STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255288	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 03/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF QUITMAN	191 HIGHWAY 511 EAST , QUITMAN, Mississippi, 39355

(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 two (2) Complaint Investigations (CI MS #2791948 and CI MS #2709498) at the facility on 03/16/26 through 03/17/26. CI MS #2791948 was investigated for nursing services and resident/patient/client neglect. CI MS #2709498 was investigated for resident/patient/client abuse and quality of care. During the survey, the SA determined the facility was not in compliance with the requirements of participation in Medicare and Medicaid and F880 was cited. The facility held a license for 120 beds with a census of 100.	F0000		
F0880 SS = D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.71 and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are	F0880		

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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F0880 SS = D	Continued from page 1 not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, facility policy review and record review, the facility failed to implement	F0880		

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F0880 SS = D	Continued from page 2 Enhanced Barrier Precautions (EBP) and infection prevention and control practices for one (1) of six (6) sampled residents. (Resident #2) Findings include: Record review of the “Infection Control Guide” policy dated 2025 revealed, “…Enhanced Barrier Precautions refers to the expanded use of PPE (personal protective equipment) and refer to the use of gown and gloves during high-contact resident care activities that provide opportunities for transfer of MDROs to staff hands and clothing…residents with wounds….are especially high risk…” On 03/17/2026 at 10:40 AM, during an observation of wound care for Resident #2, no signage for EBP was noted on the door. Licensed Practical Nurse (LPN) #1 performed wound care while wearing gloves but did not don (put on) a gown during care. The resident was noted to have a sacral wound with a large amount of grayish drainage and strong odor. LPN#1 performed hand hygiene; however, handwashing duration was observed to be approximately 10 seconds during care and 7 seconds after completion of care. On 03/17/2026 at 10:55 AM, during an interview, the Nurse Practitioner (NP) stated she was aware the resident had a draining wound and a Foley catheter but did not order EBP, stating nursing staff typically initiate those precautions. The NP confirmed the resident had been readmitted from home with a worsening pressure ulcer that progressed from stage 3 to stage 4 and that a wound culture revealed heavy growth of Escherichia coli and Proteus mirabilis, for which Ciprofloxacin was initiated.On 03/17/2026 at 11:00 AM, during an interview Registered Nurse (RN) #1, confirmed that EBP should be implemented for all wound care, especially for advanced pressure injuries, to promote healing and prevent infection. She stated the nurse providing wound care is responsible for following physician orders and applying evidence based wound care standards during each treatment. RN # 1 further stated that failure to implement EBP could result in delayed healing, worsening of the wound, or development of infection. On 03/17/2026 at 11:15 AM, during an interview, the Licensed Nursing Home Administrator (LNHA) acknowledged that based on the resident’s condition, including sacral pressure injuries and documented infection requiring antibiotic therapy, the LPN should have ensured that Enhanced Barrier Precautions wound care practices were consistently implemented during each	F0880		

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F0880 SS = D	Continued from page 3 dressing change. The LNHA stated that oversight by the RN includes monitoring wound progression, ensuring orders are followed, and verifying that licensed staff are performing wound care according to current standards of practice. Record review of labs results revealed a wound culture collected on 03/10/2026 with results reported on 03/13/2026 showing heavy growth of Escherichia coli and Proteus mirabilis. On 03/17/2026 at 2:45 PM, during an interview Licensed Practical Nurse (LPN) #1 revealed she was responsible for completing wound care treatments as ordered. She stated she typically uses gloves and follows standard precautions but did not identify the requirement for additional transmission-based precautions related to wound care. LPN #1 acknowledged there was no EBP signage posted on the resident's door at the time wound care was provided. LPN #1 confirmed she did not wear a gown during the dressing change. LPN #1 stated she was not aware that a gown was required for this resident during wound care despite the presence of a Stage 3 and Stage 4 pressure injury and wound infectionRecord review of the "Order Summary Report" with active orders as of 3/17/26 revealed an order dated 3/12/26 for "18 French foley catheter for urinary incontinence and wound healing…" An additional order dated 3/18/26 revealed "Clean stage 4 pressure injury to the sacrum and 3/13/26…" There was also an order dated 3/13/2026 for "Ciprofloxacin 250 mg (milligrams) by mouth twice daily for 14 days." Record review of Resident # 2's "Admission Record" revealed an admission date of 03/04/2026 with a prior admission date of 11/18/2025 with diagnoses that included cerebral infarction due to embolism of the left carotid artery. Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 3/10/26 revealed the resident is rarely/never understood and staff completed the mental status assessment. Section M indicated the resident had unhealed pressure ulcers/injuries	F0880		