STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255119	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF AMORY	**1215 EARL FRYE DRIVE , AMORY, Mississippi, 38821**

(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 five (5) Complaint Investigations (CI MS #3175526, CI MS #3136729, CI MS #3155003, CI MS #3132343, and CI MS #3107157) at the facility on 10/13/2026 through 10/15/2026. CI MS #3175526 was investigated for no air conditioning, mold, and neglect. CI MS #3136729 was investigated for residents being clean and functioning of showers. CI MS #3155003 was investigated for meal assistance and incontinent care. CI MS #3132343 was investigated for abuse and improper discharge. CI MS #3107157 was investigated for abuse, medication administration, and no air conditioning. During the survey, the SA determined the facility was not in compliance with the requirements of participation in Medicare and Medicaid and F0677 was cited for CI MS #3155003 and CI MS #3136729 and F0584 was cited for CI MS #3175526. There were no citations related to CI MS #3132343 and CI MS #3107157. The facility held a license for 152 beds, with a census of 112.	F0000		
F0584 SS = D	Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7) §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk.	F0584		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255119	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF AMORY	**1215 EARL FRYE DRIVE , AMORY, Mississippi, 38821**

(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
F0584 SS = D	Continued from page 1 (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft. §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior; §483.10(i)(3) Clean bed and bath linens that are in good condition; §483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv); §483.10(i)(5) Adequate and comfortable lighting levels in all areas; §483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and §483.10(i)(7) For the maintenance of comfortable sound levels. This REQUIREMENT is NOT MET as evidenced by: Based on observations, staff interviews, record review and facility policy review, the facility failed to maintain a clean and sanitary environment for one (1) of two (2) dining rooms observed, as evidenced by a buildup of black substances on the ceiling and multiple air vents and heavy dust accumulation on an additional air vent in the C Hall dining room. Findings Include: Record review of facility policy titled “Resident Rights & Quality of Life Policy”, effective 3/13/2020, revealed “…The patient or resident has the right: ...To receive services in a center environment that is safe, clean, and comfortable...” Record review of the “Daily Work Routine” for C Hall, revised 2/10/2022, revealed “clean the dining room” as a daily task. During an observation on 10/13/2026 at 11:35 AM, a black mildew-like substance was observed on the ceiling above the window next to the exit door in the C Hall dining room. The substance consisted of	F0584		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255119	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF AMORY	**1215 EARL FRYE DRIVE , AMORY, Mississippi, 38821**

(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
F0584 SS = D	Continued from page 2 scattered black, circular spots of varying sizes, with some spots clustered together, covering an area approximately two (2) feet by three (3) feet. Water staining was also observed on the ceiling in the same area as the black substance. Further observation revealed a similar black mildew-like substance on and around three (3) of the air vents in the dining room where residents eat: one above the piano, one above the stove, and one above the refrigerator. The substance consisted of circular spots of varying sizes, with areas of clustered spots. At the air vent above the stove, the black substance extended below the vent and onto the underside of the upper portion of the wall that extended outward above the stove. Heavy dust accumulation was also observed on an air vent located in the ceiling near the center of the dining room where residents eat their meals. During a follow-up observation on 10/14/2026 at 10:15 AM, the black substance previously observed on the ceiling and three (3) air vents in the C Hall dining room remained present. During an observation and interview on 10/14/2026 at 11:15 AM, the Maintenance Supervisor stated there was no active water leak in the ceiling and that the water mark was staining from a previous leak that the facility had. He stated the stained area was on his list to be painted. At the time of the interview, the black substance previously observed on the ceiling had been cleaned; however, the water staining remained visible. The Maintenance Supervisor confirmed the presence of the black mildew-like substance on the air vents and stated he agreed that it looked like mold and that residents or family members who observed it could think it was mold. He stated the black substance was an accumulation of dust and moisture on the vents; however, he confirmed the substance had not been tested for mold. He stated housekeeping staff were responsible for cleaning the air vents. During the interview, the Maintenance Supervisor touched the black substance on the air vent above the stove and attempted to wipe it off; however, the substance did not wipe off. During an interview on 10/14/2026 at 11:27 AM, the Housekeeping Supervisor confirmed the presence of the black substance on the air vents. At the time of the interview, the black substance previously observed on the ceiling had been cleaned. The Housekeeping Supervisor stated the air vents were supposed to be cleaned at least weekly and as needed and that the C Hall housekeeper was responsible for cleaning them. She stated there was	F0584		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255119	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF AMORY	**1215 EARL FRYE DRIVE , AMORY, Mississippi, 38821**

(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
F0584 SS = D	Continued from page 3 no specific day assigned for cleaning the vents, stating, “Just whatever day that week she wants to do it.” She stated the regular C Hall housekeeper was unavailable during the survey due to being on vacation and that a as needed (PRN) housekeeper was working in her place. The Housekeeping Supervisor stated she was unaware of when the vents had last been cleaned and agreed they appeared not to have been cleaned in a while. She stated she tries to check behind the housekeepers to ensure cleaning is completed. She stated it was her expectation that cleaning be completed according to schedule and confirmed the vents should have been cleaned. During an interview and observation on 10/14/2026 at 11:43 AM, the Floor Technician stated that while walking toward the exit door in the C Hall dining room, he noticed the area on the ceiling and decided to clean it. He stated he also noticed the air vent above the piano but did not notice the vents above the stove or refrigerator. The Floor Technician stated he intended to clean the vent above the piano but became distracted while talking with a resident and did not complete the cleaning. He stated cleaning the air vents were not part of his normal responsibilities; however, he checked the vents approximately every two to three weeks. During the observation, the Floor Technician attempted to clean the air vent above the piano and was able to remove only some of the black substance. He was unable to remove the black substance from the wall surrounding the vent. During an interview and observation on 10/14/2026 at 1:46 AM, a Housekeeper #1 attempted to clean the air vent above the stove in the C Hall dining room but was unable to remove the black substance from the vent. The housekeeper stated he did not routinely work on C Hall; however, when assigned to C Hall, cleaning the dining room was included in his assigned duties. During an interview on 10/15/2026 at 2:18 PM, the Administrator stated it was her expectation that cleaning be completed according to schedule and as needed. She stated housekeeping staff should have cleaned the air vents and that residents should be provided with a clean environment and home. The Administrator stated that failure to properly clean the environment could expose residents to germs and place them at risk for infection.	F0584		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255119	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF AMORY	**1215 EARL FRYE DRIVE , AMORY, Mississippi, 38821**

(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
F0677 SS = D	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is NOT MET as evidenced by: Based on observations, resident and staff interviews, record review, and facility policy review, the facility failed to provide necessary activities of daily living (ADL) care for two (2) of five (5) residents reviewed, Resident #2 and Resident #5, as evidenced by failing to provide bathing, hair, and nail care for Resident #2 and failing to provide necessary meal setup assistance for Resident #5. Findings Include: Record review of facility policy titled “ADL’s” dated August/2021, revealed under, “Ensure ADL’s are provided in accordance with accepted standards of practice, the care plan, and reasonable accommodation of the resident’s choices and preferences...” Resident #2 Record review of Resident #2’s Care Plan, last revised 10/13/2026, revealed “Focus: Self-care deficit due to: Decreased functional abilities”. Dependent” on staff was marked for shower/bathing. It also revealed, “Nail, hair, and oral care daily and as needed.” Record review of Resident #2’s Admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 10/13/2026 revealed under Section GG, Resident #2 was coded “dependent” for shower/bathe self. During an interview and observation on 10/13/2026 at 2:20 PM, Resident #2 stated he was admitted to the facility on 10/6/2026 and received his first bath on Sunday, 10/11/2026. Observation revealed a dark brown substance underneath all of Resident #2’s fingernails and his beard was stained with food. Resident #2 stated he did not like his fingernails being dirty and would like to have his fingernails cleaned and he was unable to do it. During an observation on 10/13/2026 at 2:30 PM, staff entered Resident #2’s room to provide care. During a follow-up observation at 3:15 PM, the dark	F0677		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255119	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF AMORY	**1215 EARL FRYE DRIVE , AMORY, Mississippi, 38821**

(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
F0677 SS = D	Continued from page 5 brown substance remained underneath Resident #2's fingernails. Resident #2 stated staff had assisted him with changing his brief; however, his fingernails had not been cleaned. During an observation and interview on 10/14/2026 at 9:37 AM, Resident #2 was observed lying in bed. A dark brown substance remained underneath his fingernails and dried food in his beard. Resident #2 stated an evening-shift Certified Nursing Assistant (CNA) provided him with a bed bath the previous evening. Resident #2 stated the CNA told him she would return to clean his fingernails; however, she did not return, and his fingernails were not cleaned. During an observation and interview on 10/14/2026 at 9:46 AM, Registered Nurse (RN) #1 observed Resident #2's fingernails and confirmed a brown substance was present underneath his fingernails, stating, "They are dirty." RN #1 stated nail care should be provided with every bath and as needed. She confirmed Resident #2 was scheduled to receive baths every Tuesday, Thursday, and Saturday during the 3:00 PM to 11:00 PM shift and stated his fingernails should have been cleaned when his bath was provided yesterday. RN #1 further stated Resident #2 had not been noncompliant with care and had not refused any care. During an interview on 10/14/2026 at 10:07 AM, the Director of Nursing Services (DNS) stated it was her expectation that nail care be provided during showers/baths and as needed. She further stated that dirty fingernails are a risk for infection. During an interview on 10/14/2026 at 4:12 PM, CNA #1 confirmed she provided Resident #2 with a bed bath on 10/13/2026 but did not complete his nail care. CNA #1 stated she attempted to clean Resident #2's fingernails with a washcloth; however, the resident experienced discomfort. She stated she told Resident #2 she would locate appropriate supplies and return to clean his fingernails but became busy and forgot to return. CNA #1 also stated she did not wash Resident #2's hair during the bed bath because she did not have a basin available and acknowledged she should have asked for assistance locating one. CNA #1 confirmed nail care was part of providing a bath and stated that bacteria can be present under the fingernails, placing the resident at risk for infection. During an interview on 10/14/2026 at 5:14 PM, CNA #2 confirmed Resident #2 was scheduled to receive a bath on Saturday, 10/10/2026. CNA #2 stated she did not provide the scheduled bath and instead	F0677		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255119	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF AMORY	**1215 EARL FRYE DRIVE , AMORY, Mississippi, 38821**

(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
F0677 SS = D	Continued from page 6 provided a partial bed bath, which consisted of washing only Resident #2's perineal area and underarms. She confirmed she did not wash Resident #2's hair or the remainder of his body. CNA #2 further confirmed that on Sunday, 10/11/2026, she provided Resident #2 with a complete bed bath because his body odor was "so bad." She stated the bed bath consisted of washing Resident #5's face, body, perineal area, and lower extremities; however, she did not wash his hair or provide nail care. CNA #2 stated she normally used a basin to wash a resident's hair but did not use one for Resident #2. When asked why she did not obtain a basin to wash his hair, CNA #2 stated, "I just wasn't thinking." Record review of "Admission Record" revealed Resident #2 was admitted to facility on 10/6/2026 with a diagnosis of Hypo-Osmolality and Hyponatremia. Record review of MDS with an ARD of 10/13/2026 revealed under Section C, a Brief Interview for Mental Status (BIMS) summary score of 15, indicating Resident #2 was cognitively intact. Resident #5 Record review of MDS with an ARD of 9/25/2026 revealed under Section GG, Resident #5 was coded as needing "setup or clean-up assistance" for eating. During an interview on 10/13/2026 at 10:59 AM, Resident #5 stated that during the evening shift, CNA #3 often removes her meal tray before she has finished eating. Resident #5 stated that she requires frequent breaks while eating due to difficulty breathing and that CNA #3 removes her tray before she has had an opportunity to finish her meal. During an observation on 10/14/2026 at 5:45 PM, Resident #5 was lying in bed with the head of the bed elevated approximately 60 degrees. Resident #5 was leaning to her right side with her head resting against the side rail and her eyes closed. Her supper meal tray was observed sitting sideways on the overbed table and remained unopened. When Resident #5's name was spoken, she immediately opened her eyes. Resident #5 stated she was unaware that her supper meal had been delivered. During an interview on 10/14/2026 at 5:50 PM, CNA #3 confirmed he placed Resident #5's supper tray in her room. When asked about setting up Resident #5's meal tray, CNA #3 stated, "That's not my	F0677		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255119	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF AMORY	**1215 EARL FRYE DRIVE , AMORY, Mississippi, 38821**

(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
F0677 SS = D	Continued from page 7 resident." CNA #3 stated he placed the tray on Resident #5's overbed table, said, "Supper," and then walked out of the room. CNA #3 confirmed he did not attempt to reposition Resident #5, open or set up her meal tray, or ensure the meal and necessary items were within her reach. When asked about properly setting up a resident's meal tray, CNA #3 stated that if Resident #5's assigned CNA needed assistance positioning her, "then she will let me know." During an interview on 10/14/2026 at 5:56 PM, the DNS stated that properly setting up a resident's meal tray includes placing the tray on the overbed table within the resident's reach, opening and setting up the meal tray, assisting the resident as needed, and ensuring the resident is appropriately positioned to eat. The DNS stated it was her expectation that staff properly set up meal trays for all residents and not simply place the tray in the resident's room and walk out. Record review of "Admission Record" revealed Resident #5 was admitted on 12/28/2024 and had diagnoses of Hypertensive Heart Disease with Heart Failure and Chronic Obstructive Pulmonary Disease. Record review of MDS with an ARD of 9/25/2026 revealed under Section C, a BIMS summary score of 15, indicating Resident #5 was cognitively intact.	F0677		