

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 01/05/2026	
NAME OF PROVIDER OR SUPPLIER STARKVILLE MANOR HEALTH CARE AND REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 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	
M0000	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 Mississippi Regulations for Minimum Standards for Institutions for the Aged or Infirm. The SA investigated the complaint for resident rights and cited M500. The census at the time of the survey was 114 with a bed license for 119 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 the planning of his medical treatment, to not be		M0500				

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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M0500	Continued from page 1 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 restraint must be countersigned within 24 hours of the	M0500					

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M0500	Continued from page 2 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 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 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			M0500			

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M0500	Continued from page 4 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.			M0500			