STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255097	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARE CENTER OF ABERDEEN	505 JACKSON ST , ABERDEEN, Mississippi, 39730

(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
F0000	INITIAL COMMENTS The State Agency (SA) conducted three (3) Complaint Investigations (CI MS #2570650, CI MS #2570913, and CI MS #2573259) at the facility from 7/28/25 through 7/29/25. During the survey, the SA determined that the facility was not in compliance with the requirements of participation in Medicare and Medicaid. The SA investigated CI MS #2570650 related to abuse/neglect, quality of care related to psychotropic medication, and physical environment, and CI MS #2573257 related to staffing. There were no citations related to those complaints. The SA investigated CI MS #2570913 related to resident rights and cited F559. The census at the time of the survey was 95 with a license for 105 beds.	F0000		08/18/2025
F0559 SS = D	Choose/Be Notified of Room/Roommate Change CFR(s): 483.10(e)(4)-(6) §483.10(e)(4) The right to share a room with his or her spouse when married residents live in the same facility and both spouses consent to the arrangement. §483.10(e)(5) The right to share a room with his or her roommate of choice when practicable, when both residents live in the same facility and both residents consent to the arrangement. §483.10(e)(6) The right to receive written notice, including the reason for the change, before the resident's room or roommate in the facility is changed. This REQUIREMENT is NOT MET as evidenced by: Based on staff interviews, record review, and facility policy review, the facility failed to honor the resident's right to receive written notification, including the reason for the change, before the resident's room in the facility was changed for one (1) of three (3) residents reviewed. Resident #1 Findings include:	F0559	The Social Services Designee was educated by the Administrator on July 28, 2025, regarding the policy on "Room Changes" and the form "Room/Room Mate Change Notification. Resident #1 was assessed by a Registered Nurse (RN) on July 28, 2025, with no adverse effects observed from not having a written notification of a room change, including the reason for the change on September, 2024. All residents have the potential to be affected by this deficient practice of failing to honor the resident's right to receive written notification of a room change before the room is changed. Beginning on July 29, 2025, Licensed Nurses and Social Service Staff will be educated by the Administrator on the policy "Room Changes" on ensuring written notification of a room change is done, including the reason for the change, along with the form "Room/Room Mate Change Notification, before the resident's room or roommate is changed. Newly hired Licensed Nurses and Social Services Staff will be educated upon hire by Administrative Assistant on policy "Room Changes" and the form "Room/Room Mate Change Notification". On July 29, 2025, an initial Quality Assurance and	08/18/2025

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 reverse for further 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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255097	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/29/2025

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CARE CENTER OF ABERDEEN	505 JACKSON ST , ABERDEEN, Mississippi, 39730

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F0559 SS = D	Continued from page 1 Record review of facility policy titled, “Room Changes” dated 11/17, revealed, “The Social Service Designee/Social Worker, in conjunction with the DON (Director of Nursing), will facilitate that each resident is assigned a room suited to his/her needs. …4. The resident or resident representative, when applicable, will receive written notice to include the reason for the change before the resident’s room or roommate in the facility is changed”. During an interview on 7/28/25 at 2:45 PM, the Social Service Director stated that she and Resident #1’s representative had discussed moving the resident closer to the nurses’ station and this was done in August 2024. When another room became available in September 2024, she moved the resident and did not notify the resident’s representative. She confirmed it was her responsibility to notify the resident and/or representative about room changes, and she failed to provide the notification for that move. An interview with the Administrator on 7/29/25 at 10:50 AM, revealed that it was each resident’s right to be informed of a room change and a reason for the room change. She confirmed the facility failed to notify Resident #1’s representative of the room change and the reason for the room change in September 2024. Record review of “Admission Record” revealed Resident #1 was admitted to the facility on 10/3/22. Diagnoses included Dementia. Record review of Resident #1’s Minimum Data Set (MDS) Section C dated 6/26/25, revealed a Brief Interview for Mental Status (BIMS) score of 6 which indicated the resident had a severe cognitive impairment.	F0559	Continued from page 1 Performance Improvement (QAPI) Meeting was held and a Root Cause Analysis was conducted by the Interdisciplinary Team (IDT) regarding room changes. Beginning on July 29, 2025, the Administrator started auditing to ensure that room changes are completed per policy " Room Changes" and with the form "Room/Room Mate Change Notification completed before the resident's room or roommate in the facility is changed. This audit will be documented for five (5) residents per week for four-weeks and then 5 residents monthly for three- months until compliance is achieved. The QAPI Committee will convene on August 15, 2025, to discuss further recommendations as needed and then once monthly for three- months or until substantial compliance is achieved. Additional training and/or action will be considered as warranted. Compliance date: 8/18/25	