STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255109	(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
F0000	INITIAL COMMENTS The State Agency (SA) conducted Complaint Investigations (CI) at the facility from10/6/26 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 Federal Requirements of Participation for Medicare and Medicaid. The SA cited F550 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.	F0000		
F0550 SS = D	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source.	F0550		

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 reverse for further 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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F0550 SS = D	Continued from page 1 §483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States. §483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility. §483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is NOT MET as evidenced by: Based 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.	F0550		

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F0550 SS = D	Continued from page 2 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 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	F0550		

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F0550 SS = D	Continued from page 3 Disease. Record review of Resident #3's MDS with an ARD of 8/5/26 revealed a BIMS of 15, indicating full cognitive ability.	F0550		