STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255172	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 01/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STARKVILLE MANOR HEALTH CARE AND REHABILITATION CENTER	**1001 HOSPITAL ROAD , STARKVILLE, Mississippi, 39759**

(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 #2671620 at the facility on 1/5/26. During the survey, the SA determined the facility was not in compliance with the requirements of participation in Medicare and Medicaid. The SA investigated the complaint for abuse and cited F550 for resident rights. The census at the time of the survey was 114 with a bed license for 119 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. 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.	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 §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 resident and staff interview, record review, and facility policy review, the facility failed to ensure a resident's right to be treated with dignity and respect was honored for one (1) of five (5) residents sampled. Resident #1 Findings include: Record review of facility policy titled, “Resident Rights” dated 6/1/25, revealed, “The resident has the right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility. … The resident has a right to be treated with respect and dignity.” During an interview on 1/5/26 at 11:15 AM, Resident #1 revealed there was an incident when Certified Nursing Assistant (CNA) #1 failed to treat her with dignity and respect. She stated that CNA #1 was irritated with her because she asked the other CNA to leave the room and due to this, CNA #1 would not speak to her or answer her questions, and she felt the care was done quickly and in a hateful manner. She stated she reported this incident, and administration removed this staff member from her care. A phone interview on 1/5/26 at 2:40 PM with Certified Nursing Assistant (CNA) #1 revealed there was an incident when she was aggravated, and she would not speak to or answer Resident #1. She stated she did the care in a hurried and rude manner. She stated she was in-serviced on resident rights and treating each resident with the dignity and respect they are entitled to. She stated she failed to treat this resident with dignity and respect which was a resident’s right. An interview with the Administrator on 1/5/26 at 3:00 PM revealed Resident #1 reported CNA #1 for not being	F0550		

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F0550 SS = D	Continued from page 2 treated with dignity and respect which each resident was to receive. The Administrator revealed an “Employee Corrective Action Form” was initiated on 11/17/25 for “unprofessional conduct”. She confirmed the facility failed to ensure a resident’s right to be treated with dignity and respect was honored. The record review of the “Employee Corrective Action From” dated 11/17/25 for CNA #1 revealed the description of the violation was listed as “unprofessional conduct”. The supervisor’s corrective plan of action revealed CNA #1 “will be professional at all times while speaking or engaging with staff and residents”. Record review of the “Description of Violation” form dated 11/17/25 revealed, “Unprofessional conduct … that creates an unprofessional, intimidating, and/or hostile environment”. Record review of CNA #1’s in-service for “Essentials of Resident Rights” was completed on 1/9/25 and 6/3/25. Record review of Resident #1’s “Admission Record” revealed she was admitted to the facility on 1/16/25. Diagnoses included Polyosteoarthritis, Rhabdomyolysis, and Morbid Obesity. Record review of Resident #1’s “Minimum Data Set” dated 10/13/25 revealed a Brief Interview for Mental Status (BIMS) score of 15 which indicated the resident was cognitively intact.	F0550		