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 **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
M0000	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 Minimum Standards for Institutions for the Aged or Infirm, state licensure requirements. The SA investigated CI MS #3097296 for Resident Rights and cited M500. The SA investigated CI MS #3159613 for Pest and cited M970. 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.	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 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	M0500		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(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
M0500	Continued from page 1 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 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	M0500		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(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
M0500	Continued from page 2 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); 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	M0500		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(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
M0500	Continued from page 3 facility shall encourage and assist in the fullest exercise of these rights. 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 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 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	M0500		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(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
M0500	Continued from page 4 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.	M0500		
M0970	45.33.4 Control of insects, rodents, etc. Control of insects, rodents, etc. The facility shall be kept free of ants, flies, roaches, rodents, and other insects and vermin. Proper methods for their eradication and control shall be utilized. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Level IIBased 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:	M0970		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(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
M0970	Continued from page 5 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. 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	M0970		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(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
M0970	Continued from page 6 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.	M0970		