STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255102	A. Building B. Wing	02/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Diversicare of Ripley	101 Cunningham Dr Ripley, MS 38663

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. Based on observation, resident and staff interviews, record review, staffing schedule review, and Payroll Based Journal (PBJ) staffing data report review, the facility failed to provide sufficient nursing staff to meet the needs of residents for six (6) of 119 residents and five (5) of 77 occupied rooms in the facility. This resulted in delayed call light response times, delayed toileting and incontinence care, and delayed assistance with activities of daily living for multiple residents, placing residents at risk for unmet care needs, skin breakdown, falls, and decreased quality of life. Resident #28, Resident #75, Resident #94, Resident #103, Resident #116, and Resident #122.Findings include:The facility provided a statement on letterhead, signed by the administrator which read, It is the practice of [Proper name of the facility]to assure that adequate staffing is maintained to provide the necessary care and services for each resident. Staffing expectations are based on resident acuity and needs and may fluctuate based on the center population as identified in the facility assessment .Record review of the PBJ Staffing Data Report revealed the facility triggered for excessively low weekend staffing for the fourth quarter (July 1 - September 30, 2025). Record review of the Center Assessment Tool dated 6/18/25, revealed the facility identified a need for 13-15 licensed nursing staff providing direct care daily and 25-35 nurse aides on average over a 24-hour period. Review of the posted Daily Nurse Staffing Form dated 2/8/26 revealed a resident census of 123 and the following: Day Shift: 1 Registered Nurse, 5 Licensed Practical Nurses, and 9 Certified Nurse AidesEvening Shift: 1 Registered Nurse, 5 Licensed Practical Nurses, and 7 Certified Nurse AidesNight Shift: 1 Registered Nurse, 2 Licensed Practical Nurses and 5 Certified Nurse Aides Further review of the Daily Nurse Staffing Form revealed the facility scheduled a total number of 21 nurse aides over a 24-hour period, which did not meet the facility's assessed need of 25-35 nurse aides, as identified in the Center Assessment Tool dated 6/18/25.An observation and interview on 2/8/26 at 2:40 PM with Resident #103 revealed she was an obese female and dependent on staff for her Activities of Daily Living needs. She stated that sometimes she remained wet for up to two hours before the aides changed her and stated, I have wet through my brief, gown, and bed pad before. Resident #103 revealed that they needed more aides to work on the halls and answer call lights. She explained that when she pushed her call light, it takes them sometimes two hours to come in and see what she needed and voiced sometimes there was only one CNA working an entire hall. She also revealed that she had to wait over an hour for her call light to be answered on average two to three times a week, and more commonly on the 3PM to 11PM shift. During initial tour on 2/8/2026 at 3:26 PM, Resident #28 stated that staffing was noticeably short on weekends and sometimes at night. He explained that on Wednesday night he woke up at 2:30 AM and had soiled his brief. He stated he pressed the call light and had to wait 55 minutes for someone to come and change him. He stated that he did report it to the nurse on duty.An interview on 2/8/26 at 3:30 PM with Resident #75 revealed that it took a long time to get someone to answer the call light. She explained that she did not like to get up into the wheelchair because staff would just leave her sitting in her room and would not answer the call light when she wanted to lie down. Further interview with a family member in the room revealed the call light sounded on average for 30-45 minutes and he frequently had to go get (continued on next page)

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

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	someone to answer the light. During initial tour on 2/8/26 at 3:43 PM, Resident #116 stated that weekend staffing was always short. He further stated that they had to wait longer than usual for help or to receive care. He stated that the staff would apologize for the excessive wait, stating we are working short. An observation of Resident #94's room on 2/8/26 at 4:26 PM revealed call light had sounded for approximately 12 minutes. A Certified Nurse Aide (CNA) observed passing ice and a nurse giving medications on the hall but neither responded. Upon entry to the room the resident stated she needed to be changed and was wet. Further interview revealed she had waited up to an hour before to be changed and guessed they (the facility) did not have enough help. An interview with Resident #122 on 2/8/26 at 5:30 PM revealed call light response time was a big concern. She stated some of the staff come and tell her, It's going to be awhile and others just let her wait without knowing. Resident #94 stated she had waited up to an hour to be changed and revealed the incontinence briefs cannot hold up long when it was wet. An observation on A hall on 2/8/26 at 5:40 PM revealed a nurse seated at the nurses' station and another standing at the medication cart while multiple call lights were audibly sounding. Call lights were observed sounding from rooms A2, A5, A6, A9, and A12 with no staff response for approximately 15-20 minutes. During an observation and interview with Licensed Practical Nurse (LPN) #1 on 2/8/26 at 6:03 PM she confirmed multiple resident call lights were sounding and that she did not stop medication pass to address the residents' needs. She stated, Everyone is responsible for answering the call lights. LPNs #1 revealed she was unsure how many aides were assigned to A hall and since her shift began, she had only seen one aide working. She revealed that when call lights go unanswered the residents get delayed care and they might decide to get up by themselves and fall. An observation and interview with Certified Nurse Aide (CNA) #7 on 2/8/26 at 6:07 PM confirmed she was working A hall and was aware of multiple call lights sounding stating I've seen them. She revealed that she was in a room and was unsure where the other aide was that had the split section. She confirmed call lights should be answered in a timely manner stating, Anything could happen to them (the resident). An interview with CNA #5 on 2/9/26 at 12:15 PM confirmed that she worked day shift and weekends. She revealed today she had the split section of A hall and revealed it was difficult to keep track of the call lights with two halls. CNA #5 confirmed that the residents had complained about the slow call light response time and revealed it was hard to stop caring for one resident to answer another call light. CNA #5 revealed she had 16 residents to care for today, but the total changed depending on what hall they were working. She revealed call ins were the issue on the weekends, and the facility tried to find replacements, but nobody wants to work on the weekends. An interview with CNA #4 on 2/9/26 at 12:20 PM revealed she worked day shift and weekends. She revealed call ins were the issue on the weekends and stated they (the aides) had worked with one aide to an entire hall before. She stated when that happens the medication cart nurse will come help them when they finish passing medications. An interview with CNA #6 on 2/10/26 at 10:25 AM revealed they were always short staff on the weekends due to call ins. She stated they have worked one aide to an entire hall before which would mean they were responsible for 28-30 residents. She explained they were responsible for getting the residents up, bathing, dressing, changing, toileting, turning, answering call lights, passing trays and assisting the residents with meals. She revealed the nurses do help when they can, but it can be overwhelming to know you have eight (8) hours to get the job done. An interview with the Workforce Manager Coordinator (WMC) on 2/10/26 at 11:05 AM revealed she was responsible for scheduling the aides and the Director of Nursing scheduled the nurses. She explained that she used a template provided by corporate to determine staffing numbers based on the census and by considering the acuity of the residents. The WMC revealed she scheduled enough staff for the weekends and call ins were the problem. She explained they have on call nurses that take call from Friday until Monday and were responsible for calling around to find staff when someone called in. During an interview on 2/10/26 at 11:42 AM, the Administrator (ADM) stated he was aware the facility had dropped below the expected staffing hours per patient day (PPD) on several days. He stated the facility was actively attempting to recruit staff (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	and was offering bonuses and shift differentials to employees. The Administrator acknowledged call light response time was a concern and stated his expectation was that any staff member could answer a resident call light. He further acknowledged this had resulted in delays in care and unmet care needs for the residents.On 2/10/26 at 2:50 PM, during an interview with CNA #3, she stated the facility has had issues in the past with CNA call-ins on the weekends. She reported that staff have been asked to work double shifts to cover staffing shortages. CNA #3 further stated that a significant issue was that nurses do not assist with call lights. She explained that staff may be in a resident room providing care while a call light was sounding, and when they exit the room, a nurse may be sitting at the nurse's station who could have answered the call light. CNA #3 stated that care would go much better if staff worked together as a team and believed residents would be happier if call lights were answered timely. Record review of the admission Record revealed the facility admitted Resident #28 on 11/20/25 with medical diagnosis that included Unspecified Sequelae of Cerebral Infarction. Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 12/18/25 revealed under section C, a Brief Interview for Mental Status (BIMS) score of 12, indicating Resident #28 was moderately cognitively impaired. Record review of the admission Record revealed the facility admitted Resident #75 on 2/7/25 with medical diagnosis that included Pancytopenia. Record review of the MDS with an ARD of 12/22/25 revealed under section C, a BIMS score of 9, indicating Resident #75 was moderately cognitively impaired. Record review of the admission Record revealed the facility admitted Resident #94 on 9/11/23 with medical diagnosis that included Hemiplegia and Hemiparesis following Cerebral Infarction affecting Right Dominant Side. Record review of the MDS with an ARD of 12/5/25 revealed under section C, BIMS score of 15, indicating Resident #94 was cognitively intact. Record review of the admission Record revealed the facility admitted Resident #103 on 6/3/24 with medical diagnosis that included Chronic Venous Hypertension with Ulcer of Right Lower Extremity. Record review of the MDS with an ARD of 12/4/25 revealed under section C, BIMS score of 15, indicating Resident #103 was cognitively intact. Record review of the admission Record revealed the facility admitted Resident #116 on 5/24/25 with medical diagnosis that included Alcoholic Cirrhosis of Liver without Ascites. Record review of the MDS with an ARD of 1/2/26 revealed under section C, BIMS score of 14, indicating Resident #116 was cognitively intact. Record review of the admission Record revealed the facility admitted Resident #122 on 11/11/24 with medical diagnosis that included Chronic Obstructive Pulmonary Disease. Record review of the MDS with an ARD of 2/2/26 revealed under section C, BIMS score of 14, indicating Resident #122 was cognitively intact.

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F 0851 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data. Based on staff interviews, record review, Payroll-Based Journal (PBJ) staffing data report review, and facility policy review, the facility failed to accurately submit staffing data into the PBJ system, in accordance with CMS (Centers for Medicare and Medicaid Services) reporting requirements, for one (1) of four (4) quarters reviewed (Fourth Quarter 2025, July 1 - September 30, 2025). Findings Include:Review of the facility policy titled Payroll Based Journal Entry Submission, unrevised, revealed under Policy: CMS (Centers for Medicare and Medicaid Services) regulations for Payroll Based Journal (PBJ) entries submission are adhered to.Record review of the PBJ Staffing Data Report revealed the facility submitted excessively low weekend staffing for the fourth quarter (July - September 2025).An interview with the Workforce Manager Coordinator (WMC) on 2/10/26 at 11:05 AM revealed she was responsible for scheduling the certified nurse aides (CNAs). She explained that the facility had CNAs who transported dialysis residents on Saturdays and, after returning to the facility, worked on the floor helping to give baths, answer call lights, pass meal trays, and feed residents. The WMC stated those hours were not captured during the 4th quarter due to an inability to change the role from van driver to CNA in the payroll system. She confirmed the PBJ would not have been accurate for the 4th quarter of 2025.An interview with the Administrator on 2/10/26 at 11:42 AM revealed the PBJ was submitted through the corporate office. He stated the Director of Nursing, Assistant Director of Nursing, and the Discharge Care Coordinator were salaried employees, and during the 4th quarter, the facility was unable to make changes to the payroll system to capture direct care hours worked on the weekends. He stated that during that time the Discharge Care Coordinator was working many weekends as the RN supervisor. He confirmed he was aware the PBJ was not accurate for that quarter.

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F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. Based on record review, staff interview, and facility policy review, the facility failed to ensure concerns voiced during Resident Council meetings were addressed and resolved to residents' satisfaction in accordance with the requirements. Specifically, the facility failed to effectively respond to and resolve ongoing food-related concerns, including meals served cold and meats described as too tough to chew, which were repeatedly documented in Resident Council meeting minutes from August 2025 through December 2025, placing residents at risk for continued dissatisfaction for five (5) of six (6) months reviewed.Findings include:Review of facility policy titled, Customer Concern (Grievance) Policy with revised date: October 2024, revealed, Purpose: Support each customer's (patient's/responsible party's/family's) right to voice concerns (grievances) and to ensure after receiving a concern, the center actively seeks a resolution and keeps the customer appropriately apprised of its progress toward resolution.Customer concerns will have a prompt response.A Resident Council meeting was held in dining room on 2/10/2026 at 11:00 AM. A total of nine (9) residents were in attendance. Seven (7) of the nine (9) residents present expressed concerns regarding the food, stating the meals are often cold and certain meats are too tough to chew. Residents stated these concerns have been ongoing for several months. Record review of Resident Council Minutes dated 8/13/2025 at 2:00 PM revealed documented concerns including pork chops described as tough; breakfast items inconsistent with the posted menu; food reported as cold and lacking seasoning; fish described as not as good as previously served; and residents not being served a complete breakfast. Documentation under Old Business reflected pork chops described as too tough or undercooked and incomplete breakfast service, with the issue noted as not resolved to residents' satisfaction. Under New Business, similar concerns were documented, with 10 to 12 residents sharing concerns regarding tough pork chops, menu inconsistencies, cold food, and food quality.Record review of Customer Concern/Grievance Communication Form dated 8/13/2025, revealed .Residents voiced in meeting that.Fish is not as good as it used to be.Food is cold when received and don't have seasoning on it.Pork chop is still too tough to eat and enjoy.Record review of Resident Council Minutes dated 9/10/2025 at 2:00 PM revealed Old Business concerns of tough pork chops, cold food, and fish quality were documented as not resolved to residents' satisfaction. New Business documented ongoing concerns, with nine (9) to twelve (12) residents reporting tough pork chops, cold food, overcooked fish, melted ice cream, and cold soup items at the time of service.Record review of Customer Concern/Grievance Communication Form dated 9/10/2025, revealed, .Pork Chop is still too tough. Food is often cold. Fish is thin and fried too hard. Ice cream is always melted when received. Soup additives on trays are ice (fridge) cold.Record review of Resident Council Minutes dated 10/8/2025 at 2:00 PM revealed New Business concerns that meal trays were frequently delivered late, resulting in residents missing scheduled activities or allowing food to sit before consumption. Ten (10) residents shared concerns regarding tough pork chops, cold hall trays upon receipt, and melted ice cream.Record review of Customer Concern/Grievance Communication Form dated 10/8/2025, revealed, .Pork Chop still too tough, can't chew. Hall food trays are still cold sometimes when received. Ice cream is still melted when received.Record review of Resident Council Minutes dated 11/12/2025 at 2:00 PM revealed Old Business concerns regarding melted ice cream were documented as not resolved. New Business documented concerns including fried chicken described as overly hard, meals reported as cold upon receipt, and ice cream described as soft or melted.Record review of Customer Concern/Grievance Communication Form dated 11/12/2025, revealed, .Ice cream still soft and melted.Record review of Resident Council Minutes dated 12/29/2025 at 11:00 AM revealed documentation that ice cream consistency had improved; however, Old Business reflected fried chicken described as too hard and meals described as cold remained unresolved. New Business documented six (6) to eleven (11) residents reporting concerns of hard fried chicken, cold food at the (continued on next page)

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F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	time of service, and pork chops described as hard and not tender.Record review of Customer Concern/Grievance Communication Form dated 12/29/2025, revealed .Residents stated that their food when received is often cold or not at a desired temp to enjoy.During an interview on 2/10/2026 at 4:00 PM, the Administrator stated he was aware of the ongoing food-related complaints and that a new Dietary Manager had been hired and started approximately one week prior. He stated she had previously worked for the facility and food service was something that they were working to improve but confirmed that the previous resident grievances were unresolved. Record review of the admission Record indicated that the facility admitted Resident #9 on 11/7/2022 with a medical diagnosis that included Cellulitis of Right Finger, End Stage Renal Disease, and Type 2 Diabetes Mellitus without Complications. A record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 11/21/25 revealed under section C, a Brief Interview for Mental Status BIMS summary score of 14 which indicated Resident #9 was cognitively intact.Record review of the admission Record indicated that the facility admitted Resident #19 on 5/20/2022 with a medical diagnosis that included Paraplegia, Incomplete and Type 2 Diabetes Mellitus with Diabetic Neuropathy, Unspecified. A record review of the MDS with an ARD of 11/17/25 revealed under section C, a BIMS summary score of 15 which indicated Resident #19 was cognitively intact.Record review of the admission Record indicated that the facility admitted Resident #37 on 12/2/2025 with a medical diagnosis that included Other Displaced Fracture of Upper End of Left Humerus, Subsequent Encounter for Fracture with Routine Healing, Incomplete and Type 2 Diabetes Mellitus without Complications. A record review of the MDS with an ARD of 12/9/25 revealed under section C, a BIMS summary score of 15 which indicated Resident #37 was cognitively intact.Record review of the admission Record indicated that the facility admitted Resident #49 on 2/10/2025 with a medical diagnosis that included Acute on Chronic Diastolic (Congestive) Heart Failure and Type 2 Diabetes Mellitus without Complications. A record review of the MDS with an ARD of 11/13/25 revealed under section C, a BIMS summary score of 9 which indicated Resident #49 had moderately impaired cognition.Record review of the admission Record indicated that the facility admitted Resident #64 on 8/10/2024 with a medical diagnosis that included Unspecified Dementia, Unspecified Severity, without Behavioral Disturbance, Psychotic Disturbance, Mood Disturbance, and Anxiety. A record review of the MDS with an ARD of 11/5/25 revealed under section C, a BIMS summary score of 15 which indicated Resident #64 was cognitively intact.Record review of the admission Record indicated that the facility admitted Resident #94 on 9/11/2023 with a medical diagnosis that included Hemiplegia and Hemiparesis following Cerebral Infarction affecting Right Dominant Side. A record review of the MDS with an ARD of 12/5/25 revealed under section C, a BIMS summary score of 15 which indicated Resident #94 was cognitively intact.Record review of the admission Record indicated that the facility admitted Resident #100 on 2/5/2019 with a medical diagnosis that included Other Specified Arthritis, Multiple Sites. A record review of the MDS with an ARD of 11/28/25 revealed under section C, a BIMS summary score of 15 which indicated Resident #100 was cognitively intact.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observation, staff interview, and facility policy review, the facility failed to ensure medication carts were secured to prevent unauthorized access for two (2) of five (5) medication carts observed (A Wing and E Wing). Findings include: Review of the facility policy titled, (Proper Name) PharMedCo, Inc. Policies and Procedures, revised 04/22, states, It is the responsibility of the facility to keep the medication cart locked and secure at all times when not in use . During an observation on 2/08/26 at 2:43 PM, the medication cart on E Wing was observed unlocked and unattended. Licensed Practical Nurse (LPN) #2 stated she walked down the hall to administer a medication and forgot to lock the cart. She stated the cart should always be secured when she leaves it. During an observation on 2/08/26 at 3:55 PM, the medication cart on A Wing was observed unlocked and unattended. LPN #1 stated she walked down the hall and forgot to lock the medication cart. She stated the cart should always be secured when not in use. On 2/09/26 at 2:45 PM, an interview was conducted with the Director of Nursing (DON), who stated medication carts should never be left unlocked. She stated staff are aware carts must remain locked when not in use and she planned to provide education regarding proper medication storage.

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, staff and resident interviews, record review, and facility policy review, the facility failed to implement the comprehensive care plan for one (1) of 21 residents sampled. (Resident #111)Findings Include:Review of facility policy titled Care Plans with effective date: October 2021, revealed, Policy .Care plans will be developed for all patients and residents based upon the RAI (Resident Assessment Instrument) manual guidelines. Care plans are developed by the interdisciplinary team and revised as needed according to resident and patient status or change.Record review of Resident #111's Care Plan Report revised 12/10/25 revealed a Self-Care Deficit related to Mobility impairment, ROM (range of motion) limitations, Self-care impairment, related to spastic cerebral palsy, peripheral neuropathy, and spina bifida. Under intervention, Personal Hygiene provide substantial/maximum assistance. On 2/09/2026 at 8:20 AM, during an interview and observation, Resident #111 stated he doesn't get shaved all the time when he is supposed to. They do it when they take a notion to do it. Resident #111 has facial hair approximately one (1) inch on his cheeks, above his upper lip, and on his chin. The resident stated, I can't tell you when the last time it was done.On 2/09/2026 at 12:15 PM during an interview and observation Certified Nurse Aide (CNA) #1 confirmed that his facial hair was long and that it had been a while since he had been shaved. The resident stated, Well, if y'all don't care how I look, then I guess I don't care either. An observation on 2/09/2026 at 3:05 PM, Resident #111 remains unshaven, and no change in appearance from the previous observation.An observation on 2/10/2026 at 9:40 AM, Resident #111 remains unshaven, and no change in appearance from the previous day. During an interview on 2/10/2026 at 10:35 AM, CNA #2 revealed today is Resident #111's bath day and that is when he also gets shaved. She confirmed his facial hair was long and stated, I really don't know when he was last shaved. On 2/10/2026 at 12:00 PM, during an interview the Assistant Director of Nursing Services (ADNS) stated that the resident is to be shaved during his baths, which is a part of his personal hygiene. She revealed if he was not shaved, then his plan of care related to his personal hygiene was not being followed. During an interview on 2/10/2026 at 3:00 PM, the Minimum Data Set (MDS) Coordinator stated that the purpose of the care plan is to inform staff of the individualized care each resident requires. She confirmed they do not have a specific care plan for shaving; it is under personal hygiene, and staff know it is part of bathing and hygiene. She revealed if Resident #111 was not shaved, then his plan of care was not being followed, and it should have been. Record review of the admission Record revealed Resident #111 was admitted to the facility on [DATE] with diagnoses that included Spina Bifida, Psoriasis, and Need for assistance with personal care.Record review of the quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 12/02/2025 revealed a Brief Interview for Mental Status (BIMS) score of 11, which indicated Resident #111 has moderate cognitive impairment.

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, resident and staff interview, record review, and facility policy review, the facility failed to ensure a resident who required assistance received activities of daily living (ADL) care, including grooming and personal hygiene services such as shaving, in accordance with the resident's assessed needs, for one (1) of 21 residents. (Resident #111) Findings Include:Review of facility policy titled ADLs (Activities of Daily Living), with an effective date of August 2021, revealed the facility policy is to ensure activities of daily living are provided in accordance with accepted standards of practice, the resident's care plan, and reasonable accommodation of the resident's choices and preferences. The policy further identified hygiene activities of daily living to include bathing, dressing, grooming, and oral care. During an interview and observation on 2/09/2026 at 8:20 AM, Resident #111 stated he doesn't get shaved all the time when he is supposed to. They do it when they take a notion to do it. Resident #111 has facial hair approximately one (1) inch on his cheeks, above his upper lip, and on his chin. The resident stated, I can't tell you when the last time it was done. During an interview and observation on 2/09/2026 at 12:15 PM, Certified Nurse Aide (CNA) #1 revealed the resident usually gets shaved when he gets his bath which is on Tuesday, Thursday and Saturday. CNA #1 revealed that sometimes when he gets his bath and doesn't have a whole lot of facial hair growth we will wait until his next bath day to shave him. She confirmed that his facial hair was long and that it had been a while since he had been shaved. The resident stated, Well, if y'all don't care how I look, then I guess I don't care either. An observation on 2/09/2026 at 3:05 PM, revealed Resident #111 remains unshaved, and no change in appearance from the previous observation. An observation on 2/10/2026 at 9:40 AM, revealed Resident #111 remains unshaved, and no change in appearance from the previous day. During an interview on 2/10/2026 at 10:35 AM, CNA #2 revealed today is Resident #111's bath day and that is when he also gets shaved. She confirmed his facial hair was long and stated, I really don't know when he was last shaved. During an interview on 2/10/2026 at 10:58 AM, the Director of Nursing Services (DNS) revealed it is our expectation that all residents are adequately groomed, including being shaved and presentable. During an interview on 2/10/2026 at 11:40 AM, CNA #3 stated, I have worked with Resident #111 in the past, and I know he likes to be shaved. During an interview on 2/10/2026 at 12:00 PM, the Assistant Director of Nursing Services (ADNS) stated that the resident is to be shaved during his baths, which is a part of his personal hygiene that the facility is to honor. Record review of the admission Record revealed Resident #111 was admitted to the facility on [DATE] with diagnoses that included Spina Bifida, Psoriasis, and Need for assistance with personal care. Record review of the quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 12/02/2025 revealed a Brief Interview for Mental Status (BIMS) score of 11, which indicates Resident #111 has moderate cognitive impairment.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255102	A. Building B. Wing	02/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Diversicare of Ripley	101 Cunningham Dr Ripley, MS 38663

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)
F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. Based on observation, resident and staff interviews, record review, and facility policy review, the facility failed to ensure a resident received the necessary treatment and services to promote healing of a pressure wound for one (1) of two (2) pressure wounds reviewed. Resident #120Findings Include:Review of the facility policy titled Clean Dressing Change, unrevised, revealed under Guideline: It is the policy of this center to provide wound care in a manner to decrease the potential for infection and/or crossˆcontamination. Physician's orders will specify the type of dressing and frequency of changes.Record review of Resident #120's wound measurements dated 2/4/26 revealed a Stage 3 pressure ulcer/injury to the sacrum measuring 1.41 centimeters (cm) in length, 1.24 centimeters (cm) in width, and 0.2 centimeters (cm) in depth.An observation of Resident #120's sacral wound care with Registered Nurse (RN) #1 on 2/9/26 at 2:20 PM revealed the resident did not have a dressing intact on the wound, and the resident was wearing an incontinence brief that was saturated with urine, with the wetness indicator line turned blue.Record review of Resident #120's Treatment Administration Record revealed an order dated 9/5/25: Cleanse unstageable wound to sacrum with NS (normal saline) or wound cleanser, pat dry, skin prep periwound, apply calcium alginate Ag (silver) to wound bed, and cover with foam dressing every day shift every Mon (Monday), Wed (Wednesday), Fri (Friday) for wound care. Also revealed an order, Cleanse unstageable wound to sacrum with NS (normal saline) or wound cleanser, pat dry, skin prep periwound, apply calcium alginate Ag (silver) to wound bed, and cover with foam dressing every 8 (eight) hours as needed if soiled or dislodged, with no indication the dressing was replaced when this occurred for the month of February.An interview with Resident #120 on 2/9/26 at 2:31 PM revealed she had a bowel movement on Saturday night, and when staff changed her brief, they decided it would be best to remove the dressing because it was soiled. She explained that she often went without dressing when it became soiled and stated staff did not usually replace it.An interview with Registered Nurse (RN) #1 on 2/9/26 at 2:34 PM confirmed Resident #120's wound did not have a dressing. She revealed the resident had a physician order to replace the dressing if it became soiled or dislodged. RN #1 stated that if a dressing was not intact, it could allow stool and urine to enter the wound and become infected. She also stated urine could cause the wound edges to become macerated and deteriorate the wound.Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 12/12/25 revealed under Section M that Resident #120 had an unhealed pressure ulcer documented as unstageable due to the wound bed being covered in slough and/or eschar. Also revealed under Section H, the resident was always incontinent of urine and bowel.An interview with the Director of Nursing on 2/9/25 at 2:41 PM revealed that her expectations were for staff caring for Resident #120 to notify the nurse when the wound dressing came off or was soiled to ensure the wound received consistent treatment and healed without complications.Record review of the admission Record revealed the facility admitted Resident #120 on 1/13/25 with a medical diagnosis including other complications of amputation stump and irritable bowel syndrome.Record review of the MDS with an ARD of 12/12/25 revealed under Section C a Brief Interview for Mental Status (BIMS) summary score of 13, indicating Resident #120 was cognitively intact.

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	255102	A. Building B. Wing	02/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Diversicare of Ripley	101 Cunningham Dr Ripley, MS 38663

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0810 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide special eating equipment and utensils for residents who need them and appropriate assistance. Based on observations, resident and staff interview, record review, and facility policy review, the facility failed to ensure a resident was provided with the required adaptive equipment during meals for one (1) of four (4) residents reviewed for dining. Resident #33.Findings Include: Review of the facility policy titled Assistive Devices revealed under, Policy statement: Assistive devices/utensils will be provided as identified in the individualized plan of care to maintain or improve a resident's/patient's ability to eat or drink independently.An interview with Resident #33 on 2/8/26 at 4:10 PM revealed the resident required a divided plate to feed himself independently. The resident stated he did not always receive the divided plate with meals and further stated that when the divided plate was not provided, he was unable to feed himself using utensils.An observation of Resident #33's breakfast meal on 2/9/26 at 8:24 AM revealed the resident received oatmeal, a sausage patty, and a piece of toast served on a regular plate.Record review of Resident #33's breakfast tray card revealed the resident was to receive a divided plate with meals.An observation and interview with Licensed Practical Nurse (LPN) #3 on 2/9/26 at 8:28 AM revealed that if a divided plate was listed on the meal ticket, it should be provided with the meal. LPN #3 confirmed Resident #33 did not have a divided plate and stated the resident required it to eat independently.An interview with the Administrator on 2/10/26 at 2:44 PM revealed the facility was out of divided plates and had to borrow some from another facility.An interview with the Dietary Manager on 2/10/26 at 2:50 PM revealed dietary staff were responsible for checking the tray line to ensure adaptive equipment was provided.Record review of the admission Record revealed the facility admitted Resident #33 on 7/30/24 with a medical diagnosis including Friedreich Ataxia.Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 11/13/25 revealed under Section C, a Brief Interview for Mental Status (BIMS) summary score of 15, indicating Resident #33 was cognitively intact.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, interview, record review and facility policy review the facility failed to utilize enhanced barrier precautions while providing care for two (2) of five (5) care areas observed. Resident #5 and Resident #120. Findings Include: Review of the undated facility Infection Control Guide revealed that EBP refers to the expanded use of PPE (Personal Protective Equipment) and refers to the use of gowns and gloves during high-contact resident care activities that provide opportunities for transfer of MDRO's (Multidrug-Resistant Organism) to staff hands and clothing Nursing home residents with wounds and indwelling medical devices are at especially high risk of both acquisition of and colonization with MDRO's. The use of gowns and gloves for high-contact residents is indicated when Contact Precautions do not otherwise apply, for nursing home residents with wounds/or indwelling medical devices An interview on 02/09/26 at 2:35 PM with Registered Nurse (RN) #1, revealed that Resident #5 had a Percutaneous Endoscopic Gastrostomy (PEG) tube that was used to administer hydration flushes and used for enteral feedings if he didn't eat a certain amount of his meals. She revealed that his PEG tube site care was ordered to be completed every day. An observation on 02/09/26 at 2:45 PM with RN #1 revealed that she performed Resident #5's PEG tube site care and failed to utilize Enhanced Barrier Precautions (EBP). She donned gloves but did not wear a gown while providing the care. An interview on 02/10/26 at 2:10 PM with RN #1 revealed that she had been trained on Enhanced Barrier and that the purpose was to protect the resident from germs or bacteria she might be carrying. She also confirmed that she did not wear a gown while providing PEG tube care with Resident #5 and stated she forgot to put one on. During an interview on 02/10/26 at 2:20 PM with Infection Preventionist, she revealed that she expected the staff to utilize EBP while providing wound care and while providing care to residents with indwelling devices. She revealed that the purpose of utilizing Enhanced Barrier Precautions, was to protect the resident by preventing the staff from passing germs or bacteria to the resident which might cause infection. Record review of Resident #5's admission Record revealed the most recent admission date of 10/27/25 with diagnoses that included Anoxic Brain Damage and Dysphagia. Record review of Resident #5's Treatment Administration Record revealed an order dated 10/27/25 to Cleanse peg tube insertion site with NS (normal saline)/dermal wound cleanser and apply drainage sponge every day shift . RN #1 signed that she completed the task on 02/09/26. Resident #120 Record review of Resident #120's wound measurements dated 2/4/26 revealed a Stage 3 pressure ulcer/injury to the sacrum measuring 1.41 centimeters (cm) in length, 1.24 centimeters (cm) in width, and 0.2 centimeters (cm) in depth. (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Record review of Resident #120's Treatment Administration Record revealed an order dated 9/5/25: Cleanse unstageable wound to sacrum with NS (normal saline) or wound cleanser, pat dry, skin prep peri wound, apply calcium alginate Ag (silver) to wound bed, and cover with foam dressing every day shift every Mon (Monday), Wed (Wednesday), Fri (Friday) for wound care. On 2/9/26 at 2:20 PM, during an observation of Resident #120's sacral wound care with Registered Nurse (RN) #1, the nurse performed treatment to the wound without application of a gown for Enhanced Barrier Precautions (EBP). An interview with Registered Nurse #1 on 2/10/26 at 2:02 PM confirmed she did not wear a gown for Resident #120's wound care. She stated the purpose of the precautions was to protect the resident from infections and explained that she had been trained on the precautions but forgot to apply the gown. An interview with the Director of Nursing on 2/10/26 at 2:24 PM confirmed her expectations were for the staff to practice Enhanced Barrier Precautions for the residents with chronic wounds to prevent the spread of infection. Record review of the admission Record revealed the facility admitted Resident #120 on 1/13/25 with a medical diagnosis including other Complications of Amputation Stump. Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 12/12/25 revealed under Section C, a Brief Interview for Mental Status (BIMS) summary score of 13, indicating Resident #120 was cognitively intact.