STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255304	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE NICHOLS CENTER	**1308 HIGHWAY 51 NORTH P O DRAWER 720, MADISON, Mississippi, 39110**

(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 complaint investigations (CI) #2637343, CI #2642737, and CI #2650460 at the facility from 11/24/25 through 11/25/25. During the survey, the SA determined that the facility was not in compliance with the requirements of participation in Medicare and Medicaid Services. The SA identified non-compliance and cited F 550 for CI #2637343 and CI #2642737 for failure to protect resident rights. There were no deficiencies cited for CI #2650460. The census at the time of the survey was 58 with a bed capacity of 60 beds.	F0000		
F0550 SS = D	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. §483.10(b) Exercise of Rights.	F0550		

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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F0550 SS = D	Continued from page 1 The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States. §483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility. §483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is NOT MET as evidenced by: Based on record review, staff and responsible party (RP) interview and facility policy review, the facility failed to ensure a resident was treated with dignity and respect for one (1) of four (4) residents reviewed for resident rights. Resident #1. Findings included: Record review of facility policy “Resident Rights”, dated 10/24/25, revealed “Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with access to persons and services inside and outside the facility…” Record review of the facility investigation dated 10/06/25, revealed Resident #1 reported on 10/3/25 at 2:00 AM, that he called for assistance and Certified Nursing Assistant (CNA) #1 told him to use his brief for his incontinence and that she would return to change him. The resident waited an hour and a half before CNA #1 returned. CNA #1 told the resident, “You are in rehab and should be walking.” CNA #1 was placed on investigative leave on 10/6/25 and terminated on 10/8/25. Record review of an additional facility investigation revealed that on 10/6/25, Resident #1’s RP reported that on 10/5/25, CNA #2 had entered Resident #1's room to assist him to the bathroom and never spoke to him during the entire interaction. The RP reported CNA #2 threw the covers over the resident and threw the bed remote onto the bed. Resident #1 confirmed this and described CNA #2 as rude and nasty. CNA #2 was placed	F0550		

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F0550 SS = D	Continued from page 2 on investigative leave on 10/6/25 and terminated on 10/8/25. Interview with the Administrator on 11/24/25 at 2:02 PM verified CNA #1 and CNA #2 did not treat Resident #1 with dignity and respect. Interview with the Director of Nursing (DON) on 11/25/25 at 9:02 AM revealed the resident initially did not know the names of the CNAs involved. The DON reviewed video footage to obtain photos of the CNAs on duty, and the resident identified both CNAs. Telephone interview with Resident #1's RP on 11/24/25 at 4:25 PM revealed she was present and witnessed CNA #2 not speaking to the resident during care, throwing the covers over him, throwing the remote onto the bed, and slamming the door. Record review of the "Admission Record" revealed that the facility admitted Resident #1 on 9/23/25 with diagnosis of Difficulty in Walking. Record review "Brief Interview for Mental Status (BIMS) Evaluation" dated, 9/23/25 revealed a BIMS score of 14, which indicated Resident #1 is cognitively intact.	F0550		