STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255329	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MADISON CO NH	**1421-A EAST PEACE STREET , CANTON, Mississippi, 39046**

(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
F0000	INITIAL COMMENTS The State Agency (SA) conducted four (4) Complaint Investigations (CI MS #3097296, CI MS #3159613, CI MS #3192507, and CI MS 3205561) at the facility from 10/05/2026 through 10/08/2026. During the survey, the SA determined the facility was not in compliance with the requirements for participation in Medicare and Medicaid. The SA investigated CI MS #3097296 for Resident Rights and cited F 550. The SA investigated CI MS #3159613 for Pest and cited F 925. The SA investigated CI MS # 3192507 and CI MS #3205561 for Quality of care and did not cite any deficiencies. At the time of survey, the facility had a census of 93 residents and was licensed for 95 beds.	F0000		
F0550 SS = D	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. §483.10(b) Exercise of Rights.	F0550		

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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F0550 SS = D	Continued from page 1 The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States. §483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility. §483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is NOT MET as evidenced by: Based on observations, interviews, record review and facility policy review, the facility failed to ensure a resident's right to be treated with dignity and respect and to have personal preferences respected by failing to effectively address repeated incidents of another resident entering resident rooms without invitation for one (1) of five (5) residents reviewed. Resident #1 Findings include: A record review of the facility policy, titled "Resident Rights", revealed, "Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident's right to: ...be treated with respect, kindness, and dignity..." An observation and interview on 10/05/2026 at 1:45 PM revealed Resident #1 seated in a wheelchair in her room and she stated, "I have had an issue with someone I don't like and I don't want around, but I haven't seen him back." Resident #1 stated, "I can't remember the last time I had an issue with him because I will just tell him off." Resident #1 reported feeling safe in the facility, but she did not like it when this resident wandered into her room and that she had repeatedly told the facility staff to keep him out of her room. She stated that he cusses a lot and walks into everybody's rooms and takes stuff. An interview on 10/07/2026 at 12:30 PM with Resident #1's Resident Representative (RR) revealed Resident #4 had been in residents' room multiple times before. Resident #1 and RR had requested that resident not be allowed back in resident's room. Resident #1's RR stated that Resident #4 was	F0550		

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F0550 SS = D	Continued from page 2 wandering in hallways during the previous weekend while the RR was visiting the facility. An interview on 10/07/2026 at 2:00 PM with Social Services Director revealed the facility had implemented interventions to address Resident #4's behaviors, including medication adjustments, treatment of a urinary tract infection, and every 15-minute checks. Social Service Director stated Resident #4 continued to exhibit behaviors that included wandering into other residents' rooms and using inappropriate language. An interview on 10/08/2026 at 10:00 AM with the Administrator confirmed that Resident #1 had the right to ensure her personal preferences were respected when she did not want another resident entering her room without invitation. A record review of Resident #1's quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 08/05/2026, revealed a Brief Interview for Mental Status (BIMS) score of 7, indicating severe cognitive impairment. A record review of "Resident Face Sheet" revealed that the facility admitted Resident #1 on 05/05/2025 with a diagnosis of unspecified dementia, unspecified severity, with mood disturbance. A record review of Resident #4's MDS, with an ARD of 09/21/2026, revealed a BIMS score of 5, indicating severe cognitive impairment. A record review of "Residents Face Sheet" revealed that the facility admitted Resident #4 on 06/10/2025 with a diagnosis of unspecified dementia, unspecified severity, with agitation. A record review of Resident #4's nursing progress notes from 9/26/26 through 10/7/26 revealed continued documentation of wandering into other residents' rooms, eating other residents' food, touching staff inappropriately, and getting into other residents' beds within seven days prior to the survey with staff redirection and supervision provided each time.	F0550		
F0925 SS = D	Maintains Effective Pest Control Program CFR(s): 483.90(i)(4) §483.90(i)(4) Maintain an effective pest control program so that the facility is free of pests and rodents.	F0925		

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F0925 SS = D	Continued from page 3 This REQUIREMENT is NOT MET as evidenced by: Based on observations, interviews, record review and facility policy review, the facility failed to maintain an effective pest control program to prevent and control the presence of rodents within the facility. This deficient practice was evidenced by the continued presence of mice and evidence of rodent activity in multiple resident rooms for ten (10) of 67 resident rooms observed. Rooms 212, 218, 307, 312, 314, 317, 318, 404, 405, and 410 Findings Include: A record review of facility policy, titled "Pest Control Protocol," revealed, "This facility maintains an on-going pest control program to ensure that the building is kept free of insects and rodents..." An observation on 10/05/2026 from 9:30 AM through 12:00 PM during resident room rounds revealed evidence of rodent activity in ten (10) resident rooms (Rooms 212, 218, 307, 312, 314, 317, 318, 404, 405, and 410). Mice droppings were observed on windowsills, behind resident beds, and/or in corners of the rooms. An interview on 10/05/2026 at 10:30 AM with Certified Nursing Assistant (CNA) #2 revealed she had observed mice inside the facility and documented mice sightings in the facility maintenance log. An interview on 10/05/2026 at 1:00 PM with the Administrator revealed the facility was undergoing Phase 1 of a parking lot renovation project. The Administrator stated the dumpsters had been relocated and the asphalt underneath the dumpsters had been ground up. The Administrator stated a mouse den was believed to have been underneath the asphalt. The Administrator stated the facility had received reports of mice and notified the pest-control provider. The Administrator was unable to provide the date the dumpster was relocated or the date construction activity associated with the reported rodent activity occurred. The Administrator acknowledged residents, family members, and staff had reported sightings and/or signs of rodents inside the facility. An interview on 10/06/2026 at 9:00 AM with the Administrator revealed the Maintenance Director had inspected the facility for possible rodent entry points and taken steps to eliminate possible points of entry.	F0925		

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F0925 SS = D	Continued from page 4 An interview on 10/06/2026 at 11:30 AM with Pest Control Service Technician revealed exterior bait stations, interior sticky traps, and exterior tin caps had been utilized as part of the facility's pest-control measures. He stated he had made several service calls to the facility to refill bait stations. He stated that increased rodent activity was observed after vegetation surrounding the facility was cut and that several bait stations near the garbage bins demonstrated greater activity than other bait stations. He stated bait stations were refilled during service visits and as needed. An interview on 10/07/2026 at 9:25 AM with Housekeeper #1 revealed she had observed mouse droppings in Room 413 during the previous week. An interview on 10/07/2026 at 9:30 AM with CNA #1 revealed she had observed mice inside the facility in the last two weeks but confirmed that she had not reported the sightings because "They already knew about it." An interview with the Administrator on 10/7/2026 at 11:00 AM revealed that upon receiving reports of mice the maintenance director placed sticky traps and notified the Administrator. He stated the Maintenance Director inspected the facility for possible rodent entry points and sealed identified possible entry points on the exterior and interior of the building using spray foam. A record review of the facility Maintenance Issues log revealed a resident in Room 306 reported seeing a mouse on 06/21/2026, and a mouse was reported in the closet of Room 309 on 07/15/2026. Both maintenance log entries were initialed by the Maintenance Director. Record review of the pest-control service report dated 08/12/2026 revealed mice were observed inside the facility. The report documented a mouse nest identified underneath a dumpster when the dumpster was moved during construction as well as harvesting. The report further indicated the facility typically experienced increased rodent activity during this time of year. A record review of pest-control service invoices revealed mouse activity was documented on 07/20/2026 and 09/26/2026.	F0925		