

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  255127	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/18/2025
NAME OF PROVIDER OR SUPPLIER  Tishomingo Comm Living Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1410 West Quitman Street Iuka, MS 38852	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interviews, record review and facility policy review, the facility failed to provide adequate supervision and a secure environment to prevent the elopement of one (1) of five (5) residents who were at risk for elopement and wandering. Resident #68. On 12/10/25, at approximately 2:53 PM a member of the facility staff reported in the staff meeting that Resident #68 was found inside the pharmacy across the street. At 2:55 PM Resident # 68 was located by facility staff, approximately 100 yards away from the facility across a busy two-lane street inside the pharmacy where he was observed standing, laughing and conversing with the pharmacy staff. The temperature at the time was cloudy and 55 degrees; the resident was dressed in lace up tennis shoes, pants and a long sleeve shirt. The facility's failure to provide adequate supervision to prevent the elopement of Resident #68 placed this resident, and other residents at risk for wandering and elopement, in a situation that was likely to cause serious injury, harm, impairment, or death. The SA identified an Immediate Jeopardy (IJ) and Substandard Quality of Care (SQC) which began on 12/10/25 and existed at 42 CFR(s): 483.25(d)(1)(2) Free of Accidents Hazards/Supervision/Devices (F689) - Scope and Severity (S/S) of J. The SA notified the facility's Administrator of the IJ and SQC on 12/15/25, at 3:30PM and provided the Administrator with the IJ template. Based on the facility's implementation of corrective actions on 12/11/25, the SA determined the IJ and SQC to be Past Non-Compliance (PNC) and the IJ was removed as of 12/12/25, prior to the SA's first entrance on 12/15/25. Findings include: Record review of facility Elopement/Unsafe Wandering Plan dated 02/07/2012 revealed, Policy: It is the policy of this facility to protect the resident from harm while providing care in a manner that helps promote quality of life and safe environment. Procedures. Risk Evaluation: An evaluation of the resident's risk for unsafe wandering or elopement is to be conducted on admission, quarterly, after a significant change in condition, and after an incident of elopement. Identification: Residents at risk will have some type of identifier on their person. Plan of Care: If a resident is identified at risk for elopement or unsafe wandering, a preventative plan of care is to be implemented at the time the risk is identified. Unsafe wandering and/or elopement potential is to be entered into the ADL (activity of daily living) system and ADL plan of care. Supervision: Visual supervision may be necessary in some instances. The nursing staff will complete and document the visual checks as necessary. Facility Systems: Systems such as alarms, Wander guard systems and special locks/keypads as allowed by state and local authorities will be utilized to the extent possible. Record review of the admission Record for Resident #68 revealed the facility admitted the resident on 12/5/25 and the resident had diagnoses including Atherosclerotic Heart Disease of Native Coronary Artery with Other Forms of Angina Pectoris, Type 2 Diabetes Mellitus with Hyperglycemia, Dementia in Other Diseases Classified Elsewhere, Severe, with Other Behavioral Disturbance, Alzheimer's Disease with Late Onset, and Chronic Obstructive Pulmonary Disease, Unspecified. Record review of the admission Minimum Data Set (MDS) with Assessment Reference</p> <p>(continued on next page)</p>		

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 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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 255127
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