STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **09/17/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NMMC BALDWYN NURSING FACILITY	**739 4TH STREET SOUTH , BALDWYN, Mississippi, 38824**

(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 eleven (11) Complaint Investigations (CI MS #3030750, CI MS #3031740, CI MS #3035037, CI MS #3119268, CI MS #3137668, CI MS #3158296, CI MS #3166331, CI MS #3188866, CI MS #3194961, CI MS #3204428, and CI MS #3206215) at the facility from 09/14/2026 through 09/17/2026. During the survey, the SA determined that the facility was not compliance with the requirements of the Mississippi Regulations for Minimum Standards for Institutions for Aged or Infirm. The SA cited M500 related to resident rights for CI MS #3119268; and M610 related to bathing/Activities of Daily Living (ADL) care for CI MS #3137668 and CI MS #3204428. No deficient practice was identified related to the allegations for CI MS #3030750, CI MS #3031740, CI MS #3035037, CI MS #3158296, CI MS #3166331, CI MS #3188866, CI MS #3194961, CI MS #3204428, or CI MS #3206215. At the time of the survey was 80 with a bed capacity of 107 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	M0500		

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

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M0500	Continued from page 1 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 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	M0500		

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M0500	Continued from page 2 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); 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);	M0500		

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M0500	Continued from page 3 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 record review, staff interviews and facility policy, the facility failed to protect a resident and ensure the resident's right to be free from physical abuse for one (1) of three (3) residents reviewed for abuse. Resident #1. Findings Include: A record review of the facility policy, "Abuse: Protecting Residents From," revised July 2016, revealed, "It is the policy of [Facility Name] that residents should be protected from abuse." Record review of a written statement from Register Nurse (RN) #1 dated 07/29/26 at 8:43 PM, stated, "I was at the nurse station about 50 feet away when I heard (Resident #1) screaming crying in pain. It was a different crying than usually. As I walked into the room, (Resident #30) gave me a look of concern. I proceed to say what is going on. Certified Nursing Assistant (CNA) #1 shouted she don't want to get clean clothes on. CNA #1 kept telling (Resident #1) to be quiet, be quiet. I told CNA #1 to take a deep breath, and I keep trying to console Resident #1....and she kept saying hurt, hurt. I asked CNA #1 do you know her right arm is stiff and you have to be careful with it. She again said in a loud voice be quiet (Proper Name)!" The statement continued and she walked the CNA out of the room and RN#1 went back into the room alone to check with Resident #30 to ask what happened. The statement revealed that Resident #30 stated that CNA #1 was not nice to Resident #1 and acted like she didn't like her and that she doesn't act like she wants to take care of her. Shows no patience towards her and just flips her over and stated she does not think she needs to take care of her (Resident #1) anymore.	M0500		

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M0500	Continued from page 4 Attempted to call RN #1 on 09/16/26 with no success. Interview with RN #1 on 09/23/26 at 3:08 PM stated, "I was about 30 feet or so from the room of Resident #1 and she was crying out and it was a painful cry. I walked down to her room and when I walked in, CNA #1 was telling Resident #1 to shut up, shut up, she just kept telling her that multiple times and Resident #1 was saying hurt, hurt and was crying. I stayed in the room and tried to console Resident #1 and told CNA #1 that her right arm is contracted and it hurts her and you have to be gentle with her. CNA #1 was agitated with the resident and continued to tell her to shut up. I finished helping to get her changed and walked CNA #1 out of the room. I then went back in the room to check on Resident #1 and that's when the roommate (Resident #30) was telling me that CNA #1 is not a nice person and she acts like she doesn't like Resident #1 and she would not want her taking care of anyone she knew, because she is not friendly and she is too rough with her." RN #1 stated she immediately reported this to the charge nurse. A record review of the facility's investigation revealed that on 07/27/2026 at 7:06 PM, staff were notified of an allegation of possible abuse involving CNA #1 and Resident #1. Resident #1's roommate, Resident #30, with a Brief Interview for Mental Status (BIMS) score of 15, reported observing CNA #1 speaking to Resident #1 in a "harsh manner and removing the resident's shirt in a rough manner while the resident was crying out and repeatedly stating that she was hurt." Record review of a body audit dated 07/27/26 at 8:20 PM revealed, "Patient noted to have redness and bruising to right dorsal hand. Redness noted to right upper shoulder. Blue bruising to left AC. Scratch to left forearm. Dried bloody scratch left upper leg. Patient softly talking unintelligible words. Tears running down patient cheeks. Patient mood is sad." A record review of the facility's investigation revealed CNA #1 was suspended pending investigation on 07/27/2026 and terminated following the investigation on 07/31/2026 after the facility substantiated the abuse. On 9/16/2026 SA attempted to call CNA #1, no answer and no call back. During an interview on 09/16/2026 at 10:25 AM, the Director of Nursing (DON) verified CNA #1 violated the facility's abuse and neglect policy and procedures and was terminated on 07/31/2026	M0500		

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M0500	Continued from page 5 following the investigation of the incident. During an interview on 09/17/2026 at 9:30 AM, the Administrator verified the facility's investigation corroborated the allegation of abuse. A record review of Resident #1 Minimum Data Set (MDS) quarterly assessment with the Assessment Reference Date (ARD) of 06/17/2026 revealed a Brief Interview for Mental Status (BIMS) score of 3, indicating the resident was severely impaired. A record review of the medical record revealed that the facility admitted Resident #1 on 03/04/2025 with a diagnosis that included seizures, Hemiparesis, Speech and Language deficits and cognitive deficits due to recent cerebral infraction, and Aphagia.	M0500		
M0610	45.21.2 Activities of daily living Activities of daily living. Each resident shall receive assistance as needed with activities of daily living to maintain the highest practicable well being. These shall include, but not be limited to: 1. Bath, dressing and grooming; 2. Transfer and ambulate; 3. Good nutrition, personal and oral hygiene; and 4. Toileting. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on record review, interview, and facility policy review the facility failed to ensure residents, who were dependent on staff for bathing, received scheduled bathing services for one (1) of 29 sampled residents Resident #2. Findings Include: Record review of the facility policy titled, “Bathing” revealed “Policy: It is the policy of [Proper Name of Facility] to promote patient cleanliness by assisting with bathing needs as appropriate.” Record review of a “Flowsheet History” for Resident #2, dated 8/17/26 through 9/16/26 revealed that she had been bathed one (1) time during that time	M0610		

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M0610	Continued from page 6 period. Interview with Certified Nursing Assistant (CNA) #2, CNA #3 and CNA #4 on 9/16/26 at 1:00 PM, they revealed they follow the bathing schedule for their residents. Record review of “Resident Bath Schedule”, updated 9/11/26, revealed Resident #2 was scheduled to have a shower Monday, Wednesday, and Friday (MWF) on night shift. Record review of the “Flowsheet History” and interview with Director of Nursing (DON) on 9/16/26 at 1:14 PM, she verified that Resident #2 only had one (1) documented bath during that time period. Interview with the Administrator on 9/16/26 at 2:03 PM, he revealed that Resident #2 returned from the hospital in August, and her name had not been added back to the bathing sheet. He agreed there was no documentation to verify that she received a bathing during that time frame. Record review of a demographic sheet revealed the facility admitted Resident #2 on 1/13/26 with diagnoses that included Anoxic Brain Injury. Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 07/20/2026 revealed Resident #2 was dependent for baths.	M0610		