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 **05/28/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DUNBAR VILLAGE TERRACE	**725 DUNBAR AVE , BAY SAINT LOUIS, Mississippi, 39520**

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M0000	Initial Comments The State Agency (SA) conducted an annual re-licensure survey and Complaint Investigation (CI), MS #2961421, at the facility from 05/26/2026 through 05/28/2026. CI MS #2961421 was investigated related to nursing services and quality of care/treatment and there were no deficiencies cited related to the CI. During the survey, the SA determined the facility was not in compliance with the Minimum Standards for Institutions for the Aged or Infirm, state licensure requirements and cited M225 and M500.	M0000		
M0225	45.4.1 Nursing Facility Nursing Facility. To be classified as a facility, the institution shall comply with the following staffing requirements: 1. Minimum requirements for nursing staff shall be based on the ratio of two and eight-tenths (2.80) hours of direct nursing care per resident per twenty-four (24) hours. Staffing requirements are based upon resident census. Based upon the physical layout of the nursing facility, the licensing agency may increase the nursing care per resident ratio. 2. Each facility shall have the following licensed personnel as a minimum: a. Seven (7) day coverage on the day shift by a registered nurse. b. A registered nurse designated as the Director of Nursing Services, who shall be employed on a full time (five [5] days per week) basis on the day shift and be responsible for all nursing services in the facility. c. Facilities of one-hundred eighty (180) beds or more shall have an assistant director of nursing services, who shall be a registered nurse.	M0225		

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

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M0225	Continued from page 1 d. A registered nurse or licensed practical nurse shall serve as a charge nurse and be responsible for supervision of the total nursing activities in the facility during the 7:00 a.m. to 3:00 p.m. and 3:00 p.m. to 11:00 p.m. shift. The nurse assigned to the unit for the 11:00 p.m. to 7:00 a.m. shift may serve as both the charge nurse and medication/treatment nurse. A medication/treatment nurse for each nurses' station shall be required on all shifts. This shall be a registered nurse or licensed practical nurse. e. In facilities with sixty (60) beds or less, the director of nursing services may serve as charge nurse. f. In facilities with more than sixty (60) beds, the charge nurse may not be the director of nursing services or the medication/treatment nurse. 3. Non-Licensed Staff. The non-licensed staff shall be added to the total licensed staff, to complete the required staffing requirements. 4. There shall be at least two (2) employees in the facility at all times in the event of an emergency. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on staff interview and record review, the facility failed to designate a licensed nurse to serve as the charge nurse responsible for supervision of the total nursing activities in the facility during the 3:00 PM to 11:00 PM shift, separate from the medication/treatment nurse assignment, which had the potential to affect (55) of (55) residents residing in the facility on the evening shift. Findings include: A record review of the “Facility Assessment,” dated 8/7/25, revealed, “Facility Assessment and Staffing Needs…This facility assessment will be used to…Consider specific staffing needs for each shift, such as day, evening, night and adjust as necessary…” On 5/26/26 at 3:35 PM, during an interview with Registered Nurse (RN) #3, she explained the facility had Licensed Practical Nurses (LPNs) and RNs serving as supervisors on the day shift who worked	M0225		

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M0225	Continued from page 2 eight (8)-hour shifts, while the medication cart nurses and Certified Nurse Aides (CNAs) worked (12)-hour shifts. RN #3 explained the facility did not have an appointed nurse serving as a supervisor or charge nurse on the evening shift as the medication cart nurses remained after the supervisors left. On 5/28/26 at 3:39 PM, during an interview with the Director of Nursing (DON) and RN #3, they explained the facility staffed three (3) medication nurses on the day shift and two (2) medication nurses on the evening shift. They explained the RN supervisors typically left the facility between 4:00 PM and 5:00 PM. The DON confirmed the facility did not designate a charge nurse responsible for supervision of the total nursing activities in the facility after the RN supervisors left the building. The DON explained there was always a nurse on call when a supervisor was not present. The DON and RN #3 stated they were not aware state regulations required a designated charge nurse responsible for supervision of nursing services during the 3:00 PM to 11:00 PM shift that was not a medication/treatment nurse. On 5/28/26 at 4:30 PM, during an interview with CNA #3, she explained she had transferred from the night shift approximately three (3) weeks earlier. CNA #3 explained the evening and night shifts did not have supervisors in the building but had medication cart nurses. CNA #3 explained if a resident issue occurred, she reported it to the medication cart nurse, who would then contact the nurse on call if needed. On 5/28/26 at 4:45 PM, during an interview with the Administrator, she explained the medication cart nurses functioned as charge nurses and staff were aware of this practice. The Administrator explained if additional supervision or assistance was needed, an on-call nurse was available to be contacted. The Administrator further explained the facility did not have a staffing policy.	M0225		
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	M0500		

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M0500	Continued from page 3 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 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	M0500		

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M0500	Continued from page 4 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 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);	M0500		

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M0500	Continued from page 5 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. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, record review, and facility policy review, the facility failed to ensure a resident's right to a comfortable and homelike environment for one (1) of (14) sampled residents (Resident #30) by failing to adequately accommodate the prolonged loss of a bathroom sink for approximately one (1) month. Findings include: A review of the facility's policy, "Resident Rights," revised 1/2026, revealed, "...Resident rights. The resident has the right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside of the village...8. Safe environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely..." A record review of the "Admission Record" revealed the facility admitted Resident #30 on 9/3/24 with diagnoses including Alzheimer's Disease. A record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 3/17/26 revealed Resident #30 had a Brief Interview for Mental Status (BIMS) score of (12), which indicated her cognition was moderately impaired. Section GG revealed Resident #30 used a walker and	M0500		

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M0500	Continued from page 6 required setup assistance with oral hygiene and toileting hygiene and supervision or touching assistance for showering and ambulation. On 5/26/26 at 2:30 PM, during an observation and interview, Resident #30 reported the facility removed the sink from her bathroom several weeks earlier and she had not received a replacement. Resident #30 explained she had been using water from the shower to wash her face and brush her teeth because she had not been provided water, a wash basin, hand sanitizer, or other hygiene alternatives in her room. Resident #30 stated she was short and had difficulty obtaining water from the shower for daily hygiene tasks. On 5/27/26 at 10:25 AM, during an observation and interview, Resident #30 reported she continued to use shower water for daily hygiene and stated she had gone almost one (1) month without a sink in her room. Resident #30 stated this was her home and she should not have to go without a sink for such a prolonged period. Observation revealed no hand sanitizer or alternative hygiene supplies available in the room. On 5/27/26 at 4:25 PM, during an interview, Certified Nurse Aide (CNA) #1 explained the sinks had been removed from resident rooms for more than three (3) weeks and nearly (1) month. CNA #1 reported Resident #30 complained daily about the missing sink and confirmed residents were directed to use the staff bathroom or shower rooms. CNA #1 reported no additional hand sanitizer, or alternative hygiene supplies were provided to residents affected by the renovation. On 5/27/26 at 4:45 PM, during an interview, Licensed Practical Nurse (LPN) #2 confirmed the sinks had been removed for more than three (3) weeks and residents were expected to use either the staff bathroom or shower rooms while awaiting replacement sinks. LPN #2 explained Resident #30 had a shower and toilet in her room but no sink. On 5/28/26 at 9:30 AM, during an interview, Housekeeping/Maintenance Staff #1 reported the sinks had been removed for almost (1) month while the facility waited for contractors and replacement sinks. Housekeeping/Maintenance Staff #1 confirmed residents were provided access to the staff bathroom and shower rooms while awaiting installation. On 5/28/26 at 9:50 AM, during an observation and interview with Resident #30 and CNA #2, Resident	M0500		

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M0500	Continued from page 7 #30 reported she had been without a sink for almost (1) month. CNA #2 confirmed Resident #30 brushed her teeth while in the shower and confirmed no hand sanitizer had been provided. Observation revealed no hand sanitizer, or alternative hygiene supplies available in the room. On 5/28/26 at 10:15 AM, during an interview, Housekeeping/Maintenance Staff #2 explained the sinks had been removed from resident rooms for almost one (1) month and residents had expressed frustration regarding the prolonged loss of the sinks. On 5/28/26 at 10:30 AM, during an interview, CNA #3 explained she was not informed in advance of the sink removals and recalled obtaining water from another sink for resident care after discovering a resident room no longer had a sink. CNA #3 reported she believed some residents had received small packets of hand sanitizer but acknowledged they could not be left in resident rooms due to safety concerns. On 5/28/26 at 11:00 AM, during an interview, Resident #30 reported she had only recently been informed that a replacement sink might be installed the following week. Resident #30 stated she had not been offered water or a wash basin for daily hygiene and had been instructed to use bathrooms located outside her room if needed. Resident #30 reported she was (85) years old and should not have to leave her room to perform basic hygiene activities because her bathroom sink had been unavailable for almost one (1) month. On 5/28/26 at 4:57 PM, during an interview, the Administrator reported she understood residents had experienced inconvenience related to the prolonged loss of normal in-room hygiene access and stated she hated that the renovation project had taken as long as it had.	M0500		