| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255299 | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED 08/13/2026 |
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| **VINEYARD COURT NURSING CENTER** | **2002 5TH STREET NORTH , COLUMBUS, Mississippi, 39705** |

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| F0000 | INITIAL COMMENTS<br><br>The State Agency (SA) conducted an annual recertification survey and Complaint Investigations (CI) MS #3042471, CI MS #3041339, CI MS #3022970, and CI MS #3023706 at the facility from 8/11/2026 through 8/13/2026. CI MS #3042471 was investigated for misappropriation and there were no citations related to this complaint. CI MS #3041339 was investigated for elopement and there were no citations related to this complaint. CI MS #3022970 and CI MS #3023706 were investigated for abuse and there were no citations related to these complaints. During the survey, the SA determined the facility was not in compliance with the requirements of participation in Medicare and Medicaid and cited F582, F761, F804, and F880.<br><br>The facility had a census of 55 and was licensed for 60 beds. | F0000 | | |
| F0582<br>SS = D | Medicaid/Medicare Coverage/Liability Notice<br><br>CFR(s): 483.10(g)(17)(18)(i)-(v)<br><br>§483.10(g)(17) The facility must--<br><br>(i) Inform each Medicaid-eligible resident, in writing, at the time of admission to the nursing facility and when the resident becomes eligible for Medicaid of-<br><br>(A) The items and services that are included in nursing facility services under the State plan and for which the resident may not be charged;<br><br>(B) Those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and<br><br>(ii) Inform each Medicaid-eligible resident when changes are made to the items and services specified in §483.10(g)(17)(i)(A) and (B) of this section.<br><br>§483.10(g)(18) The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, | F0582 | | |

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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| F0582 SS = D | Continued from page 1<br>including any charges for services not covered under Medicare/ Medicaid or by the facility's per diem rate.<br><br>(i) Where changes in coverage are made to items and services covered by Medicare and/or by the Medicaid State plan, the facility must provide notice to residents of the change as soon as is reasonably possible.<br><br>(ii) Where changes are made to charges for other items and services that the facility offers, the facility must inform the resident in writing at least 60 days prior to implementation of the change.<br><br>(iii) If a resident dies or is hospitalized or is transferred and does not return to the facility, the facility must refund to the resident, resident representative, or estate, as applicable, any deposit or charges already paid, less the facility's per diem rate, for the days the resident actually resided or reserved or retained a bed in the facility, regardless of any minimum stay or discharge notice requirements.<br><br>(iv) The facility must refund to the resident or resident representative any and all refunds due the resident within 30 days from the resident's date of discharge from the facility.<br><br>(v) The terms of an admission contract by or on behalf of an individual seeking admission to the facility must not conflict with the requirements of these regulations.<br><br>This REQUIREMENT is NOT MET as evidenced by:<br><br>Based on record review and interview the facility failed to provide the required Skilled Nursing Facility Advance Beneficiary Notice (ABN) of Non-Coverage when the facility initiated the termination of Medicare Part A services before exhaustion of available benefit days and the resident remained in the facility for one (1) of three (3) residents reviewed for beneficiary-protection notifications. Resident #24<br><br>Findings include:<br><br>Review of a statement on facility letterhead, signed and dated by the Administrator on 8/13/26, revealed, “This facility does not have a policy for issuing Advanced Beneficiary Notices.”<br><br>Review of the “Skilled Nursing Facility (SNF) Beneficiary Protection Notification Review” revealed the facility initiated the termination of Resident #24’s | F0582 | | |

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| F0582 SS = D | Continued from page 2<br>Medicare Part A services before the resident exhausted the available Medicare benefit days.<br><br>Record review of the “Notice of Medicare Non-Coverage” revealed Resident #24 was notified that Medicare-covered services would end on 05/19/2026 and Resident #24 signed the notice on 05/13/26 and remained in the facility until he expired at the hospital on 08/13/26.<br><br>Further review of the facility’s records revealed Resident #24 was not provided a Skilled Nursing Facility (SNF) Advance Beneficiary Notice (ABN) of Non-Coverage, Form CMS-10055, before the termination of Medicare Part A services. Therefore, the resident was not provided with written notice of potential financial liability or the right to request that a claim be submitted to Medicare for an official coverage determination.<br><br>During an interview on 08/12/2026 at 11:17 AM, the Administrator confirmed Resident #24 was not provided with an SNF ABN for review or signature. The Administrator stated that the Social Worker did not give it to him. The Administrator confirmed Resident #24 should have received both the Notice of Medicare Non-Coverage and the SNF ABN.<br><br>Record review of the Face Sheet indicated Resident #24 was admitted to the facility on 09/01/22 with medical diagnoses that included Dysphagia, Pneumonia, history of falling and heart failure and the resident remained in the facility after 05/19/2026. | F0582 | | |
| F0761 SS = D | Label/Store Drugs and Biologicals<br><br>CFR(s): 483.45(g)(h)(1)(2)<br><br>§483.45(g) Labeling of Drugs and Biologicals<br><br>Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.<br><br>§483.45(h) Storage of Drugs and Biologicals<br><br>§483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. | F0761 | | |

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| F0761 SS = D | Continued from page 3<br><br>§483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.<br><br>This REQUIREMENT is NOT MET as evidenced by:<br><br>Based on observation, record review, interview and facility policy review, the facility failed to label six (6) of 12 multidose insulin pens observed which lacked the date opened and applicable discard date, affecting six (6) residents. Resident #3, Resident #4, Resident #37, Resident #44, Resident #47, and Resident #48<br><br>Findings include:<br><br>Review of the facility's undated policy titled, "Insulin Injections" revealed, "…Check the date the vial is opened and discard if greater than 28 days or per manufacturer guidelines. When opening a new vial, date and initial…"<br><br>On 08/13/2026 at 9:42 AM, during an observation of the East Hall Medication Cart with Licensed Practical Nurse (LPN) #1, the cart contained 12 multidose insulin pens. 6 of the 12 pens had been opened and previously used but were not labeled with an open date or applicable discard date. The 6 pens were labeled for use for Residents #3, #4, #37, #44, #47, and #48. In an interview at that same time, LPN #1 confirmed the insulin pens should have been dated when first opened and used. LPN #1 stated the pens would have to be discarded and replaced because staff could not determine when they had been opened.<br><br>Resident #3<br><br>Record review of Resident #3's Order Summary Report revealed an active physician order dated 08/10/2026 for insulin glargine 100 units/mL (milliliter), inject 15 units subcutaneously once daily. The insulin pen had 80 units remaining and did not contain an open date or discard date.<br><br>Record review of the Face Sheet indicated Resident #3 was admitted to the facility on 6/12/2026 with medical diagnoses that included Type 2 Diabetes Mellitus without Complications. | F0761 | | |

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| F0761 SS = D | Continued from page 4<br><br>Resident #4<br><br>Record review of Resident #4's Order Summary Report revealed an active physician order dated 04/08/2026 for Lantus SoloStar 100 units/mL, inject 26 units subcutaneously at bedtime and hold if the blood glucose was less than 150. The insulin pen had 140 units remaining and did not contain an open date or discard date.<br><br>Record review of the Face Sheet indicated Resident #4 was admitted to the facility on 8/6/2009 with medical diagnoses that included Type 2 Diabetes Mellitus with hyperglycemia.<br><br>Resident #37<br><br>Record review of Resident #37's Order Summary Report revealed an active physician order dated 08/19/2025 for Lantus SoloStar 100 units/mL, inject 40 units subcutaneously at bedtime and hold if the blood glucose was less than 150. The insulin pen had 222 units remaining and did not contain an open date or discard date.<br><br>Record review of the Face Sheet indicated Resident #37 was admitted to the facility on 8/10/2023 with medical diagnoses that included Type 2 Diabetes Mellitus with hyperglycemia.<br><br>Resident #44<br><br>Record review of Resident #44's Order Summary Report revealed an active physician order dated 03/18/2026 for Lantus SoloStar 100 units/mL, inject 20 units subcutaneously at bedtime. The insulin pen had 160 units remaining and did not contain an open date or discard date.<br><br>Record review of the Face Sheet indicated Resident #44 was admitted to the facility on 9/9/2025 with medical diagnoses that included Type 2 Diabetes Mellitus with unspecified complications.<br><br>Resident #47<br><br>Record review of Resident #47's Order Summary Report revealed an active physician order dated 04/29/2026 for Lantus SoloStar 100 units/mL, inject 15 units subcutaneously at bedtime. The insulin pen had 240 units remaining and did not contain an open date or discard date.<br><br>Record review of the Face Sheet indicated Resident #47 was admitted to the facility on 5/2/2024 with | F0761 | | |

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| F0761 SS = D | Continued from page 5<br>medical diagnoses that included Type 2 Diabetes Mellitus without complications.<br><br>Resident #48<br><br>Record review of Resident #48's Order Summary Report revealed an active physician order dated 04/22/2026 for insulin glargine 100 units/mL, inject 10 units subcutaneously at bedtime. The insulin pen had 240 units remaining and did not contain an open date or discard date.<br><br>Record review of the Face Sheet indicated Resident #48 was admitted to the facility on 10/30/2024 with medical diagnoses that included Type 2 Diabetes Mellitus with unspecified complications.<br><br>During an interview on 08/13/2026 at 9:58 AM, the Director of Nursing confirmed multidose insulin pens should be labeled with the date opened and the applicable discard date. The Director of Nursing stated insulin could lose potency if kept beyond the permitted period after opening and, without an open date, staff could not determine whether the medication remained within that period. | F0761 | | |
| F0804 SS = D | Nutritive Value/Appear, Palatable/Prefer Temp<br><br>CFR(s): 483.60(d)(1)(2)<br><br>§483.60(d) Food and drink<br><br>Each resident receives and the facility provides-<br><br>§483.60(d)(1) Food prepared by methods that conserve nutritive value, flavor, and appearance;<br><br>§483.60(d)(2) Food and drink that is palatable, attractive, and at a safe and appetizing temperature.<br><br>This REQUIREMENT is NOT MET as evidenced by:<br><br>Based on observations, interviews, record review and facility policy review, the facility failed to ensure food was served at an acceptable temperature for two (2) of 20 sampled residents. Resident #2 and Resident #58<br><br>Findings Include:<br><br>Review of the facility policy titled, "Monitoring Temperature of Cooked Foods," dated 10/2017, revealed, "The temperature of TCS (Time/Temperature Control for Safety) cooked foods | F0804 | | |

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| F0804 SS = D | Continued from page 6<br>will be monitored to ensure that the foods are not in the danger zone (above 41 degrees Fahrenheit and below 135 degrees Fahrenheit). 1, Cooked foods, after being cooked to the required minimum internal temperature, will be held on hot holding equipment that will keep the food at a minimum 135 degrees Fahrenheit or higher. 2 b. When the food is placed in the hot holding equipment. The temperature of the food should be 135 degrees Fahrenheit or higher..."<br><br>Resident #2<br><br>During an interview on 8/11/2026 at 11:45 AM, Resident #2 stated that her food is often cold.<br><br>During an observation on 8/12/2026 at 12:20 PM, meal trays were delivered to the West Hall on a covered cart. Resident #2 received her lunch meal in her room. The meal consisted of a hamburger patty on a bun with toppings, onion rings, strawberry cake, water, and coffee. The Dietary Manager (DM) was in the room at the same time to perform temperature checks of the food in Resident #2's room. The hamburger patty was tested by the DM, and the temperature measured 100 degrees Fahrenheit.<br><br>Record review of Resident #2's "Face Sheet" revealed Resident #2 was admitted to the facility on 3/11/2025 with diagnoses that included "Type 2 Diabetes Mellitus with Foot Ulcer" and "Chronic Obstructive Pulmonary Disease, Unspecified."<br><br>Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 7/12/2026 revealed a Brief Interview for Mental Status (BIMS) summary score of 15, indicating Resident #2 was cognitively intact.<br><br>Resident #58<br><br>During an interview on 8/11/2026 at 9:22 AM, Resident #58 stated that the food served by the facility is "always cold."<br><br>During an observation on 8/12/2026 at 12:23 PM, Resident #58 received her lunch meal tray in her room. The tray consisted of a single hamburger patty and onion rings on the plate. An interview with the resident at that same time revealed that Resident #58 stated, "It's cold!" The DM was in the room at the same time to perform a temperature check of the food. The hamburger patty measured 85 degrees Fahrenheit, and the onion rings measured 78 degrees Fahrenheit. | F0804 | | |

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| F0804 SS = D | Continued from page 7<br>Record review of Resident #58's "Face Sheet" revealed Resident #58 was admitted to the facility on 8/5/2026 with a diagnosis of "Multiple Fractures of Ribs, Right Side, Subsequent Encounter for Fracture with Routine Healing."<br><br>Record review of the MDS with an ARD of 8/11/2026 revealed a BIMS summary score of 15, indicating Resident #58 was cognitively intact.<br><br>During an interview on 8/12/2026 at 12:25 PM, the DM confirmed that the temperatures of Resident #2's and Resident #58's food were too cold and did not maintain the temperature of the160 degrees when it was checked at the time of plating the food. She confirmed that the food was also served late to the residents. The DM stated that the lunch meal was ready by 11:00 AM and dietary staff started the tray line at 11:15 AM. She stated that Resident #2 and Resident #58 were located on the West Hall and their trays were served last. She stated that trays should be on the West Hall no later than 12:00 PM. The DM stated that Resident #58's tray was the first tray prepared and placed on the cart, but it was the last tray served from the cart. She stated that "cold food has been an issue as long as I have worked here." The DM stated that she had been employed at the facility for eight (8) years. She stated that the plates were cold when the food was plated and that there was no room in the kitchen for a plate warmer. She also stated that the cook was slow at plating the food, resulting in the meals taking longer to reach the hall. | F0804 | | |
| F0880 SS = D | Infection Prevention & Control<br><br>CFR(s): 483.80(a)(1)(2)(4)(e)(f)<br><br>§483.80 Infection Control<br><br>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.<br><br>§483.80(a) Infection prevention and control program.<br><br>The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:<br><br>§483.80(a)(1) A system for preventing, identifying, | F0880 | | |

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| F0880 SS = D | Continued from page 8<br>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;<br><br>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:<br><br>(i) A system of surveillance designed to identify possible communicable diseases or<br><br>infections before they can spread to other persons in the facility;<br><br>(ii) When and to whom possible incidents of communicable disease or infections should be reported;<br><br>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;<br><br>(iv)When and how isolation should be used for a resident; including but not limited to:<br><br>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and<br><br>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.<br><br>(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<br><br>(vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.<br><br>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.<br><br>§483.80(e) Linens.<br><br>Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. | F0880 | | |

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| F0880 SS = D | Continued from page 9<br>§483.80(f) Annual review.<br><br>The facility will conduct an annual review of its IPCP and update their program, as necessary.<br><br>This REQUIREMENT is NOT MET as evidenced by:<br><br>Based on observations, interviews, record review and facility policy review, the facility failed to properly store an oxygen nasal cannula when not in use for one (1) of 20 sampled residents. Resident #43<br><br>Findings Include:<br><br>Record review of the facility policy titled "Oxygen-Administration, Concentrator, Storage, and Assemblage" revealed "To provide adequate tissue oxygenation by providing supplemental oxygen…Supplies…Container for delivery device when not in use (plastic bag)…"<br><br>Record review of Resident #43's "Order Summary Report" revealed a physician order with a start date of 2/23/2026, "O2 (oxygen) @ (at) 2 (two) Liters via nasal cannula as needed for as needed (prn) shortness of breath (SOB) related to chronic obstructive pulmonary disease, unspecified."<br><br>Observation and interview on 8/11/2026 at 9:27 AM revealed Resident #43's nasal cannula lying on the floor under the bed and not stored in a protective bag. Resident #43 stated that he does use oxygen as needed. He stated that his nasal cannula is often on the floor and that staff pick the nasal cannula up from the floor and apply it to him.<br><br>Observations on 8/12/2026 at 11:00 AM and 8/13/2026 at 10:02 AM revealed Resident #43's nasal cannula lying on his unmade bed and not stored in a protective bag.<br><br>During an interview on 8/13/2026 at 10:04 AM, Certified Nursing Assistant (CNA) #1 confirmed that Resident #43's nasal cannula was lying on his unmade bed and was not stored in a protective bag. CNA #1 stated that she did not know how the nasal cannula should be stored when not in use.<br><br>During an interview on 8/13/2026 at 10:05 AM, Registered Nurse (RN) #2 confirmed that Resident #43's nasal cannula was not stored in a protective bag, and that Resident #43 receives oxygen as needed. RN #2 stated that she applies the nasal cannula to Resident #43 when needed. RN #2 acknowledged that the nasal cannula is supposed to | F0880 | | |

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| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| **VINEYARD COURT NURSING CENTER** | **2002 5TH STREET NORTH , COLUMBUS, Mississippi, 39705** |

| (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 |
|---|---|---|---|---|
| F0880 SS = D | Continued from page 10<br>be stored in a protective bag when not in use. RN #2 confirmed that failure to store the nasal cannula in a protective bag placed Resident #43 at risk for infection.<br><br>During an interview on 8/13/2026 at 12:00 PM, the Director of Nursing (DON) stated that while not in use, the oxygen nasal cannula should be stored in a protective bag. She stated that not doing so is an infection control concern.<br><br>Record review of Resident #43's "Face Sheet" revealed that Resident #43 was admitted to the facility on 1/06/2025 with diagnoses including chronic obstructive pulmonary disease, unspecified.<br><br>Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 8/9/2026 revealed a Brief Interview for Mental Status (BIMS) summary score of 14, indicating that Resident #43 was cognitively intact. | F0880 | | |