STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255119	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 02/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF AMORY	1215 EARL FRYE DRIVE , AMORY, Mississippi, 38821

(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 #2725776) at the facility from 2/4/26 through 2/5/26. 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 neglect, quality of care, and dietary and cited F550 for resident rights. The census at the time of the survey was 107 with a license for 152 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	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 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 resident and staff interviews facility policy review, and record review, the facility failed to protect the resident's right to be treated with dignity and respect for one (1) of ten (10) residents sampled. Resident #1 Findings include: Resident #1 Record review of facility policy titled, “Your Resident Rights and Protections Under State and Federal Law” dated 2022, revealed, “A nursing home must care for you in a manner and environment that promotes the maintenance and enhancement of your quality of life. Dignity and Respect. You have the right to be treated with consideration and respect in full recognition of your dignity and individuality”. During an interview on 2/4/26 at 12:00 PM, Resident #1 stated she had a staff member to be rude and disrespectful to her. She stated that person was always rushing and did not perform her care in a gentle manner. Attempted to contact Certified Nursing Assistant (CNA) #1 by phone on 2/5/26 at 11:15 AM, 11:29 AM and 3:50 PM. Message left, but call was not returned. During interviews on 2/5/26 at 10:30 AM and 2:20 PM, the Administrator revealed CNA #1 did not provide gentle care and was rude and disrespectful to Resident #1. She acknowledged that each resident had the right to be treated with dignity and respect and this was not honored for this resident. She confirmed the facility failed to honor Resident #1’s right to be treated with dignity and respect.	F0550		

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F0550 SS = D	Continued from page 2 Record review of “Customer Concern Log” for Resident #1 dated 12/17/25, revealed, “Resident reports CNA is ‘too rough’ and has a bad attitude”. Record review of “Customer Concern/Grievance Communication Form” dated 12/17/25, revealed Resident #1 submitted a grievance. “Summary Statement of the resident or family member concern: CNA is too rough with me. I always use good manners and say please and thank you, but she has a bad attitude and doesn’t stop”. Record review of CNA #1’s “Progressive Discipline Form”, dated 12/16/25, revealed “Continued poor work quality/productivity as evidenced by repeated concerns voices via both staff and residents that have been previously addressed and continue”. Record review of Certified Nursing Assistant #1’s “Progressive Discipline Form”, dated 12/18/25, revealed, “On 12/16/25 it was reported to center leadership by coworkers and resident’s family members concerns around continued poor work performance including but not limited to not getting patients out of bed timely, being too rough with handling of patients while providing care, and not being on the hallway at assigned times. … After investigating the incidents reported on 12/16/25, the decision has been made to terminate your employment with (proper name of facility) effective 12/18/25." Record review of CNA #1’s “User Learning” revealed Abuse, Neglect, and Exploitation training and Compliance Training was completed on 8/31/25. Record review of “Team Member Orientation Guide Receipt and Acknowledgment Form” dated 6/25/24 revealed training on “Patient/Resident Rights” was completed. Record review of “Admission Record” revealed the facility admitted Resident #1 on 7/27/23, with diagnoses that included Cerebral Infarction. Record review of Resident #1’s Minimum Data Set (MDS) dated 12/5/25, revealed a Brief Interview for Mental Status (BIMS) score of 11 which indicated a moderate cognitive impairment.	F0550		