

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255097	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/29/2025
NAME OF PROVIDER OR SUPPLIER Care Center of Aberdeen		STREET ADDRESS, CITY, STATE, ZIP CODE 505 Jackson St Aberdeen, MS 39730	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0559</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to share a room with spouse or roommate of choice and receive written notice before a change is made.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interviews, record review, and facility policy review, the facility failed to honor the resident's right to receive written notification, including the reason for the change, before the resident's room in the facility was changed for one (1) of three (3) residents reviewed. Resident #1 Findings include: Record review of facility policy titled, Room Changes dated 11/17, revealed, The Social Service Designee/Social Worker, in conjunction with the DON (Director of Nursing), will facilitate that each resident is assigned a room suited to his/her needs.4. The resident or resident representative, when applicable, will receive written notice to include the reason for the change before the resident's room or roommate in the facility is changed. During an interview on 7/28/25 at 2:45 PM, the Social Service Director stated that she and Resident #1's representative had discussed moving the resident closer to the nurses' station and this was done in August 2024. When another room became available in September 2024, she moved the resident and did not notify the resident's representative. She confirmed it was her responsibility to notify the resident and/or representative about room changes, and she failed to provide the notification for that move. An interview with the Administrator on 7/29/25 at 10:50 AM, revealed that it was each resident's right to be informed of a room change and a reason for the room change. She confirmed the facility failed to notify Resident #1's representative of the room change and the reason for the room change in September 2024. Record review of admission Record revealed Resident #1 was admitted to the facility on [DATE]. Diagnoses included Dementia. Record review of Resident #1's Minimum Data Set (MDS) Section C dated 6/26/25, revealed a Brief Interview for Mental Status (BIMS) score of 6 which indicated the resident had a severe cognitive impairment.</p>		

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 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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 255097
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