

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255219	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/23/2025
NAME OF PROVIDER OR SUPPLIER Arbor Walk Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 570 North Solomon Street Greenville, MS 38703	

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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>Based on observation, interview, record review, and facility policy review, the facility failed to ensure a resident's right to be free from verbal abuse when a staff member engaged in a loud, profane verbal exchange with a resident in the dining room, for one (1) of four (4) resident reviewed for abuse. Resident #1. Top of Form</p> <p>Findings included:</p> <p>Review of the facility policy titled, Abuse, Neglect, Exploitation, and Misappropriation Prevention Program revised April 2021 revealed, Policy Statement, Residents have the right to be free from abuse, neglect, misappropriation of resident property and exploitation. This includes but is not limited to freedom from corporal punishment, involuntary seclusion, verbal, mental, sexual or physical abuse .</p> <p>Record review of the facility investigation revealed that on 8/15/25 Resident #1 was in the dining room yelling profanities. As Housekeeper #1 walked by, staff heard her yelling the same profanities back at the resident. The incident was witnessed by four staff members: the Maintenance Director (MD) , Housekeeping Supervisor (HS), Activities Director (AD), and a Certified Nursing Assistant (CNA). The Administrator (ADM) overheard the loud exchange but was initially unaware it came from an employee. The Housekeeper was removed from the area and suspended on 8/15/25, then terminated on 8/18/25 after facility validation of verbal abuse.</p> <p>An interview with the ADM on 9/22/25 at 1:00 PM, she verified the facility validated verbal abuse to Resident #1 by Housekeeper #1.</p> <p>An interview with the HS on 9/22/25 at 2:05 PM, revealed she witnessed Resident #1 yell "F*** you, b****," and Housekeeper #1 responded, "F*** you too, b****";</p> <p>Interviews with the AD and CNA #1 on 9/22/25 at 2:10 PM, confirmed they were in the dining room and witnessed Resident #1 yell the same phrase, followed by Housekeeper #1's identical response.</p> <p>An interview with the MD on 9/22/25 at 4:00 PM confirmed he also witnessed Resident #1 yelling the profanity, and Housekeeper #1 responding with profanity.</p> <p>Record review of Resident #1's "admission Record" revealed the facility admitted the resident on 11/27/24 with diagnoses including Focal Traumatic Brain Injury and Pseudobulbar Affect.</p> <p>(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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of the Annual Minimum Data Set (MDS) Assessment with an Assessment Reference Date (ARD) of 1/15/25 revealed a Brief Interview for Mental Status (BIMS) score of 4, indicating severe cognitive impairment.</p>