Mississippi State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **10/27/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SENATOBIA HEALTHCARE & REHAB	**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
M0000	Initial Comments The State Agency (SA) conducted an onsite facility reported incident investigation for (Incident # 2640482) related to misappropriation of property funds at the facility on 10/27/25. During the survey, SA determined that the facility was not in compliance with the requirements of the Mississippi Regulations for Minimum Standards for Institutions for the Aged or Infirm and cited M500. The census at the time of the survey was 91 with a bed capacity of 106 beds.	M0000		
M0500	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 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	M0500		

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

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M0500	Continued from page 1 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 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	M0500		

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M0500	Continued from page 2 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 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	M0500		

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M0500	Continued from page 3 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 the fullest exercise of these rights. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Level II 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 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	M0500		

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M0500	Continued from page 4 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. Record 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. Record review of an in-service on Abuse/Misappropriation dated 12/12/24 revealed the former Assistant Housekeeping Supervisor attended the training. Record 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 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	M0500		

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M0500	Continued from page 5 [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. Record review of the bank transactions, correlated with the 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. Record 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.	M0500		