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 **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
M0000	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 Mississippi Regulations for Minimum Standards for Institutions for the Aged or Infirm. The SA investigated the complaint for neglect, quality of care, and dietary and cited M500 for resident rights. The census at the time of the survey was 107 with a license for 152 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	M0500		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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M0500	Continued from page 1 the planning of his medical treatment, to not be 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	M0500		

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M0500	Continued from page 2 restraint must be countersigned within 24 hours of the 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 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. 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”.	M0500		

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M0500	Continued from page 4 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.	M0500		