

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255172	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/05/2026
NAME OF PROVIDER OR SUPPLIER Starkville Manor Health Care and Rehabilitation Ce		STREET ADDRESS, CITY, STATE, ZIP CODE 1001 Hospital Road Starkville, MS 39759	
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on resident and staff interview, record review, and facility policy review, the facility failed to ensure a resident's right to be treated with dignity and respect was honored for one (1) of five (5) residents sampled. Resident #1 Findings include: Record review of facility policy titled, Resident Rights dated 6/1/25, revealed, The resident has the right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility. The resident has a right to be treated with respect and dignity. During an interview on 1/5/26 at 11:15 AM, Resident #1 revealed there was an incident when Certified Nursing Assistant (CNA) #1 failed to treat her with dignity and respect. She stated that CNA #1 was irritated with her because she asked the other CNA to leave the room and due to this, CNA #1 would not speak to her or answer her questions, and she felt the care was done quickly and in a hateful manner. She stated she reported this incident, and administration removed this staff member from her care. A phone interview on 1/5/26 at 2:40 PM with Certified Nursing Assistant (CNA) #1 revealed there was an incident when she was aggravated, and she would not speak to or answer Resident #1. She stated she did the care in a hurried and rude manner. She stated she was in-serviced on resident rights and treating each resident with the dignity and respect they are entitled to. She stated she failed to treat this resident with dignity and respect which was a resident's right. An interview with the Administrator on 1/5/26 at 3:00 PM revealed Resident #1 reported CNA #1 for not being treated with dignity and respect which each resident was to receive. The Administrator revealed an Employee Corrective Action Form was initiated on 11/17/25 for unprofessional conduct. She confirmed the facility failed to ensure a resident's right to be treated with dignity and respect was honored. The record review of the Employee Corrective Action Form dated 11/17/25 for CNA #1 revealed the description of the violation was listed as unprofessional conduct. The supervisor's corrective plan of action revealed CNA #1 will be professional at all times while speaking or engaging with staff and residents. Record review of the Description of Violation form dated 11/17/25 revealed, Unprofessional conduct . that creates an unprofessional, intimidating, and/or hostile environment. Record review of CNA #1's in-service for Essentials of Resident Rights was completed on 1/9/25 and 6/3/25. Record review of Resident #1's admission Record revealed she was admitted to the facility on [DATE]. Diagnoses included Polyosteoarthritis, Rhabdomyolysis, and Morbid Obesity. Record review of Resident #1's Minimum Data Set dated 10/13/25 revealed a Brief Interview for Mental Status (BIMS) score of 15 which indicated the resident was cognitively intact.</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: 255172
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