STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255105	A. BUILDING _____ B. WING _____	C 01/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF TUPELO	**2273 SOUTH EASON BOULEVARD TUPELO, MS 38804**

(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
F 000	INITIAL COMMENTS The State Agency (SA) conducted two (2) complaint investigations (CI MS #26911 and CI MS #27157) at the facility from 1/15/25 through 1/17/25. During the survey the SA determined that the facility was not in compliance with the requirements of participation in Medicare and Medicaid. The SA determined the facility was not in compliance for CI MS #27157 regarding residents rights and cited F550. The facility was found to be in compliance for CI MS#26911 regarding quality of life and assessing a resident with no deficiencies cited. The census at the time of the survey was 97 with a bed capacity of 120 beds.	F 000		
F 550 SS=E	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,	F 550		2/7/25

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

Electronically Signed | 02/05/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255105	A. BUILDING _____ B. WING _____	C 01/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF TUPELO	2273 SOUTH EASON BOULEVARD TUPELO, MS 38804

(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
F 550	Continued From page 1 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. 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 staff and resident interviews, record review, and facility policy review, the facility failed to honor residents' right to vote in the 2024 election for three (3) of six (6) residents sampled for resident's rights. Residents #4, #5, and #6 Findings Include: Record review of facility policy titled, "Resident's Rights and Quality of Life", dated 5/1/12, revealed, "It is the policy of (proper name removed) that all residents have the right to a dignified existence, self-determination, and communication with an access to people and services inside and outside	F 550	On 01/17/2025, the Administrator met with Resident #6, Resident #7, and Resident #8 regarding voting preferences. Medical Affidavit completed for Medical Director signature and approval. All residents have the potential to be affected by this practice. On 01/16/2025, the Administrator educated the Social Services Director on the center policy for Resident's Rights/Exercise of Rights [Voting].	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255105	A. BUILDING _____ B. WING _____	C 01/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF TUPELO	2273 SOUTH EASON BOULEVARD TUPELO, MS 38804

(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
F 550	Continued From page 2 the facility. A resident has the right to exercise his/her rights as a resident of the facility and a citizen or resident of the U.S. and be free of interference, coercion, discrimination, or reprisal by (proper name removed) or its employees for the exercise of such rights". During an interview on 1/16/25 at 11:10 AM, Resident #6 revealed she had told the staff several weeks before the 2024 presidential election that she wanted to vote with a mail-in ballot, but she was unable to. She stated, "I wanted to vote, but I can't walk, and they didn't bring the ballot to me". An interview with Resident #7 on 1/16/25 at 11:15 AM revealed she had informed the facility staff that she wanted to vote in the 2024 presidential election and the staff told her they would get her a ballot, but she did not receive one. She stated, "I wanted to vote, but I couldn't get there". During an interview on 1/16/25 at 11:45 AM, Resident #8 revealed he was registered and wanted to vote in the presidential election, but he was not taken to the poll. He stated that he was the son of a World War 2 veteran and his right to vote was taken away from him. He also stated, "I'm an American and I have the right to vote". He stated he was very upset that he missed this opportunity because no one would take him. When asked if the staff asked him about identification, he said the facility had copies of his information and if there were other requirements, the staff should have assisted him. During an interview on 1/16/25 at 11:50 AM, Social Services #1 confirmed that not all of the residents	F 550	On 01/22/2025, the Administrator educated the Admissions Director regarding Resident Rights/Exercise of Rights [Voting] to assure the process of inquiring regarding voting preferences are addressed during the admission process. On 01/29/2025, the Assistant Director of Nursing, Director of Care Coordination and Admissions Coordinator began conducting resident interviews to assure voting preferences current and complete. This interview includes the desire to vote by absentee ballot versus in person. On 01/27/2025, the Administrator began an audit of new admissions to assure voting preferences are current, appropriate documentation for voting precinct and absentee ballot are current and unchanged. Administrator audit of new admissions to continue for eight weeks. Audit findings were brought to the Quality Assurance Performance Improvement on 01/31/2025 for review and recommendation and will be brought monthly for three months to assure continued compliance.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255105	A. BUILDING _____ B. WING _____	C 01/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF TUPELO	**2273 SOUTH EASON BOULEVARD TUPELO, MS 38804**

(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
F 550	Continued From page 3	F 550		

that had expressed the desire to vote were given the opportunity on election day. She stated she worked with the residents that wanted to vote and completed their registration forms. She revealed she thought that with the registration forms, the residents would automatically receive their absentee ballots by mail. Towards the end of October, the residents that had previously requested the disabled status for absentee ballots received their ballots, but the ones she had registered had not received theirs. She called the Circuit Court and was told that if a resident was disabled, the resident must call and request the ballot to be mailed. She stated that there was only about a week left until the election and we didn't have time to help everybody call the Circuit Court. She acknowledged it was her responsibility to ensure that each resident's right to vote was honored and because she failed to research the proper steps in this process, many residents were unable to vote. She confirmed the facility failed to ensure that each resident that desired to vote was given the opportunity.

An interview with the Administrator on 1/16/25 at 11:55 AM confirmed that each resident had the right to vote, and the facility failed to ensure they were assisted properly.

Record review of the list of residents that were currently registered and newly registered for voting revealed 47 residents who desired to vote.

Record review of the list titled, "Voting 11/5/24" revealed nine (9) residents voted with absentee ballots, four (4) residents voted at the poll, one (1) listed as not having identification (Resident #8),

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255105	A. BUILDING _____ B. WING _____	C 01/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF TUPELO	**2273 SOUTH EASON BOULEVARD TUPELO, MS 38804**

(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
F 550	Continued From page 4	F 550		

one listed as being at dialysis, and six (6) declined to go to the poll.

Record review of Resident #6's "Admission Record" revealed the facility admitted the resident to the facility on 10/4/22. Diagnoses included Heart Failure, Hypertension, and Hypertensive Heart and Chronic Kidney Disease.

Record review of Resident #6's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 12/16/24, revealed a Brief Interview for Mental Status (BIMS) score of 15 which indicated the resident was cognitively intact.

Record review of Resident #7's "Admission Record" revealed the facility admitted the resident on 11/24/23. Diagnoses included Type 2 Diabetes Mellitus, Abnormalities of Gait and Mobility, and Peripheral Vascular Disease.

Record review of Resident #7's MDS with an ARD of 12/1/24, revealed a BIMS score of 15 which indicated the resident was cognitively intact.

Record review of Resident #8's "Admission Record" revealed the facility admitted the resident on 5/2/23 originally with the most recent admission of 4/2/24. Diagnoses included Alzheimer's Disease, Hypertensive Heart Disease, and Hypertension.

Record review of Resident #8's MDS with an ARD of 1/8/25, revealed a BIMS score of 9 which indicated the resident had a moderate cognitive impairment.