STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(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
M0000	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 Minimum Standards for Institutions for the Aged or Infirm, state licensure requirements. The SA cited M500 for CI MS# 2798733 and CI MS# 2787895 for failure to implement an effective discharge process. No deficiencies were cited for CI MS# 2714120, CI MS# 2723274, 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. IJ existed at: Rule 45.17.2 Resident Rights M500 - Level IV 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	M0000		

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

Mississippi State Department of Health

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M0000	Continued from page 1 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 Rule 45.17.2 Resident Rights M500 - Level IV was lowered from a Level IV to a Level II, 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.	M0000		
M0500	45.17.2 Residents' Rights Residents' Rights. The residents' rights policies and procedures ensure that each resident admitted to the facility: 1. is fully informed, as evidenced by the resident's written acknowledgment, prior to or at the time of admission and during stay, of these rights and is given a statement of the facility's rules and regulations and an explanation of the resident's responsibility to obey all reasonable regulations of the facility and to respect the personal rights and private property of other residents; 2. is fully informed, and is given a written statement prior to or at time of admission and during stay, of services available in the facility, and of related charges including any charges for services covered by the facility's basic per diem rate; 3. is assured of adequate and appropriate medical care, is fully informed by a physician or nurse practitioner/physician assistant of his medical conditions unless medically contraindicated (as documented by a physician or nurse practitioner/physician assistant in his medical record), is afforded the opportunity to participate in the planning of his medical treatment, to not be limited in his/her choice of a pharmacy or pharmacist provider in accordance with state law, as referenced in House Bill 1439, which states that the facility shall not limit a resident ' s choice of pharmacy or pharmacy provider if that provider meets the same standards of dispensing guidelines required of long term care facilities, to refuse to participate in experimental	M0500		

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M0500	Continued from page 2 research, and to refuse medication and treatment after fully informed of and understanding the consequences of such action; 4. is transferred or discharged only for medical reasons, or for his welfare or that of other residents, or for nonpayment for his stay (except as prohibited by sources of third-party payment), and is given a two weeks advance notice in writing to ensure orderly transfer or discharge. A copy of this notice is maintained in his medical record; 5. is encouraged and assisted, throughout his period of stay, to exercise his rights as a resident and as a citizen, and to this end may voice grievances, has a right of action for damages or other relief for deprivations or infringements of his right to adequate and proper treatment and care established by an applicable statute, rule, regulation or contract, and to recommend changes in policies and services to facility staff and/or to outside representatives of his choice, free from restraint, interference, coercion, discrimination, or reprisal; 6. may manage his personal financial affairs, or is given at least a quarterly accounting of financial transactions made on his behalf should the facility accept his written delegation of this responsibility to the facility for any period of time in conformance with State law; 7. is free from mental and physical abuse; 8. is free from restraint except by order of a physician or nurse practitioner/physician assistant, or unless it is determined that the resident is a threat to himself or to others. Physical and chemical restraints shall be used for medical conditions that warrant the use of a restraint. Restraint is not to be used for discipline or staff convenience. The facility must have policies and procedures addressing the use and monitoring of restraint. A physician order for restraint must be countersigned within 24 hours of the emergency application of the restraint; 9. is assured security in storing personal possessions and confidential treatment of his personal and medical records, and may approve or refuse their release to any individual outside the facility, except, in the case of his transfer to another health care institution, or as	M0500		

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M0500	Continued from page 3 required by law of third-party payment contract; 10. is treated with consideration, respect, and full recognition of his dignity and individuality, including privacy in treatment and in care for his personal needs; 11. is not required to perform services for the facility that are not included for therapeutic purposes in his plan of care; 12. may associate and communicate privately with persons of his choice, may join with other residents or individuals within or outside of the facility to work for improvements in resident care, and send and receive his personal mail unopened, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 13. may meet with, and participate in activities of, social, religious and community groups at his discretion, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 14. may retain and use his personal clothing and possessions as space permits, unless to do so would infringe upon rights of other residents, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 15. if married, is assured privacy for visits by his/her spouse; if both are inpatients in the facility, they are permitted to share a room, unless medically contraindicated (as documented by the attending physician or nurse practitioner/physician assistant in the medical record); and 16. is assured of exercising his civil and religious liberties including the right to independent personal decisions and knowledge of available choice. The facility shall encourage and assist in the fullest exercise of these rights.	M0500		

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M0500	Continued from page 4 This LICENSURE 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) were 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. IJ existed at: Rule 45.17.2 Resident Rights M500 - Level IV 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. On 4/9/26 at 10:32 AM, the SA notified the Administrator of the Immediate Jeopardy. 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 record review and staff interview and determined the IJ was removed on 4/10/26, prior to exit. Therefore, the scope and severity for M500 was lowered from a Level IV to a Level II 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.	M0500		

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M0500	Continued from page 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. 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 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	M0500		

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M0500	Continued from page 6 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 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.	M0500		

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M0500	Continued from page 7 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 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.	M0500		

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M0500	Continued from page 8 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.	M0500		