STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255305	A. BUILDING _____ B. WING _____	05/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVER PLACE NURSING CENTER	1126 EARL FRYE BOULEVARD, SOUTH AMORY, MS 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
F 000	INITIAL COMMENTS The State Agency (SA) conducted an annual re-certification survey at the facility from 05/28/24 through 05/30/24. During the survey, the SA determined that the facility was not in compliance with Medicare and Medicaid requirements for participation and cited a regulatory deficiency at F585. Census at the time of survey was 55 and the facility had beds for 60 residents.	F 000		
F 585 SS=D	Grievances CFR(s): 483.10(j)(1)-(4) §483.10(j) Grievances. §483.10(j)(1) The resident has the right to voice grievances to the facility or other agency or entity that hears grievances without discrimination or reprisal and without fear of discrimination or reprisal. Such grievances include those with respect to care and treatment which has been furnished as well as that which has not been furnished, the behavior of staff and of other residents, and other concerns regarding their LTC facility stay. §483.10(j)(2) The resident has the right to and the facility must make prompt efforts by the facility to resolve grievances the resident may have, in accordance with this paragraph. §483.10(j)(3) The facility must make information on how to file a grievance or complaint available to the resident. §483.10(j)(4) The facility must establish a grievance policy to ensure the prompt resolution of all grievances regarding the residents' rights	F 585		7/7/24

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

Electronically Signed | 06/12/2024

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F 585	Continued From page 1	F 585		

contained in this paragraph. Upon request, the provider must give a copy of the grievance policy to the resident. The grievance policy must include:
(i) Notifying resident individually or through postings in prominent locations throughout the facility of the right to file grievances orally (meaning spoken) or in writing; the right to file grievances anonymously; the contact information of the grievance official with whom a grievance can be filed, that is, his or her name, business address (mailing and email) and business phone number; a reasonable expected time frame for completing the review of the grievance; the right to obtain a written decision regarding his or her grievance; and the contact information of independent entities with whom grievances may be filed, that is, the pertinent State agency, Quality Improvement Organization, State Survey Agency and State Long-Term Care Ombudsman program or protection and advocacy system;
(ii) Identifying a Grievance Official who is responsible for overseeing the grievance process, receiving and tracking grievances through to their conclusions; leading any necessary investigations by the facility; maintaining the confidentiality of all information associated with grievances, for example, the identity of the resident for those grievances submitted anonymously, issuing written grievance decisions to the resident; and coordinating with state and federal agencies as necessary in light of specific allegations;
(iii) As necessary, taking immediate action to prevent further potential violations of any resident right while the alleged violation is being investigated;
(iv) Consistent with §483.12(c)(1), immediately reporting all alleged violations involving neglect,

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F 585	Continued From page 2 abuse, including injuries of unknown source, and/or misappropriation of resident property, by anyone furnishing services on behalf of the provider, to the administrator of the provider; and as required by State law; (v) Ensuring that all written grievance decisions include the date the grievance was received, a summary statement of the resident's grievance, the steps taken to investigate the grievance, a summary of the pertinent findings or conclusions regarding the resident's concerns(s), a statement as to whether the grievance was confirmed or not confirmed, any corrective action taken or to be taken by the facility as a result of the grievance, and the date the written decision was issued; (vi) Taking appropriate corrective action in accordance with State law if the alleged violation of the residents' rights is confirmed by the facility or if an outside entity having jurisdiction, such as the State Survey Agency, Quality Improvement Organization, or local law enforcement agency confirms a violation for any of these residents' rights within its area of responsibility; and (vii) Maintaining evidence demonstrating the result of all grievances for a period of no less than 3 years from the issuance of the grievance decision. This REQUIREMENT is not met as evidenced by: Based on resident and staff interviews, record review, and facility policy review the facility failed to document a summary of the resident's repeated grievances regarding showers and any corrective actions and follow-up for the grievances for one (1) of 14 sampled residents. Resident #39. Findings include:	F 585	Grievance was written for resident # 39on 5-28-2024 by the Social Services Director. The facility determined that all residents in the facility have the potential to be affected by this alleged deficient practice. An in-service for all staff was conducted beginning 5-28-2024 by Staff development and the Administrator on the Grievance process and who the	

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F 585	Continued From page 3 Review of the facility policy titled, "Resident and Family Grievances", with a review date of 2/3/2023 revealed, "Prompt efforts to resolve include facility acknowledgment of a complaint/grievance and actively working toward resolution of that complaint/grievance. D ...The Grievance official will take steps to resolve the grievance, and record information about the grievance, and those actions, on the grievance form." An interview on 5/28/24 at 10:35 AM, Resident #39 revealed he is supposed to get his showers on Tuesday, Thursday, and Saturday but is lucky if he gets a shower two times a week. He revealed, "I didn't get one this past Saturday and usually don't get them if Certified Nurse Aide (CNA) #3 is not here. CNA#3 is the shower aide but misses a lot because of her sick child. I've been telling the Social Services Director/Grievance Officer and Registered Nurse (RN) #2 but nobody has come to discuss this with me. I complain about it all the time to everyone, they know it's a problem." An interview on 5/29/24 at 12:45 PM, Resident #39 revealed, that he has talked with the Administrator (ADM) and the Social Worker/Grievance Officer multiple times about not getting his showers as scheduled. During an interview on 5/29/24 at 2:10 PM, RN #1 revealed she developed a sign-off sheet for showers and confirmed through review of the documented sign-off sheets that Resident #39 did not always get his three showers a week. During an interview on 5/29/24 at 3:15 PM, CNA #1 and CNA #2 both confirmed Resident #39 had	F 585	Grievance officer is. The administrator conducted an Inservice with the Social Services director on the Grievance process on 5-28-2024. Registered Nurse will review the shower log for Resident #39 to ensure that resident #39 receives showers three times per week beginning 5 -28 -2024 for three months. Beginning June 1st, 2024, the previous months Grievances will be reviewed monthly by the administrator and sent to the corporate nurse for 6 months. Beginning June 14th, 2024, Grievance records will be reviewed by the Risk Management /Quality Assurance Committee for 6 months. Social Services director will interview resident #39 weekly beginning 6-14-2024 for three months to identify any issues or grievances that have occurred. Audit results will be shared with the Resident Council for comment and suggestion.	

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F 585	Continued From page 4	F 585		

complained about not getting his showers in the past. CNA #1 and CNA #2 confirmed if Resident #39 told you he didn't get a shower Saturday or was only getting showers two times a week then he was being truthful with you and stated, "He shoots it straight."

In an interview on 5/29/24 at 3:20 PM, the Social Services Director revealed she is also the Grievance
Officer and revealed Resident #39 has voiced not getting showers many times. She confirmed that she did not fill out a formal grievance form and therefore it was not followed up on and validated therefore was no resolution to his grievance.

During an interview on 5/29/24 at 3:30 PM, RN #2 stated, "I don't think there's a soul in this building that Resident #39 hasn't told about not getting his showers."

An interview on 5/29/24 at 4:05 PM, the Director of Nurses (DON) revealed she was unaware that Resident #39 was making specific complaints about his showers and confirmed if he was specifically complaining to staff about his lack of showers then he should have had a grievance filled out so his concerns could have been appropriately addressed and followed up on.

During an interview on 5/29/24 at 4:25 PM, the Administrator revealed she was aware of the bathing concerns with Resident #39 and confirmed that it was not properly addressed through the grievance process and that there was no resolution or follow-up done for the complaint for Resident #39.

Record review of the "Face Sheet" revealed

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F 585	Continued From page 5 Resident #39 was admitted to the facility on 11/02/22 with diagnoses that included Encephalopathy, Disorder of the skin and subcutaneous tissue, and Dementia. Record Review of Resident #39's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 5/21/24 revealed under "Section C" a Brief Interview for Mental Status (BIMS) score of 15, which indicated the resident is cognitively intact.	F 585		