

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255304	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/25/2025
NAME OF PROVIDER OR SUPPLIER The Nichols Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1308 Highway 51 North Madison, MS 39110	
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>Based on record review, staff and responsible party (RP) interview and facility policy review, the facility failed to ensure a resident was treated with dignity and respect for one (1) of four (4) residents reviewed for resident rights. Resident #1. Findings included:Record review of facility policy Resident Rights, dated 10/24/25, revealed Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with access to persons and services inside and outside the facility.Record review of the facility investigation dated 10/06/25, revealed Resident #1 reported on 10/3/25 at 2:00 AM, that he called for assistance and Certified Nursing Assistant (CNA) #1 told him to use his brief for his incontinence and that she would return to change him. The resident waited an hour and a half before CNA #1 returned. CNA #1 told the resident, You are in rehab and should be walking. CNA #1 was placed on investigative leave on 10/6/25 and terminated on 10/8/25.Record review of an additional facility investigation revealed that on 10/6/25, Resident #1's RP reported that on 10/5/25, CNA #2 had entered Resident #1's room to assist him to the bathroom and never spoke to him during the entire interaction. The RP reported CNA #2 threw the covers over the resident and threw the bed remote onto the bed. Resident #1 confirmed this and described CNA #2 as rude and nasty. CNA #2 was placed on investigative leave on 10/6/25 and terminated on 10/8/25. Interview with the Administrator on 11/24/25 at 2:02 PM verified CNA #1 and CNA #2 did not treat Resident #1 with dignity and respect.Interview with the Director of Nursing (DON) on 11/25/25 at 9:02 AM revealed the resident initially did not know the names of the CNAs involved. The DON reviewed video footage to obtain photos of the CNAs on duty, and the resident identified both CNAs.Telephone interview with Resident #1's RP on 11/24/25 at 4:25 PM revealed she was present and witnessed CNA #2 not speaking to the resident during care, throwing the covers over him, throwing the remote onto the bed, and slamming the door.Record review of the admission Record revealed that the facility admitted Resident #1 on 9/23/25 with diagnosis of Difficulty in Walking.Record review Brief Interview for Mental Status (BIMS) Evaluation dated, 9/23/25 revealed a BIMS score of 14, which indicated Resident #1 is cognitively intact.</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
---	-------	-----------