STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255175	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF BROOKHAVEN	519 BROOKMAN DRIVE , BROOKHAVEN, Mississippi, 39601

(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 a Complaint Investigation (CI) MS #2668465 investigated related to abuse on 11/24/25. During the survey, the SA determined the facility was not in compliance with the requirements for participation in Medicare and Medicaid and cited F657 related to CI MS #2668465. The facility held a license for 58 beds, with a census of 53.	F0000		
F0657 SS = D	Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii) §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff. (E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan. (F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident. (iii)Reviewed and revised by the interdisciplinary team	F0657		

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F0657 SS = D	Continued from page 1 after each assessment, including both the comprehensive and quarterly review assessments. This REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, facility policy review, and record review, the facility failed to revise the comprehensive care plan to reflect ongoing behavioral concerns and physical aggression for one (1) of three (3) sampled residents (Resident #1). Findings Include: A policy review of the facility's "Care Plan" policy dated 10/21 revealed "....culturally component goals and interventions for mood, behaviors, history of trauma, cognitive concerns… should be added to the comprehensive care plan..." On 11/24/25 at 11:29 AM, in a phone interview, Certified Nursing Assistant (CNA) #1 stated Resident #1 had been physically abusive toward her on multiple occasions, including hitting, kicking, and grabbing her. She reported the behavior to the Nursing Home Administrator and was moved off the resident's hall. On 11/24/25 at 12:18 PM, Resident #1 was observed calm in bed, oriented to two domains, intermittently providing appropriate responses. On 11/24/25 at 12:30 PM, CNA #2 stated she had witnessed Resident #1 become aggressive with CNAs. On 11/24/25 at 12:53 PM, Resident #3, the roommate of Resident #1, stated he had observed Resident #1 hit CNAs. On 11/24/25 at 1:00 PM, CNA #3 stated that Resident #1's verbal and physical aggression was directed toward CNAs and confirmed being struck herself. On 11/24/25 at 5:35 PM, Registered Nurse #1 stated she was aware of the behavior concerns but had not witnessed them herself. She stated behavior concerns should be reflected in the care plan, which is used by all staff to direct care. On 11/24/25 at 5:47 PM, CNA #4 stated she uses the care plan to guide her care provision. On 11/24/25 at 5:55 PM, the Interim Director of Nursing confirmed that the Kardex, used by CNAs, is based on the comprehensive care plan. She stated behavior issues must be included in the care plan to guide all staff.	F0657		

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F0657 SS = D	Continued from page 2 A record review of Resident #1's Admission Record revealed an admission date of 9/30/25 with diagnoses including cerebral infarction, unspecified dementia, psychotic disturbance, mood disturbance, and anxiety. A record review of progress notes revealed behavioral incidents including:10/12/25 – Combative behavior toward CNA; 10/18/25 – Slapped a CNA in the face and kicked her in the chest; 10/20/25 – Slapped a CNA in the face and pulled her hair down and punched her in the face; 10/18/25 – Hit a nurse in the abdomen; 11/02/25 – Punched a CNA with a closed fist. A record review of the Minimum Data Set (MDS) with an Assessment Reference Date of 10/7/25 revealed a Brief Interview for Mental Status (BIMS) score of 13, indicating cognitive intactness. The MDS with ARD 10/24/25 coded for physical behavioral symptoms directed toward others and verbal behavioral symptoms directed toward others. A record review of the comprehensive care plan revealed no documentation of person-centered goals and interventions to address Resident #1's repeated verbal and physical aggression toward staff.	F0657		