STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	06ZG	A. BUILDING: _____ B. WING _____	07/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF SHELBY	1108 CHURCH STREET SHELBY, MS 38774

(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 an annual recertification survey at the facility from 6/29/25 through 7/01/25. 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 and deficiencies were cited at M610, M880 and M1570. The census at the time of survey was 55 and the facility held a license for 60 beds.	M 000		
M 610	45.21.2 Activities of daily living Activities of daily living. Each resident shall receive assistance as needed with activities of daily living to maintain the highest practicable well being. These shall include, but not be limited to: 1. Bath, dressing and grooming; 2. Transfer and ambulate; 3. Good nutrition, personal and oral hygiene; and 4. Toileting. This Statute is not met as evidenced by: Level II Based on observation, interviews and record review, the facility failed to perform nail care for a resident requiring assistance with activities of daily living (ADLs) for one (1) of 28 sampled residents. Resident #10 Findings Include: The facility provided a statement on letterhead that read," Policy: Proper name of the facility uses	M 610		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	06ZG	A. BUILDING: _____ B. WING _____	07/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF SHELBY	1108 CHURCH STREET SHELBY, MS 38774

(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 610	Continued From page 1 Clinical Nursing Skills and Techniques, Perry. Potter, as a supplementary policy and procedure care guide." An observation and interview with Resident #10 on 6/29/25 at 11:55 AM revealed she was lying in bed with long fingernails bilaterally that measured approximately three-eighths (3/8) of an inch long and were jagged. She admitted that staff had told her they would trim them, but no one ever came. She stated that her nails had never been as long as they are now and she wanted them trimmed. An observation and interview with Certified Nurse Aide (CNA) #1 on 6/30/25 at 8:35 AM confirmed Resident #10's long nails. She stated the treatment nurse was responsible for trimming the resident's nails and revealed the resident could scratch herself and get an infection. An observation and interview with the Administrator on 6/30/25 at 9:00 AM confirmed Resident #10's nails were long. She revealed the aides or nurses could trim the resident's nails since she was not a diabetic. She acknowledged there was a possibility the resident could scratch and injure herself. Record review of the "Admission Record" revealed the facility admitted Resident #10 on 5/15/25 with a medical diagnosis of Encounter for Orthopedic Aftercare following Surgical Amputation. Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 5/22/25 revealed under section C, a Brief Interview for Mental Status (BIMS) score of 12, which indicated Resident #10 was moderately cognitively impaired.	M 610		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	06ZG	A. BUILDING: _____ B. WING _____	07/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF SHELBY	1108 CHURCH STREET SHELBY, MS 38774

(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 880	45.31.2 Walls and Ceilings Walls and Ceilings. Walls and ceilings of food service areas shall be of tight and substantial construction, smoothly finished, and painted in a light color. The walls and ceilings shall be without horizontal ledges and shall be washable up to the highest level reached by splash and spray. Roofs and walls shall be maintained free of leaks. All openings to the exterior shall be provided with doors or windows that will prevent the entrance of rain or dust during inclement weather. This Statute is not met as evidenced by: Level II Based on observation, interview, record review and facility policy review, the facility failed to maintain a clean, safe, and homelike environment in one (1) of fifty-five (55) resident rooms observed. This deficient practice resulted in a room environment with visible water damage and possible mold growth, which may pose a health risk to the resident occupying the room. Room 36 B. Findings include: A review of the facility ' s policy, " Types of Maintenance, " with no date, revealed, "Routine Maintenance. This is the most frequently done activity of all and is done by performing routine and scheduled maintenance of the property..." On 6/29/2025 at 11:30 AM, during an observation, Room 36 on the B-side was noted to have a large, irregular-shaped light brown and black	M 880		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	06ZG	A. BUILDING: _____ B. WING _____	07/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF SHELBY	1108 CHURCH STREET SHELBY, MS 38774

(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 880	Continued From page 3	M 880		

discoloration on the far wall, extending approximately two (2) feet across the ceiling and approximately two (2) feet down the wall.

On 6/30/2025 at 8:38 AM, during an observation with the Infection Control Nurse, she verified the presence of the large, irregular-shaped light brown and black discoloration extending across the ceiling and wall in Room 36. She explained that the discoloration appeared to be from a water leak. She reported that she was not sure what the discoloration consisted of, but it could be mold. She agreed that a water leak and possible mold could be detrimental to the resident that lived in that area of the room, by causing an infection.

On 6/30/2025 at 8:40 AM, during an observation with Maintenance and the Administrator (ADM), they verified the presence of the discoloration in room 36. Maintenance explained that there had previously been a roof leak in that area which he had repaired, but stated he was unaware of the current issue and noted that it had recently rained.

A record review of the facility's "Logbook Documentation Task Name: Regular Maintenance and Safety Inspection " revealed documentation completed by Maintenance. On 3/28/2025, the log noted " need roof now, " on 4/30/2025 it indicated "need roof badly, " and on 5/12/2025 it read "roof needs replacing."

On 6/30/2025 at 9:48 AM, during an interview with the Administrator, she verified that she was aware of the maintenance and safety inspection entries indicating the roof needed to be replaced. She explained that she had "put in a request" for a replacement, and in the meantime, Maintenance had patched the roof. She agreed

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	06ZG	A. BUILDING: _____ B. WING _____	07/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF SHELBY	1108 CHURCH STREET SHELBY, MS 38774

(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 880	Continued From page 4 that the discoloration observed in Room 36 could have been caused by the leaking roof. She verified that she had no documentation that a request had been submitted to the corporate office for a new roof. On 6/30/2025 at 10:00 AM, during a further interview with Maintenance, he verified that he would not have documented the need for a new roof on the inspection log if a replacement was not necessary.	M 880		
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 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	M1570		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	06ZG	A. BUILDING: _____ B. WING _____	07/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF SHELBY	1108 CHURCH STREET SHELBY, MS 38774

(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 5 standard precautions. This Statute is not met as evidenced by: Level II Based on observation, staff interview, record review, and facility policy review, the facility failed to use Enhanced Barrier Precautions (EBP) for a resident with a peripherally inserted central catheter (PICC) for one (1) of 16 residents on EBP reviewed.(Resident #206). Findings include: Review of the policy titled, "Proper Name Infection Control Guide," dated 2025, revealed Enhanced Barrier Precautions (EBP) refer to the expanded use of PPE (personal protective equipment) and involve the use of gown and gloves during high-contact resident care activities that provide opportunities for transfer of MDROs (multidrug-resistant organisms). Nursing home residents with indwelling medical devices are at especially high risk of both acquisition of and colonization with MDROs. ... Indwelling devices, e.g., (for example) central lines. ... Review of the Order Summary Report for Resident #206 revealed an order for Cefepime Intravenous (IV) solution 2 (two) GM/100 ML (grams/milliliter): administer two grams intravenously twice daily, with a start date of 6/26/25 and an end date of 7/06/25. ... IV-PICC: monitor site every shift for signs/symptoms of infection and/or infiltration every shift to maintain patent IV access and prevent infection, with a start date of 6/16/25. An observation of medication administration on 6/30/25 at 8:25 AM for Resident #206 revealed Registered Nurse (RN) #1 administered	M1570		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	06ZG	A. BUILDING: _____ B. WING _____	07/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF SHELBY	1108 CHURCH STREET SHELBY, MS 38774

(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 6 Cefepime intravenous solution 2 GM/100 ML via a PICC line to the resident's left upper arm without wearing a gown as required for EBP. In an interview with RN #1 on 6/30/25 at 8:32 AM, she confirmed she failed to apply a gown as part of EBP and acknowledged that she should have because Resident #206 has a PICC line. She stated that the purpose of EBP is to provide an extra layer of protection between staff and the resident to reduce the spread of infection, and that failing to use EBP increased the resident's risk of infection. During an interview with the Administrator on 6/30/25 at 9:48 AM, she confirmed that RN #1 should have used EBP when she administered the antibiotics to Resident #206 via his PICC line. She confirmed that EBP reduces the risk of the spread of infection between staff and residents. She confirmed that failing to use EBP could place the resident at increased risk of infection. Record review of the "Admission Record" revealed Resident #206 was admitted by the facility on 5/02/25 with a diagnosis of acute osteomyelitis, left femur. Record review of Resident #206's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 3/11/25 revealed in Section C a Brief Interview for Mental Status (BIMS) score of 3, indicating the resident was severely cognitively impaired.	M1570		