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 **08/13/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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
M0000	Initial Comments The State Agency (SA) conducted an annual re-licensure survey with Complaint Investigations (CI) MS #3042471, CI MS #3041339, CI MS #3022970, and CI MS #3023706 at the facility from 8/11/2026 to 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 resident rights and there were no citations related to these complaints. 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 M715, M855, and M1570. The census at the time of the survey was 55 with a bed licensure for 60 beds.	M0000		
M0715	45.24.4 Labeling of drugs Labeling of drugs. Each facility shall follow the Mississippi State Board of Pharmacy labeling requirements. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Level II Based on observation, record review, interview and facility policy review, the facility failed to label six (6) of 12 multidose insulin pens observed that lacked the date opened and applicable discard date, affecting six (6) residents. Residents #3, Resident #4, Resident #37, Resident #44, Resident #47, and Resident #48 Findings include: 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…" On 08/13/2026 at 9:42 AM, during an observation of the East Hall Medication Cart with Licensed Practical	M0715		

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

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M0715	Continued from page 1 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. Resident #3 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. 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. Resident #4 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. 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. Resident #37 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. 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.	M0715		

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M0715	Continued from page 2 Resident #44 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. 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. Resident #47 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. Record review of the Face Sheet indicated Resident #47 was admitted to the facility on 5/2/2024 with medical diagnoses that included Type 2 Diabetes Mellitus without complications. Resident #48 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. 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. 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.	M0715		
M0855	45.30.7 Food Preparation Food Preparation. Foods shall be prepared by methods that conserve optimum nutritive value, flavor, and appearance. Also, the food shall be	M0855		

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M0855	Continued from page 3 acceptable to the individuals served. A file of tested recipes shall be maintained to assure uniform quantity and quality of products. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Level IIBased 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 Findings Include: 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 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..." Resident #2 During an interview on 8/11/2026 at 11:45 AM, Resident #2 stated that her food is often cold. 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. 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." 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	M0855		

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M0855	Continued from page 4 cognitively intact. Resident #58 During an interview on 8/11/2026 at 9:22 AM, Resident #58 stated that the food served by the facility is “always cold.” 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. 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.” 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. 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.	M0855		

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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: Level IIBased 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 Findings Include: 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)…" 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." Observation and interview on 8/11/2026 at 9:27 AM	M1570		

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M1570	Continued from page 6 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. 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. 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. 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 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. 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. 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. 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.	M1570		