge Process", revealed "It is the protocol of the facility to ensure that all residents are discharged in a safe and coordinated manner, with all necessary services, equipment, and supports in place prior to discharge…5. Durable Medical Equipment (DME): All required equipment must be ordered, coordinated, and verified as delivered and functional prior to discharge. Discharge will not occur until confirmed…" Record review of the “Admission Record” revealed that the facility admitted Resident #1 on 12/2/25 with diagnoses including Acute and Chronic Respiratory Failure with Hypoxia, Chronic Obstructive Pulmonary Disease, and Tracheostomy Status. Resident was discharged home on 2/23/26. A record review of “Order Summary “revealed Resident #1 required tracheostomy suctioning every four (4) hours and as needed and inhalation therapy via (by) nebulizer every six (6) hours with orders dated 12/2/25. Record review of a “Psychosocial Note” dated 1/29/26, revealed Social Services (SS) arranged discharge with home health services and durable medical equipment including a hospital bed, wheelchair, and bedside commode. The record lacked evidence that a suction machine or nebulizer was arranged or verified prior to discharge. Record review of hospital medical records dated 2/24/26, revealed Resident #1 presented to the hospital via emergency medical service (EMS) due to not having correct supplies for tracheostomy care at home and was admitted because it was unsafe to remain at home without necessary equipment. Telephone interview with Resident #1’s Representative (RR) on 4/8/26 at 1:00 PM, revealed the resident did not receive a nebulizer or suction equipment at discharge, EMS had to be called to suction the resident, and the resident was hospitalized until equipment was obtained. Interview with Social Services (SS) on 4/8/26 at 3:15 PM, revealed she arranged DME and notified home health	F0628		

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F0628 SS = J	Continued from page 9 of tracheostomy needs but believed all equipment had been delivered and denied knowledge that suction or nebulizer equipment was not received. Telephone interview with Home Health Nurse #1 (HHN) on 4/8/26 at 4:30 PM, revealed the facility notified the agency of tracheostomy supplies and nebulizer needs but did not include a suction machine and confirmed that it was the facility's responsibility to ensure DME was ordered and delivered prior to discharge. Telephone interview with HHN #2 on 4/9/26 at 8:05 AM, revealed she was notified by the RR that required equipment had not been delivered and EMS was required to suction the resident, and she instructed the resident be sent to the hospital until equipment was received. Follow-up interview with SS on 4/9/26 at 8:45 AM, revealed she did not arrange for a suction machine or nebulizer and did not verify delivery of all required equipment prior to discharge, as she believed home health would provide those items. Interview with the Administrator on 4/9/26 at 8:50 AM, revealed it was the expectation that all required equipment be in place prior to discharge and acknowledged failure to provide necessary equipment could result in respiratory distress and/or death. Removal Plan The facility failed to ensure an effective and safe discharge process for Resident #1 by not coordinating and verifying delivery of required DME, including suction equipment and a nebulizer machine, prior to discharge on 02/23/2026. This resulted in the resident being discharged home without necessary equipment to meet post-discharge needs. 1. On 4/9/26, at approximately 10:30 AM, the Administrator developed a Discharge Durable Medical Equipment Verification Checklist to address resident-specific durable medical equipment requirements. This checklist encompasses nursing and therapy assessments, obtaining physician orders, confirmation of equipment delivery dates, receipt verification, home health referral and acceptance, education for family and responsible parties, transportation arrangements, and comprehensive discharge instructions. 2. On 4/9/2026 at 11:46 AM, Staff Development Coordinator (SDC) contacted Ambulance service personnel	F0628		

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F0628 SS = J	Continued from page 10 to request medical records from 2/24/2026. 3. On 4/9/2026 at approximately 11:48 AM, Medical Records contacted the hospital to request Resident #1 hospital records for 2/24/2026. 4. On 4/9/2026 at approximately 12:15 PM, Social Services (SS) contact Resident #1 Responsible Party (RP) to verify Resident #1 wellbeing and ensure all Durable Medical Equipment was received. Resident #1 Responsible Party (RP) stated they had everything they needed, and Resident # 1 was doing fine. 5. On 4/9/2026 at approximately 12:45 PM, Resident #1 medical records were received from the hospital and verified all necessary Durable Medical Equipment was not previously provided confirming allegation. 6. On 4/9/2026 at approximately 1:30 PM the Staff Development Coordinator (SDC) conducted a one-to-one training with Social Services (SS) to ensure the discharge process is followed confirming all Durable Medical Equipment is not only ordered but received prior to discharged. Services are confirmed with the accepting provider, and documentation is completed in the medical records. 7. On 4/9/2026 at approximately 1:46 PM, Quality Assurance Improvement Committee was held including Administrator, Asst. Administrator, Medical Director, Staff Development, Social Services Director, Infection Preventionist, Social Services Assistant and Director of Nursing Facility to discuss previous identified gap in the discharge process as it relates to ensuring all Durable Medical Equipment was ordered and received at the time of discharge and to include the systemic change utilizing mandatory discharge check list. 8. On 4/9/2026 at approximately 2:15 PM, in servicing was with all licensed nurses, social services, therapy and leadership staff on discharge planning requirements, including the coordination of all necessary Durable Medical Equipment prior to discharge to home was provided by Voice Friend via phone. 9. On 4/9/26, at approximately 2:15 PM, the Staff Development Coordinator provided education to all licensed nurses to ensure a hard stop is in place so that no resident is discharged without following the discharge checklist. 10. On 4/9/2026, at approximately 2:24 PM, Human Resources will place a copy of the discharge planning check list in all new hire licensed nurses' orientation	F0628		

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F0628 SS = J	Continued from page 11 packets for completion. 11. On 4/9/2026, at approximately 3:00 PM, a 100% audit of all residents discharged home from 2/23/26-4/09/2026 was completed by the Staff Development Coordinator (SDC) to ensure all Durable Medical Equipment was received as ordered. The results revealed no identified gaps. 12. Facility alleged that all activities to remove the Immediate Jeopardy were completed as of 04/09/2026 and the Immediate Jeopardy was removed 04/10/2026. Validation: The SA validated on 4/10/26, through interview and record review that all corrective actions had been implemented as of 4/9/26, and the IJ was removed as of 4/10/26 prior to exit.	F0628		
F0760 SS = D	Residents are Free of Significant Med Errors CFR(s): 483.45(f)(2) The facility must ensure that its- §483.45(f)(2) Residents are free of any significant medication errors. This REQUIREMENT is NOT MET as evidenced by: Based on record review, staff interview, and facility policy review the facility failed to administer ordered Lantus insulin for three (3) consecutive days for one (1) of three (3) resident reviewed for medication errors. Resident #2 Findings Included: Record review of the facility policy titled, “Medication Administration” reviewed and revised 3/5/26 revealed “4. Medications are administered according to prescriber orders and within the ordered time frames…” Record review of “Order Summary Report” for Resident #2 revealed an order for Lantus SoloStar Subcutaneous Solution Pen-Injector 100 units/milliliter. Inject 10 units subcutaneously at bedtime with an order date of 1/16/26. Record review of the January 2026 Medication Administration Record (MAR) for Resident #2 revealed that on 1/16/26, 1/17/26, and 1/18/26, the resident did not receive the ordered dose of insulin.	F0760		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255146	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 04/10/2026

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

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F0760 SS = D	Continued from page 12 Record review of “Progress Notes” dated 1/16/26, for Resident #2, revealed “Type: Orders - Administration Note, Note Text: Lantus SoloStar Subcutaneous Solution Pen-injector 100 UNIT/ML Inject 10 unit subcutaneously at bedtime related to TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA (E11.65) - Pending pharmacy.” There was no further documentation regarding why the medication was not given. Record review of “Consolidated Delivery Sheets” dated 1/16/26 revealed that Lantus Solostar 100 units/3ml was delivered to the facility on 1/16/26 and was signed for by two (2) nurses. Telephone interview with Licensed Practical Nurse (LPN) #1 on 4/09/26, at 4:00 PM, she stated she did not recall the resident or the medication and did not know what occurred. Interview with the Director of Nursing (DON) on 4/10/26, at 8:35 AM, she verified that Resident #2’s insulin was not given on 1/16/26 through 1/18/26. She verified that the 1/16/26 progress note indicated that the medication was “pending pharmacy,” which indicated that the staff had not received the medication. She further explained that the “Consolidated Delivery Sheets” verified that the medication was sent on 1/16/26 from the pharmacy, but the nurses who signed for the medication worked a different unit and it was possible that it was not taken to the unit where Resident #2 resided. She agreed that failure to administer the medication as ordered could result in adverse outcomes such as hyperglycemia. Record review of the “Admission Record” revealed that the facility admitted Resident #2 on 1/16/26 with a diagnosis of Type two (2) Diabetes Mellitus with Hyperglycemia.	F0760		