STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255307	A. Building B. Wing	09/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Golden Age Nursing Home	2901 Highway 82 East Greenwood, MS 38930

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 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on resident and staff interviews, record review, and facility policy review, the facility failed to ensure a resident's grievances related to missing property were investigated and resolved. This deficient practice was identified for three (3) of seven (7) residents reviewed for grievances (Residents #1, #2, and #3) Findings include: Review of the facility policy titled, Resident and Family Grievances, dated April 2017, revealed: “The facility will make prompt efforts to resolve grievances… The written decision will include a minimum: a summary of the pertinent findings or conclusions regarding the resident's concerns… any corrective action as a result of the grievance.” Resident #1Record review of a Missing Item Report Form dated 6/27/25 documented Resident #1's iPhone with a pink case as missing. The follow-up/results section was blank. In an interview with the Administrator (ADM) on 9/3/25 at 8:40 AM, she confirmed Resident #1 reported her phone missing on 6/27/25. Staff tracked it with her iPad, which pinged at Housekeeper #1's address. Video footage showed Housekeeper #1 entering Resident #1's room at 1:27 PM, discarding the phone case, concealing the phone in her bra, and leaving the room. Police were notified the same day, and the housekeeper was terminated and later arrested. She confirmed the facility did not reimburse or replace the phone. In an interview with Resident #1 on 9/3/25 at 9:20 AM, she stated she spoke to her daughter on her phone at 11:30 AM, dozed off after lunch, and woke to find it missing. She stated she reported it to staff, who tracked it and confirmed the location. She stated she was told the housekeeper was fired but the facility never reimbursed or replaced the phone, and her daughter purchased one for her. Record review of the “admission Record” revealed Resident #1 was admitted on [DATE]. Record review of a Brief Interview for Mental Status (BIMS) for Resident #1 dated 6/7/25 revealed a score of 15 indicating the resident was cognitively intact. Resident #2Record review of a Missing Item Report Form dated 6/11/25 documented Resident #2's red iPhone 11 as missing. The follow-up/results section was blank. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255307	A. Building B. Wing	09/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Golden Age Nursing Home	2901 Highway 82 East Greenwood, MS 38930

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 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview with Resident #2 on 9/3/25 at 12:10 PM, he stated he reported his phone missing in June, staff searched but never found it, and “it doesn't seem like I will be getting another one.” During an interview with Resident #2's representative on 7/2/25 at 4:00 PM, she confirmed she was notified of the missing phone but stated the facility never offered reimbursement or replacement. Record review of the “admission Record” revealed Resident #2 was admitted on [DATE]. Record review of a BIMS for Resident #2 dated 8/14/25 revealed a score of 12 indicating the resident was moderately cognitively impaired. Resident #3Record review of a Missing Item Report Form dated 6/5/25 documented Resident #3's black iPhone 16 as missing. The follow-up/results section was blank. During an interview with Certified Nursing Assistant (CNA) #1 on 9/3/25 at 12:00 PM, she stated she reported Resident #3's phone missing after it was not located. She confirmed the resident used it regularly, but it had not been replaced. In an interview with the ADM on 9/4/25 at 8:35 AM, she confirmed the cell phones for Residents #1, #2, and #3 were never located or replaced. She stated she reviewed video footage of Residents #2 and #3's rooms but could not substantiate misappropriation. During an interview with the Social Worker on 9/4/25 at 8:40 AM, she confirmed she searched for the phones of Residents #1, #2, and #3 but did not find them. She stated all three residents used their cell phones regularly and kept them within reach. She also confirmed the Missing Item Reports for all three residents contained no documentation of a resolution. Record review of the “admission Record” revealed Resident #3 was admitted on [DATE]. Record review of the BIMS dated 7/22/25 revealed a score of 11, indicating Resident #3 was moderately cognitively impaired.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255307	A. Building B. Wing	09/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Golden Age Nursing Home	2901 Highway 82 East Greenwood, MS 38930

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 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from the wrongful use of the resident's belongings or money. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on resident and staff interviews, record review and facility policy review, the facility failed to ensure residents were free from misappropriation of property for one (1) of four (4) residents reviewed (Resident #1). Findings include: Review of the facility policy titled, “Abuse, Neglect, Exploitation,” revised August 2018, revealed: “Each resident has the right to be free from . misappropriation of property .Misappropriation of Resident Property' means the deliberate misplacement, exploitation, or wrongful, temporary or permanent, use of a resident's belongings without the resident's consent . An interview on 9/3/25 at 8:40 AM with the Administrator (ADM) revealed that Resident #1 had reported her phone missing on 6/27/25. She confirmed that a facility-reported incident dated 6/27/25 had been completed regarding the reported missing phone, staff used the resident's iPad to track the phone, which pinged at the address of Housekeeper #1. She further stated video footage showed Housekeeper #1 entering Resident #1's room at 1:27 PM, discarding the phone case, concealing the phone in her bra, and leaving the room. The Administrator confirmed that police were notified the same day, that Housekeeper #1 was terminated on 6/27/25, and that the housekeeper was later arrested. She acknowledged the facility did not reimburse or replace the resident's stolen phone. Review of a payroll change form confirmed Housekeeper #1's termination on 6/27/25 related to “stealing resident property.” During an interview with Resident #1 on 9/3/25 at 9:20 AM, she stated that on 6/27/25 she spoke to her daughter on the phone around 11:30 AM. After lunch she dozed off, and upon waking her cell phone was missing. She stated she always kept it nearby in case her family called. She reported the loss to staff who used her iPad to locate it. She stated the police came and confirmed her phone was taken, and she was later informed the housekeeper was fired. Resident #1 stated, however, the facility did not replace her phone, and her daughter had to buy her a new one. Review of the “admission Record” revealed Resident #1 was admitted on [DATE]. Review of the Brief Interview for Mental Status (BIMS) dated 6/7/25 revealed a score of 15, indicating the resident was cognitively intact.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255307	A. Building B. Wing	09/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Golden Age Nursing Home	2901 Highway 82 East Greenwood, MS 38930

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interviews, record review, and facility policy review, the facility failed to ensure that allegations of abuse and misappropriation were reported immediately to the State Agency within required timeframes. This deficient practice was identified for two (2) of seven (7) residents reviewed for reporting of allegations (Residents #1 and #4). Findings include: Review of the facility policy titled, “Abuse, Neglect, Exploitation” (revised August 2018), revealed: “Response and Reporting of Abuse, Neglect, and Exploitation .13 .ensure all alleged violations involving abuse, neglect, are reported immediately, but no later than two (2) hours after the allegation is made if the events that cause the allegation involve abuse or result in bodily injury, and no later than 24 hours if the events do not involve abuse or bodily injury. Allegations involving licensed staff will be reported to the appropriate licensing authority.” Resident #1 – Misappropriation of PropertyDuring an interview with the Administrator (ADM) on 9/3/25 at 8:40AM regarding a facility-reported incident, she confirmed that on 6/27/25 Resident #1 reported her cell phone missing. Staff used the resident's iPad to track the phone, which pinged at the address of Housekeeper #1. She stated video footage showed Housekeeper #1 entering Resident #1's room at 1:27 PM, discarding the phone case, concealing the phone in her bra, and leaving the room. The Administrator confirmed police were notified the same day, Housekeeper #1 was terminated, and the housekeeper was later arrested. However, she acknowledged that the State Agency was not notified until 6/30/25, when the final report was submitted. She confirmed the allegation should have been reported immediately on 6/27/25 once misappropriation was substantiated. Record review of the “admission Record” revealed Resident #1 was admitted on [DATE] with a diagnosis of polyneuropathy. Record review of the Brief Interview for Mental Status (BIMS) dated 6/7/25 revealed a score of 15, indicating the resident was cognitively intact. Resident #4 – Alleged AbuseDuring an interview with the Director of Nursing (DON) on 9/2/25 at 2:47 PM regarding a facility-reported incident, she confirmed that an alleged incident of verbal/physical abuse occurred on 7/13/25 at approximately 6:00 PM involving Resident #4. She stated she was not notified until 7/14/25 when she found a note under her office door. She confirmed staff should have immediately reported the allegation to her or the ADM. She also confirmed she did not report the allegation to the State Agency until 7/14/25, after receiving the note. The DON further stated that the purpose of immediate reporting of all allegations of abuse or misappropriation is to ensure resident safety and allow for a timely investigation. Record review of a written statement provided by Licensed Practical Nurse (LPN) #1 revealed that on 7/13/25 a Certified Nursing Assistant (CNA) orientee #2 gave her a note regarding the allegation. She stated she handed the note to the House Supervisor, Registered Nurse (RN) #1, who instructed her to place it under the DON's door for the next morning. Record review of a written statement from RN #1 dated 7/15/25 confirmed she read the note and instructed LPN #1 to leave it under the DON's door. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255307	A. Building B. Wing	09/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Golden Age Nursing Home	2901 Highway 82 East Greenwood, MS 38930

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Record review of an in-service dated 7/14/25 revealed both LPN #1 and RN #1 attended training on immediately reporting allegations of abuse. The in-service emphasized: “Abuse must be reported to MSDH within two hours by Administration. … Remember to always report any suspicion of abuse and neglect immediately. … When in doubt, report it.” Record review of the “admission Record” revealed Resident #4 was admitted on [DATE] with a diagnosis of dementia, unspecified severity with agitation. Record review of the BIMS dated 5/9/25 revealed a score of 99, indicating the resident was rarely/never understood.