Mississippi State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **10/08/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF SOUTHAVEN	**1730 DORCHESTER DR , SOUTHAVEN, Mississippi, 38671**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
M0000	Initial Comments The State Agency (SA) conducted Complaint Investigations (CI) at the facility from 10/6/26 through 10/8/26, for CI MS #3040455, CI MS #3064010, CI MS #3072943, CI MS #3075312, CI MS #3094985, CI MS #3120204, CI MS #3193586, CI MS #3698424, and CI MS #3713969. During the survey, the SA determined that the facility was not in compliance with the Mississippi Minimum Standards for Institutions for the Aged or Infirm. The SA cited M500 for CI MS #3120204 and CI MS #3713969, related to the failure to treat residents with dignity and respect. No deficiencies were cited for CI MS #3040455, CI MS #3064010, CI MS #3072943, CI MS #3075312, CI MS #3094985, CI MS #3193586, and CI MS #3698424. At the time of the survey the census was 136, and the facility is licensed for 140 beds.	M0000		
M0500	45.17.2 Residents' Rights Residents' Rights. The residents' rights policies and procedures ensure that each resident admitted to the facility: 1. is fully informed, as evidenced by the resident's written acknowledgment, prior to or at the time of admission and during stay, of these rights and is given a statement of the facility's rules and regulations and an explanation of the resident's responsibility to obey all reasonable regulations of the facility and to respect the personal rights and private property of other residents; 2. is fully informed, and is given a written statement prior to or at time of admission and during stay, of services available in the facility, and of related charges including any charges for services covered by the facility's basic per diem rate; 3. is assured of adequate and appropriate medical care, is fully informed by a physician or nurse practitioner/physician assistant of his medical conditions unless medically contraindicated (as documented by a physician or nurse	M0500		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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M0500	Continued from page 1 practitioner/physician assistant in his medical record), is afforded the opportunity to participate in the planning of his medical treatment, to not be limited in his/her choice of a pharmacy or pharmacist provider in accordance with state law, as referenced in House Bill 1439, which states that the facility shall not limit a resident ' s choice of pharmacy or pharmacy provider if that provider meets the same standards of dispensing guidelines required of long term care facilities, to refuse to participate in experimental research, and to refuse medication and treatment after fully informed of and understanding the consequences of such action; 4. is transferred or discharged only for medical reasons, or for his welfare or that of other residents, or for nonpayment for his stay (except as prohibited by sources of third-party payment), and is given a two weeks advance notice in writing to ensure orderly transfer or discharge. A copy of this notice is maintained in his medical record; 5. is encouraged and assisted, throughout his period of stay, to exercise his rights as a resident and as a citizen, and to this end may voice grievances, has a right of action for damages or other relief for deprivations or infringements of his right to adequate and proper treatment and care established by an applicable statute, rule, regulation or contract, and to recommend changes in policies and services to facility staff and/or to outside representatives of his choice, free from restraint, interference, coercion, discrimination, or reprisal; 6. may manage his personal financial affairs, or is given at least a quarterly accounting of financial transactions made on his behalf should the facility accept his written delegation of this responsibility to the facility for any period of time in conformance with State law; 7. is free from mental and physical abuse; 8. is free from restraint except by order of a physician or nurse practitioner/physician assistant, or unless it is determined that the resident is a threat to himself or to others. Physical and chemical restraints shall be used for medical conditions that warrant the use of a restraint. Restraint is not to be used for discipline or staff convenience. The facility must have policies and procedures addressing the use and monitoring of restraint. A physician order	M0500		

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M0500	Continued from page 2 for restraint must be countersigned within 24 hours of the emergency application of the restraint; 9. is assured security in storing personal possessions and confidential treatment of his personal and medical records, and may approve or refuse their release to any individual outside the facility, except, in the case of his transfer to another health care institution, or as required by law of third-party payment contract; 10. is treated with consideration, respect, and full recognition of his dignity and individuality, including privacy in treatment and in care for his personal needs; 11. is not required to perform services for the facility that are not included for therapeutic purposes in his plan of care; 12. may associate and communicate privately with persons of his choice, may join with other residents or individuals within or outside of the facility to work for improvements in resident care, and send and receive his personal mail unopened, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 13. may meet with, and participate in activities of, social, religious and community groups at his discretion, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 14. may retain and use his personal clothing and possessions as space permits, unless to do so would infringe upon rights of other residents, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 15. if married, is assured privacy for visits by his/her spouse; if both are inpatients in the facility, they are permitted to share a room, unless medically contraindicated (as documented by the attending physician or nurse practitioner/physician assistant in the medical record); and	M0500		

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M0500	Continued from page 3 16. is assured of exercising his civil and religious liberties including the right to independent personal decisions and knowledge of available choice. The facility shall encourage and assist in the fullest exercise of these rights. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Level IIBased on resident interviews, staff interviews, record review, and facility policy review the facility failed to ensure residents were treated with dignity and respect when Certified Nursing Assistant (CNA) #1 prevented Resident #1 from participating in a scheduled smoking break by using a plastic box to block the resident from exiting the facility for one (1) of three (3) residents reviewed. Resident #1 Findings include: Record review of the facility policy, “Resident Rights and Quality of Life Policy," revealed, “Policy, it is the policy of [Proper Name of Facility] that all patients and residents have the right to a dignified existence, self-determination, and communication with access to people and services inside and outside the center...” An interview with Resident #1 on 10/7/26 at 9:30 AM, revealed that on 09/19/2026, during the evening shift, CNA #1 refused to allow her to participate in the scheduled smoking break. Resident #1 stated that CNA #1 used a plastic box containing residents' cigarettes to block her from exiting the facility out into the smoking area. Resident #1 stated that CNA #2 then assisted her outside to smoke. Resident #1 further stated that CNA #1 had told her that since she had not allowed her outside, she would not allow her back inside. Resident #1 stated that she did not feel she was treated with dignity and respect. On 10/7/26 at 9:45 AM, in an interview with Resident #2, it was revealed that CNA #1 had refused to allow Resident #1 outside for the smoking break and used the plastic cigarette box to block her from exiting. An interview on 10/7/26 at 10:00 AM, with Resident #3 revealed that CNA #1 blocked Resident #1 from going outside to smoke and another staff member had to assist her outside. An interview with CNA #1 on 10/7/26 at 12:30 PM, revealed that she used the plastic cigarette box to	M0500		

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M0500	Continued from page 4 prevent Resident #1 from exiting the facility to participate in the smoking break. CNA #1 stated that she felt threatened by Resident #1 because the resident had threatened to contact the Administrator. CNA #1 verified that the only threat that was made by Resident #1 was to contact the Administrator and she admitted that she did not treat Resident #1 with dignity and respect. A telephone interview on 10/7/26 at 12:45 PM, with CNA #2 revealed that Resident #1 approached her and reported that CNA #1 would not allow her outside to smoke. CNA #2 stated that she then assisted Resident #1 outside to participate in the smoking break. An interview on 10/8/26 at 11:00 AM, with the Administrator and Director of Nursing (DON) revealed that they acknowledged CNA #1 failed to treat Resident #1 with dignity and respect. Record review of the “Admission Record” revealed that the facility admitted Resident #1 on 2/16/26 with a diagnosis of Chronic Obstructive Pulmonary Disease (COPD). Record review of Resident #1’s Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 8/14/26 revealed a Brief Interview for Mental Status (BIMs) of 13, indicating full cognitive ability. Record review of the “Admission Record” revealed that the facility admitted Resident #2 on 3/22/22 with a diagnosis of Chronic Obstructive Pulmonary Disease. Record review of Resident #2’s MDS with an ARD of 8/7/26 revealed a BIMS of 15, indicating full cognitive ability. Record review of the “Admission Record” revealed that the facility admitted Resident #3 on 11/29/18 with a diagnosis of Chronic Obstructive Pulmonary Disease. Record review of Resident #3’s MDS with an ARD of 8/5/26 revealed a BIMS of 15, indicating full cognitive ability.	M0500		