

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255302		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 10/27/2025	
NAME OF PROVIDER OR SUPPLIER SENATOBIA HEALTHCARE & REHAB				STREET ADDRESS, CITY, STATE, ZIP CODE 402 GETWELL DR , SENATOBIA, Mississippi, 38668			
(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 an onsite facility reported incident investigation for (Incident # 2640482) related to misappropriation of personal funds at the facility on 10/27/25. During the survey, SA determined that the facility was not in compliance with the requirements of Medicare and Medicaid and cited F602. The census at the time of the survey was 91 with a bed capacity of 106 beds.		F0000				
F0602 SS = D	Free from Misappropriation/Exploitation CFR(s): 483.12 §483.12 The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. This REQUIREMENT is NOT MET as evidenced by: Based on resident and staff interview, record review, and facility policy review, the facility failed to ensure a resident's right to be free from exploitation and misappropriation of personal funds for one (1) of three (3) residents reviewed for misappropriation of property (Resident #1). Findings include: Review of the facility policy titled "Abuse, Neglect, and Exploitation," implemented 8/22/24, revealed the following under Definitions: "Misappropriation of Resident Property" means the deliberate misplacement, exploitation, or wrongful, temporary, or permanent use of a resident's belongings or money without the resident's consent. Under Policy Explanation and Compliance Guidelines, item 1(a) stated: "The facility will develop and implement written policies and		F0602				

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
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F0602 SS = D	Continued from page 1 procedures that prohibit and prevent misappropriation of resident property." During an interview with the Administrator (ADM) on 10/27/25 at 9:30 AM, related to the facility-reported incident of misappropriation of property/funds, he stated that Resident #1 was admitted to the hospital on 6/20/25 and transferred to a specialty hospital on 7/8/25 for more extensive care, at which time he was discharged from the facility. The ADM stated that a former Assistant Housekeeping Supervisor was responsible for boxing the resident's belongings to store them in the secure shed until the resident's return, as the resident was responsible for himself. He stated that Resident #1 reported missing belongings, including a cell phone, a wallet with a debit card, and clothing when he was readmitted to the facility on 8/22/25. The facility determined the phone had accompanied the resident to the hospital and replaced the missing clothing. The resident declined to file a police report and instead contacted his bank to cancel the card. On 10/9/25, the Social Worker assisted the resident in calling the bank, which advised that the case was under review. On 10/10/25, the bank manager visited the facility and informed the Administrator that someone had used the resident's debit card to withdraw over \$8,200. The ADM stated that the bank manager provided surveillance photos of the individual making the withdrawals and he identified the person as the former Assistant Housekeeping Supervisor, who had been terminated on 7/21/25 for unrelated concerns. The ADM confirmed that the facility substantiated the allegation. Review of the timesheet for the former Assistant Housekeeping Supervisor revealed he worked 7/8/25–7/11/25, with his last day worked documented as 7/21/25. Review of an in-service on Abuse/Misappropriation dated 12/12/24 revealed the former Assistant Housekeeping Supervisor attended the training. Review of the personnel record revealed the employee was terminated on 7/21/25 for unrelated concerns. During an interview with Resident #1 on 10/27/25 at 10:42 AM, he stated he had been hospitalized for an extended period and that the facility boxed and stored his belongings until his return, as he had no family to assist him. He stated that after his return, he noticed missing clothing, his phone, and his wallet and debit card. He stated the facility replaced his clothing and ordered a new phone and wallet. He stated he called the	F0602					

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F0602 SS = D	Continued from page 2 bank to cancel his debit card, unaware at that time that any money had been taken. He further stated he later learned someone from the facility had used his debit card and "cleaned out" his account. He stated, "That was my money, and I thought the facility was supposed to be a safe place for people to care for us, not steal my hard-earned money." During an interview with the Social Worker on 10/27/25 at 10:50 AM, she stated the resident likely experienced feelings of betrayal and anger upon learning his money had been taken. She stated the act violated residents' rights and that staff were educated numerous times on abuse and misappropriation. During an interview with the Director of Nursing (DON) on 10/27/25 at 10:55 AM, she confirmed that after reviewing the surveillance photos of the individual using Resident #1's debit card, the person was clearly the former Assistant Housekeeping Supervisor. During a phone interview with the Security Officer at [Proper Name] Bank on 10/27/25 at 11:00 AM, he confirmed that Resident #1's debit card had been stolen and used to withdraw over \$8,200. He stated surveillance footage showed thirteen (13) separate transactions, all depicting the same individual identified by the facility ADM as the former Assistant Housekeeping Supervisor. He confirmed the matter had been referred to law enforcement as an "Elder Abuse" case. During a phone interview with the Attorney General Officer on 10/27/25 at 12:00 PM, the investigator confirmed he conducted an on-site review at both the bank and the nursing facility in connection with the reported misappropriation. He stated the Administrator positively identified the individual captured in the bank's surveillance footage as the former Assistant Housekeeping Supervisor. The investigator verified that thirteen (13) separate transactions were documented on video and reported that the resident's debit card was also used at retail establishments. He stated subpoenas had been issued to obtain additional surveillance footage and concluded, "The exploitation has been substantiated based on the bank transactions alone." Review of the videos of the 13 ATM (Automated Teller Machine) withdrawals from Resident #1's account showed the same individual, identified by the Administrator as the former Assistant Housekeeping Supervisor, on each occasion. Review of the bank transactions, correlated with the			F0602			

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F0602 SS = D	Continued from page 3 video footage of the thirteen (13) ATM withdrawals verified to involve the former Assistant Housekeeping Supervisor identified by the ADM and the DON, revealed verified withdrawals totaling \$6,500 between 8/9/25 and 9/10/25, with additional unverified transactions totaling \$1,721.89 pending review at that time. Review of the bank statement showed that on 10/14/25, the resident's account was refunded \$8,221.89. Record review of the "Admission Record" revealed the facility admitted Resident #1 on 9/13/25 with medical diagnosis that included acute respiratory failure with hypoxia. Record review of Resident #1's Minimum Data Set *MDS) with an Assessment Reference Date (ARD) of 9/20/25 revealed in Section C a Brief Interview for Mental Status (BIMS) score of 14, indicating the resident was cognitively intact.			F0602			