MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	43BM	A. BUILDING: _____ B. WING _____	C 06/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF BROOKHAVEN	519 BROOKMAN DRIVE BROOKHAVEN, MS 39601

(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) COMPLETE DATE
M 000	Initial Comments The State Agency (SA) conducted two (2) Complaint Investigations (CI MS #28869 and CI MS #29097), at the facility from 6/02/25 through 6/04/25. 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. CI MS #28869 was investigated related to Accidents, Nursing Services, Neglect, Inappropriate Feeding Assistance and Quality of Care/Treatment regarding competent staffing and M1570 was cited. CI MS #29097 was investigated regarding Resident Abuse, Resident Rights and Quality of Care/Treatment regarding resident safety and M500 was cited. The facility held a license for 58 beds, with a census of 53.	M 000		
M 500	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	M 500		7/2/25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	43BM	A. BUILDING: _____ B. WING _____	C 06/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF BROOKHAVEN	519 BROOKMAN DRIVE BROOKHAVEN, MS 39601

(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) COMPLETE DATE
M 500	Continued From page 1 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 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	M 500		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	43BM	A. BUILDING: _____ B. WING _____	C 06/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF BROOKHAVEN	519 BROOKMAN DRIVE BROOKHAVEN, MS 39601

(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) COMPLETE DATE
M 500	Continued From page 2 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 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	M 500		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	43BM	A. BUILDING: _____ B. WING _____	C 06/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF BROOKHAVEN	519 BROOKMAN DRIVE BROOKHAVEN, MS 39601

(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) COMPLETE DATE
M 500	Continued From page 3 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 facility shall encourage and assist in	M 500		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	43BM	A. BUILDING: _____ B. WING _____	C 06/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF BROOKHAVEN	519 BROOKMAN DRIVE BROOKHAVEN, MS 39601

(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) COMPLETE DATE
M 500	Continued From page 4 the fullest exercise of these rights. This Statute is not met as evidenced by: Level III Based on observation, interview, record review, and policy review, the facility failed to ensure residents were free from abuse and failed to provide care in a manner that protected the dignity and privacy of residents for four (4) of four (4) sampled residents (Resident #1, Resident #2, Resident #3, and Resident #4). Specifically, Certified Nurse Aide (CNA) #1 verbally and physically abused Resident #2 during incontinence care on 5/21/25 by striking the resident's legs, scolding him, and failing to provide care in a safe, supportive, and respectful manner, resulting in fear, shame, emotional distress, and helplessness. CNA #1 also verbally and mentally abused Resident #3 on 5/21/25 by scolding and berating the resident for incontinence, causing humiliation, shame, and fear of recurrence. In addition, the facility failed to maintain privacy during incontinence care for Resident #1 when staff provided care with the window curtain open, exposing the resident's perineal area; failed to provide a catheter bag cover for Resident #2 to maintain dignity; and failed to assist Resident #4 with meals in a respectful manner by standing over the resident while providing feeding assistance, rather than sitting at the resident's side. Findings Included: Record review of the facility's "Abuse, Neglect, Misappropriation, Exploitation Policy", dated January 2019, revealed, " ...Purpose: To prohibit and prevent abuse, neglect ...Definitions: Abuse: The willful infliction of ...intimidation ... with	M 500		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	43BM	A. BUILDING: _____ B. WING _____	C 06/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF BROOKHAVEN	519 BROOKMAN DRIVE BROOKHAVEN, MS 39601

(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) COMPLETE DATE
M 500	Continued From page 5 resulting physical harm, pain or mental anguish. A review of the facility's policy, "Resident Rights and Quality of Life", dated 3/13/20 revealed, " ...It is the policy of ...that all residents and patients have the right to a dignified existence ..." A record review of the facility's "Peri (Perineal) Care Audit Tool, undated, revealed "Action" including "Staff must ...provide privacy (door, window, room divider curtain ..." A record review of the "Investigation Template", dated 5/21/25, revealed the facility described the allegation that Resident #2 reported that a CNA had hit him on the leg with both hands because he was wearing a condom catheter. The "Investigation Summary" indicated that Interviews with all residents with BIMS (Brief Interview for Mental Status) greater than eleven." A review of the "Summary of Interview" revealed Resident #2 stated he was hit last night on his legs. Another "Summary of Interview" revealed Resident #3 indicated "The CNA ...that was assigned to him on 11 pm-7 pm was pissed off with him because he had urinated in the bed and she had to change him." Resident #2 Abuse Record review of the "Admission Record" revealed the facility admitted Resident #2 on 5/09/25 with current diagnoses including Urinary Tract Infection. Record review of the Admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 5/16/25 revealed Resident #2 had a Brief Interview for Mental Status (BIMS) score of 14, which indicated he was cognitively intact.	M 500		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	43BM	A. BUILDING: _____ B. WING _____	C 06/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF BROOKHAVEN	519 BROOKMAN DRIVE BROOKHAVEN, MS 39601

(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) COMPLETE DATE
M 500	Continued From page 6 Further review revealed Resident #2 had no behavioral issues, was always incontinent of bowel and bladder, and was dependent for toileting hygiene and required substantial/maximal assistance to roll left and right on bed. Record review of the Social Services Progress Note for Resident #2, dated 5/21/25 at 14:49 (2:49 PM) revealed the Social Services and Admissions Liaison (SSD) documented that she visited the resident "to ask about the incident that happen over night with the CNA. I let him know that we would handle the situation ASAP. That we would make sure nothing like this ever happened again to him or anyone else". On 6/02/25 at 11:45 AM, an interview with Resident #2 with the assistance of his communication device revealed the resident stated that that during the early hours of 5/21/25 Certified Nurses' Aide (CNA) #1 entered his room and discovered that his condom catheter had come off and his incontinence brief was wet, and he thought she acted like she got mad. He reported that when she started to turn him during incontinence care he had muscle spasms in his legs and the CNA struck him twice on his legs and told him to stop tensing up. He said he had involuntary muscle spasms and took medication for them. He said that he had not tried to communicate with the CNA after she struck him because he was scared. He said this incident upset him because he was dependent and could not defend himself. He said he immediately wanted to go home because nobody treated him like that at home, and he was afraid because the incident could occur again. He said that he was unable to go back to sleep and cried due to feeling afraid and humiliated. He confirmed the	M 500		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	43BM	A. BUILDING: _____ B. WING _____	C 06/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF BROOKHAVEN	519 BROOKMAN DRIVE BROOKHAVEN, MS 39601

(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) COMPLETE DATE
M 500	Continued From page 7	M 500		

incident caused him to feel shame, fear and demeaned. He said he only agreed to remain at the facility after being assured that CNA would not be allowed back into his room and confirming that his wife could stay with him at night until he could complete his therapy and return home as scheduled.

On 6/02/25 at 12:10 PM, an interview with the Resident Representative (RR) for Resident #2 revealed she had been notified of the resident's allegation of abuse on 5/21/25. She stated that when she arrived, he was very upset and demanded to go home immediately. She stated that her immediate reaction was to take him home, but that he was doing very well with his therapy and the two of them agreed for him to stay with her spending nights in his room with him.

On 6/02/25 at 2:25 PM an interview with CNA #2 revealed she reported she had worked 7-3 shift on 5/21/25 and at approximately 7:30 PM she entered the room of Resident #2, and he was resting in bed with tears on his face and crying. She said she asked him what was wrong, and he used his communication device to tell her that he had been hit. She said she asked him who hit him, and he typed in the name of CNA #1. She stated that the resident told her he had been scared and crying and wanted to go home because no one hit him at home. She said she had immediately reported the allegation of abuse to the former Assistant Director of Nursing Services (ADNS).

On 6/02/25 at 3:44 PM, an observation revealed Resident #2's catheter drainage system collection bag was uncovered, containing clear yellow fluid and laying on the floor.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	43BM	A. BUILDING: _____ B. WING _____	C 06/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF BROOKHAVEN	519 BROOKMAN DRIVE BROOKHAVEN, MS 39601

(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) COMPLETE DATE
M 500	Continued From page 8 Resident #3 Abuse Record review of the "Admission Record" revealed the facility admitted Resident #3 on 3/27/25 with current diagnoses including Benign Neoplasm of Cerebral Meninges. Record review of the Admission MDS with an ARD of 4/03/25 revealed Resident #3 had a BIMS score of 8, which indicated his cognition was moderately impaired. Further review revealed he had no behaviors, was always incontinent of bowel and bladder, and required substantial/maximal assistance for toileting hygiene and moderate assistance to roll left and right on bed. On 6/02/25 at 3:50 PM during interview with Resident #3 in his room, he revealed that during the early morning hours of 5/21/25, CNA #1 had entered his room and scolded him for wetting his bed. He said that made him feel ashamed and said, "I can't help wetting the bed; if I could, I wouldn't do it. It made me feel like getting up and getting out of here and I would have if I could.". The resident said the incident made him feel shame and humiliated for wetting the bed and he was afraid because CNA #1 intimidated him while scolding him and that he was afraid the incident may recur. On 6/03/25 at 2:54 PM, during a telephone interview the former ADNS, she stated that she was the nurse assigned to the care of Resident #1 on 5/21/25 and was made aware of an allegation of abuse by Resident #2 around 7:30 AM by CNA #2. She said she immediately assessed and interviewed Resident #2 who was actively crying and told her that CNA #1 had hit	M 500		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	43BM	A. BUILDING: _____ B. WING _____	C 06/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF BROOKHAVEN	519 BROOKMAN DRIVE BROOKHAVEN, MS 39601

(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) COMPLETE DATE
M 500	Continued From page 9	M 500		

his legs during the earlier hours of 5/21/25 when he wet his brief and then had muscle spasms in his legs during incontinence care and berated him to stop tensing up. She reported she had also assessed the resident, and his condom catheter was off, but in his brief. She said she had spoken with CNA #1 at approximately 6:45 AM on 5/21/25 and the CNA had asked her if the resident had any more condom catheters. She stated that the resident was traumatized and that on 5/21/25 the resident's wife had started spending the night with the resident in his room. She said that she was unaware of any other complaint ever made by Resident #2. She stated that as part of the investigation into Resident #2's allegation, she interviewed and assessed Resident #3 who reported that CNA #1 had "scolded" him because he had wet his bed.

On 6/04/25 at 9:30 AM, during a telephone interview the District Ombudsman revealed she had received a report from the RR for Resident #2 that the resident had been struck by CNA #1 who spoke to him in a demeaning manner that made him feel degraded. She said the facility staff reported that CNA #1 had confirmed "tapping" the resident's leg. The Ombudsman said that there was no report given to her that Resident #3 had also reported verbal or mental abuse by CNA #1 during the same shift.

On 6/04/25 at 10:35 AM, an interview with the Social Services and Admissions Liaison (SSD) revealed she was made aware of the allegation of abuse by Resident #2 on the morning of 5/21/25, a little after 8:00 AM and visited him on 5/21/25 " to make sure he wasn't too upset and see if I needed to try to make him feel better and reiterate to him that the incident wouldn't happen again." She stated that she recalled "somebody

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	43BM	A. BUILDING: _____ B. WING _____	C 06/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF BROOKHAVEN	519 BROOKMAN DRIVE BROOKHAVEN, MS 39601

(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) COMPLETE DATE
M 500	Continued From page 10	M 500		

said something about Resident #3 saying CNA #1 got upset with him because he wet his bed" but she did not visit the resident.

On 6/04/25 at 11:11 AM, an interview with the Director of Nursing Services (DNS) revealed she was made aware of the allegation of abuse reported by Resident #2 by the Administrator at home on the morning of 5/21/15 via telephone call. She stated that she called CNA #1 and notified her that she was suspended pending investigation and SA. She stated she had completed a couple of coaching sessions with CNA #1 in November 2024 related to resident care and Resident Rights and the CNA's assignment was changed to another group "for the resident's comfort". She stated she became aware of the allegation of abuse by Resident #3 when she read the final draft of the investigation prior to sending it to the State Agency (SA) on 5/24/25. She stated that she was not aware of any follow-up investigation, interventions, or counseling provided as a result of the allegation by Resident #3. She said she felt CNA #1 had adequate information and training to provide appropriate care for Resident #2 and Resident #3.

On 6/04/25 at 11:25 AM, during a telephone interview with CNA #1, she said she had 'patted' Resident #2 on his leg to get him to relax during incontinence care on the morning of 5/21/25. She stated it was possible she was frustrated. She said Resident #2 "had never acted like that before, never tensed up before. It's harder on me.". She explained that she had entered the room to empty the resident's catheter drainage bag, but it was empty, and she checked his brief, and it was wet. She noted his condom catheter had come off and she had to provide incontinent

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	43BM	A. BUILDING: _____ B. WING _____	C 06/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF BROOKHAVEN	519 BROOKMAN DRIVE BROOKHAVEN, MS 39601

(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) COMPLETE DATE
M 500	Continued From page 11	M 500		

care and change his brief. She said she had told him that she was going to have to change his brief and when she started to turn him, his legs were tensed up and she was unable to turn him. She said she patted his leg and told him to relax and was then able to turn him onto his side and completed incontinence care. She said nobody ever told her that Resident #2 had muscle spasms. She said that Resident #2 used a communication device that was always on his over the bed table but that the device was not in his reach and he did not have it, and she did not give it to him. She said, "When I talk to him, I try to understand him without using the tablet. I didn't use or give him the tablet". She said the resident didn't say anything to her. She reported that when she made final rounds, she entered Resident #3's room and was frustrated with him because "he had peed out the bed. I think it was intentional." CNA #1 said she had fussed at Resident #3 and said, "I shouldn't have, but I did. I told him he needed to stop urinating in bed. I had to change the bed and his clothes and give him a bed bath three (3) times during the shift". She said Resident #3 didn't respond. She said the DNS had called her at home and she had to meet with the DNS and the Administrator and was written up regarding the allegation by Resident #2 but was not asked any questions regarding Resident #3. She confirmed that she had complaints made against her and received coaching from the DNS in November 2025 and said, "Usually I get changed to another hall".

On 6/04/25 at 1:50 PM an interview with the Administrator revealed she was made aware of the allegation of abuse by Resident #2 on the morning of 5/21/25 by the ADNS. She said actions taken to protect the residents during the investigation included placing CNA #1 on

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	43BM	A. BUILDING: _____ B. WING _____	C 06/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF BROOKHAVEN	519 BROOKMAN DRIVE BROOKHAVEN, MS 39601

(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) COMPLETE DATE
M 500	Continued From page 12	M 500		

suspension. She confirmed that the facility investigation determined the allegation of abuse was unfounded because there were no witnesses and no apparent injury such as bruise or abrasion. She acknowledged that Resident #2 had new behaviors of crying and had not made any allegations before or since the allegation of abuse voiced on 5/22/25 and she was aware that Resident #2's wife began to stay with him overnight in his room. She stated CNA #1 was brought back with training to educate regarding abuse and neglect prevention and resident rights and reassignment to a different group of residents.

Resident #1 Privacy/Dignity

Record review of the "Admission Record" revealed the facility admitted Resident #1 on 4/05/24 and she had current diagnoses including Alzheimer's Disease.

Record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 5/20/25 revealed for Resident #1's Cognitive Skills for Daily Decision Making was Severely Impaired.

On 6/03/25 at 10:45 AM observation revealed CNA #3 and CNA #5 provided incontinent care for Resident #1 in her bed in her room next to the bed with the bed elevated and the double window curtain open; the window on the right was open approximately two (2) inches. The view from the window was the facility front yard and front porch and portico and the front parking lot and sidewalk. After positioning the resident and her clothing, CNA #5 exposed Resident #2's perineal area and after cleaning the front of the resident's perineal area turned the resident toward the window and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	43BM	A. BUILDING: _____ B. WING _____	C 06/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF BROOKHAVEN	519 BROOKMAN DRIVE BROOKHAVEN, MS 39601

(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) COMPLETE DATE
M 500	Continued From page 13	M 500		

cleaned the resident's back perineal area. When the resident cried out multiple times and stated, "Yes, it hurts", neither CNA stopped the procedure or asked the resident about her reported pain.

Record review of the "Admission Record" revealed the facility admitted Resident #2 on 5/09/25 with current diagnoses including Urinary Tract Infection.

Record review of the Admission MDS with an ARD of 5/16/25 revealed Resident #2 had a Brief Interview for Mental Status (BIMS) score of 14, which indicated he was cognitively intact.

Resident #4 Dignity

On 6/03/25 at 11:10 AM observation revealed CNA #5 standing at the bedside of Resident #4 assisting the resident to eat a midday meal (lunch).

Record review of the "Admission Record" revealed the facility admitted Resident #4 on 6/02/25 with current diagnoses including Senile Degeneration of Brain.

Record review of the medical record for Resident #4 revealed the baseline care plan and MDS had not been completed for the resident at the time of survey.

On 6/03/25 at 1:34 PM, an interview with CNA #5 revealed she was assigned to the care of Resident #1 and Resident #2 on 6/02/25 and 6/03/25. She said she was aware that Resident #2 did not have a catheter bag cover in place and that it was supposed to be covered but said she was not aware why. She stated that she stood to

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	43BM	A. BUILDING: _____ B. WING _____	C 06/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF BROOKHAVEN	519 BROOKMAN DRIVE BROOKHAVEN, MS 39601

(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) COMPLETE DATE
M 500	Continued From page 14 assist Resident #4 to eat lunch because there was no chair in the room and that she was not aware that she was supposed to be seated at the residents' side to assist with eating meals. She stated that she had not noticed that Resident #1's window curtain was open when she exposed the resident and provided incontinence care at 10:45 AM. On 6/04/25 at 11:11 AM an interview with the Director of Nursing Services (DNS) revealed that catheter bags should be covered to ensure the dignity of residents with catheter drainage systems. She stated that during incontinence care staff should provide privacy by closing the room door, privacy curtain and window curtains to maintain the dignity of the resident. She stated that when feeding a resident that required assistance with eating staff should be seated at the side of the resident with the purpose of maintaining the dignity of the resident.	M 500		
M1570	48.58.1 Infection Control The following infection control standards shall be met: 1. The facility must maintain and document an effective infection control program that protects patients, families, visitors, and facility personnel by preventing and controlling infections and communicable diseases. 2. The facility must have an active surveillance program that includes specific measures for prevention, early detection, control, education, and investigation of infections and communicable diseases in the facility. There must be a mechanism to evaluate the effectiveness of the	M1570		7/2/25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	43BM	A. BUILDING: _____ B. WING _____	C 06/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF BROOKHAVEN	519 BROOKMAN DRIVE BROOKHAVEN, MS 39601

(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) COMPLETE DATE
M1570	Continued From page 15 program(s) and take corrective action when necessary. The program must include implementation of nationally recognized systems of infection control guidelines to avoid sources and transmission of infections and communicable diseases. 3. The facility must follow accepted standards of practice to prevent the transmission of infections and communicable diseases, including the use of standard precautions. This Statute is not met as evidenced by: Level II Based on observation, interview, record review, and facility policy review, the facility failed to follow hand hygiene practices consistent with accepted standards of practice during incontinence care for one (1) of four (4) sampled residents reviewed for incontinence care, Resident #1. Findings included: A review of the facility's "Peri (Perineal) Care Audit Tool," undated, revealed "Action" including, " ...7. STOP! Removes gloves, washes/sanitizes hands and re-gloves. 8. Applies clean brief, dresses resident..." On 6/4/25 at 10:45 AM, during an observation, Certified Nurse Aide (CNA) #3 and CNA #5 provided incontinence care for Resident #1. After completing the care, the CNAs did not perform hand hygiene or change gloves before applying a	M1570		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	43BM	A. BUILDING: _____ B. WING _____	C 06/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF BROOKHAVEN	519 BROOKMAN DRIVE BROOKHAVEN, MS 39601

(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) COMPLETE DATE
M1570	Continued From page 16	M1570		

clean brief and adjusting the resident's clothing.

On 6/4/25 at 11:11 AM, during an interview with the Director of Nursing Services (DNS), she stated that during incontinence care, staff were supposed to stop after cleaning a resident with a wet and/or soiled brief, change gloves, and perform hand hygiene by washing hands or using hand sanitizer prior to donning clean gloves. She stated gloves should be changed as often as necessary but at least one time between handling wet/soiled briefs and applying clean briefs and adjusting the resident's clothing.

On 6/4/25 at 1:34 PM, during an interview with CNA #5, she confirmed that at 10:45 AM, when she provided care for Resident #1, she did not change her gloves or perform hand hygiene. She stated she understood that improper incontinence care could contribute to the development of urinary tract infections (UTIs).

On 6/4/25 at 1:50 PM, during an interview with the Administrator, she confirmed that she expected staff to provide care in accordance with current infection control standards as outlined in the facility's policies and procedures and as instructed during in-service and training.

A record review of Resident #1's "Admission Record" revealed the facility admitted the resident on 4/5/24 with current diagnoses including Alzheimer's Disease.

A record review of Resident #1's "Quarterly Minimum Data Set (MDS)" with an Assessment Reference Date (ARD) of 5/20/25 revealed the resident's Cognitive Skills for Daily Decision Making were severely impaired.