

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255166	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/30/2026
NAME OF PROVIDER OR SUPPLIER Arabella Health & Wellness of Meridian		STREET ADDRESS, CITY, STATE, ZIP CODE 1201 28th Avenue Meridian, MS 39301	

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>Based on interview, record review, and facility policy review, the facility failed to ensure residents' right to a dignified and comfortable environment by failing to effectively address ongoing disruptive behaviors that interfered with other residents' ability to rest for two (2) of four (4) residents reviewed for resident rights. Resident #2 and Resident #3. Findings include: A review of the facility's policy, Resident Rights, revised 3/10/26, revealed, .Policy: The facility will inform the resident of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility. Resident rights. The resident has the right to a dignified existence. On 4/29/26 at 4:30 PM, during an interview with Resident #2, she reported that during nighttime hours Resident #1 frequently yelled loudly, which disturbed her sleep. She reported the behavior occurred primarily at night and was not observed during daytime hours. She explained the noise caused difficulty resting and had been ongoing. On 4/30/26 at 10:10 AM, during an interview with Resident #3, she reported her rest was frequently disrupted during nighttime hours by Resident #1 yelling loudly. She reported the behavior typically occurred at night and the environment was generally quiet during the day. She explained the noise interfered with her ability to sleep. On 4/30/26 at 10:30 AM, during an interview with Certified Nurse Aide (CNA) #1, she reported she worked both day and night shifts and was familiar with Resident #1's routine. She reported Resident #1 frequently yelled and screamed at intervals throughout the night. She reported the resident was generally quiet and often slept during the day. She confirmed staff assisted Resident #1 out of bed and into a geri-chair during both day and nighttime hours. On 4/30/26 at 11:15 AM, during an interview with the Director of Nursing (DON), she reported the facility was aware Resident #1 had a pattern of increased yelling during nighttime hours and resting for extended periods during the day. She reported the resident had diagnoses including Dementia and Psychosis, which contributed to the behavior. She reported interventions included monitoring, repositioning, offering care, and attempts at redirection; however, the behaviors continued at intervals throughout the night. She acknowledged the facility had received reports from other residents regarding disrupted sleep due to nighttime yelling and stated the facility must balance individual resident needs with the overall environment. On 4/30/26 at 12:00 PM, during an interview with the Administrator, he reported the facility was aware of concerns related to nighttime noise from Resident #1 affecting other residents' ability to rest. He reported the resident had a history of Dementia with behaviors including yelling at night and sleeping during the day. He reported the facility relocated Resident #1 to a private room in an effort to reduce disturbances and stated staff continued to monitor and provide care and redirection as needed. Resident #1A record review of the admission Record revealed the facility admitted Resident #1 on 3/10/26 with diagnoses including Psychosis and Dementia. A record review of the admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 3/20/26 revealed Resident #1 had a Brief Interview for Mental Status (BIMS) score of four (4), which indicated the resident's cognition was severely impaired. A record review of the Progress Notes revealed on 3/12/26 at 1:54 AM, Resident #1 was observed hollering out, and on 3/13/26 at 1:18 AM, Resident #1 was observed hollering loudly. Resident #2A record review of the admission Record revealed the facility admitted Resident #2 on 12/19/25 with diagnoses including (continued on next page)</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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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Paraplegia and Type 2 Diabetes Mellitus. A record review of the Quarterly MDS with an ARD of 3/18/26 revealed Resident #2 had a BIMS score of 15, which indicated the resident was cognitively intact. Resident #3A record review of the admission Record revealed the facility admitted Resident #3 on 5/4/20 with diagnoses including Waldenstrom Macroglobulinemia. A record review of the Quarterly MDS with an ARD of 3/9/26 revealed Resident #3 had a BIMS score of 15, which indicated the resident was cognitively intact.</p>		