

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 04/08/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255253	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER Vicksburg Convalescent Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1708 Cherry Street Vicksburg, MS 39180	
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)		
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. Based on observation, resident and staff interviews, record review and facility policy review the facility failed to remove facial hair on a female resident who required assistance with Activities of Daily Living (ADLs) for one (1) of 78 residents observed on initial tour. Resident #44. Findings Include: Record review of the facility policy titled, Resident Hygiene revised 06/2022 revealed .Standard It is the practice of this facility to assist residents with bathing/showering to maintain proper hygiene and help prevent skin infections. Bathing includes washing the entire body, in addition, resident's fingernails and toenails will be trimmed when needed, facial hair shaved when needed and hair washed as needed Staff Responsibilities .7. Staff providing assistance will provide nail care (unless medically contraindicated), shampoo, and shave each resident on every bath/shower day . On 4/30/24 at 9:39 AM, an observation of Resident #44 lying in her bed revealed six (6) to eight (8) scattered facial hairs approximately three (3) inches long on her chin and some facial hair above her upper lip that was approximately one-half to one inch long. On 4/30/24 at 9:42 AM, an interview with Resident #44 revealed that no one had removed the hair from her face, and she would like the hair to be gone. She stated, That would be wonderful if someone would. On 4/30/24 at 4:55 PM, an observation revealed scattered facial hair to Resident #44's chin and upper lip. On 4/30/24 at 5:00 PM, an interview with Licensed Practical Nurse (LPN) #1, confirmed that Resident #44 had long facial hair to her chin and hair above her top lip. She stated, I can see it plainly. LPN #1 revealed the Certified Nursing Assistants (CNAs) were supposed to look at the residents while they gave them their baths and take care of facial hair if it was needed during that time. On 5/01/24 at 9:00 AM, an interview with CNA #1 revealed that Resident #44 was assigned to her yesterday, 4/30/2024, and she gave her a bath but did not shave her facial hair. She revealed that it was a hectic day, and she was focused on getting Resident #44 cleaned up and didn't look at or notice the facial hair. CNA #1 revealed that trimming facial hair was part of their job. She stated this was supposed to be done when they were doing resident baths and she failed to do this. CNA #1 confirmed she should have taken care of this. On 5/01/24 at 10:39 AM, an interview with LPN #2 revealed Resident #44 was confused and may not always know what was asked of her. She revealed that Resident #44 had worsening confusion and needed (continued on next page)		

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: 255253	Facility ID: 255253 If continuation sheet Page 1 of 2

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	help with her bathing and personal hygiene. LPN #2 revealed that Resident #44 was not able to shave herself or pluck her own facial hairs. Record review of Resident #44's admission Record revealed an admission date of 1/24/2024 and that she had diagnoses that included Osteoarthritis of Knee, Muscle Weakness, Unsteadiness on Feet and Unspecified Lack of Coordination. Record review of Resident #44's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 5/02/2024 revealed under Section C, a Brief Interview for Mental Status (BIMS) Score of 11 which indicated that she had moderate cognitive deficits.		