

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(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  Diversicare of Amory		STREET ADDRESS, CITY, STATE, ZIP CODE  1215 Earl Frye Drive Amory, MS 38821	

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 0550</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 a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 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 #1Record 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. 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 [DATE], revealed a Brief Interview for Mental Status (BIMS) score of 11 which indicated a moderate 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
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