STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255217	A. BUILDING _____ B. WING _____	C 07/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVER HEIGHTS HEALTHCARE CENTER	402 ARNOLD AVENUE GREENVILLE, MS 38701

(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 Complaint Investigations (CI) at the facility from 7/15/24 through 7/16/24. CI MS# 25759 and CI MS# 25802 were investigated for failure to prevent resident to resident sexual abuse. During the survey, the SA determined that the facility was not in compliance with the requirements of participation in Medicare and Medicaid Services and cited F600 for CI MS# 25759 and CI MS# 25802. CI MS# 25830 was investigated related to staff to resident physical abuse and no deficiencies were cited for CI MS# 25830. The census at the time of the survey was 53 with a bed capacity of 60 beds.	F 000		
F 600 SS=D	Free from Abuse and Neglect CFR(s): 483.12(a)(1) §483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. §483.12(a) The facility must- §483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; This REQUIREMENT is not met as evidenced by: Based on staff and resident interview, record review and facility policy review the facility failed	F 600	1. On July 6, 2024, Resident #4 reported to the Charge Nurse that he saw Resident	8/15/24

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

Electronically Signed | 07/26/2024

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F 600	Continued From page 1 to prevent resident to resident sexual abuse for two (2) of five (5) residents reviewed for sexual abuse. Resident # 1 and Resident #3. Findings include: Record review of the facility policy, titled "Abuse Prevention Program" dated November 2010, revealed "Policy Statement: Our residents have the right to be free from abuse...1. Our facility is committed to protecting our residents from abuse by anyone including ...other residents ..." Record review of the facility investigation titled "Checklist for Follow-Up to Incidents Requiring Investigation" dated 7/10/24 regarding an allegation of sexual abuse involving Resident #1 and Resident #2 revealed that on 7/6/24 at 7:16 PM, Resident #4 reported that he saw Resident #1 touching Resident #2's breast under her shirt. He stated that he told him to stop and went out to smoke. Resident #4 stated upon his return Resident #1 was touching Resident #2 on her breast again, so he went to the nurses' station and reported it to the nurse. The investigation revealed upon interview Resident #1 admitted that he was touching Resident #2 because he felt like he could. Interview with Resident #4 on 7/15/24 at 2:30 PM, revealed on 7/6/24 around 7:00 PM, he was in the dining room and saw Resident #1 touching Resident #2's breast under her shirt. He stated he told Resident #1 to stop and then went out to smoke. Resident #4 stated when he came back in Resident #1 was touching Resident #2's breast again and he went and told the nurse. Record review of the facility investigation titled	F 600	#1 touching Resident #2's breast under her shirt in the facility's dining room. The Charge Nurse removed Resident #2 from the facility's dining room. Resident #2 was assessed by the Charge Nurse on July 6, 2024 with no negative findings. Resident #1 was placed on 1:1 monitoring. On July 8, 2024 cognitive residents were interviewed by Social Services. Results indicated that Resident #3 reported sexually inappropriate behavior by Resident #1. On June 24, 2024 the Maintenance Assistant witnessed Resident #1 "feel on" Resident #3 outside on the facility's patio. The Maintenance Assistant removed Resident #3 from the facility's patio. The Maintenance Assistant reported the incident to Social Services. Resident #3 did not sustain an injury due to this deficient practice. 2. All residents have the potential to be affected by this deficient practice. 3. On July 8, 2024 100% of cognitive impaired residents were assessed by the Director of Nursing. Results revealed no negative findings. On July 8, 2024 the Administrator conducted an in-service on the facility's abuse and neglect policy. On July 15, 2024 the Administrator conducted an additional in-service on the facility's abuse and neglect policy. All staff in-serviced prior to working their shift. On July 15, 2024, the Director of Nursing conducted a 100% audit on the incident reports to ensure incidents are reported timely. No further allegations were found.	

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F 600	Continued From page 2 "Checklist for Follow-Up to Incidents Requiring Investigation" dated 7/12/24, regarding an allegation of sexual abuse involving Resident #1 and Resident #3 revealed on 6/24/24 at 3:45 PM, while outside on the smoking patio, the Maintenance staff witnessed Resident #1 "feeling on" Resident #3. The Maintenance staff and Resident #3 both told Resident #1 to stop. The Maintenance staff took Resident #3 inside to the nurses' station and Resident #1 came by and touched her again. The Maintenance man then reported the incident to Social Services. Upon facility interview on 7/11/24, Resident #3 stated on 6/24/24 Resident #1 touched her breast, and she did not want him to touch her. Upon facility interview on 7/11/24, Resident #1 denied knowledge of the incident and stated that he did not know Resident #3. Record review of "Statement of Witness-Confidential" revealed Social Services provided a witness statement to the Administrator dated 7/11/24, which indicated on 6/24/24 Maintenance staff notified her that Resident #1 touched #3 while outside on the patio and again at the nurses' station. Interview with the Maintenance staff on 7/15/24 at 2:00 PM, revealed on 6/24/24 at 3:45 PM, he had taken residents out to the smoking patio to smoke, and he saw Resident #1 touch Resident #3's breast. He stated that he could not leave the residents unsupervised so as soon as the resident cigarette break was over, he took Resident #3 inside to the nurses' station and Resident #1 touched her again. The Maintenance staff stated Social Services was there, so he reported the incident to her.	F 600	On July 15, 2024 the facility's abuse and neglect procedural policy review was conducted by the Quality Assurance Committee which consist of the Administrator, Director of Nursing, Social Services, Medical Director, and Nurse Supervisor. The findings revealed no policy changes. 4. Beginning on July 16, 2024 the Administrator initiated quality rounds 5 times a week for 8 weeks to observe for any resident exhibiting inappropriate sexual behaviors. Any concerns were corrected. Beginning on July 16, 2024 the Director of Nursing initiated monitoring weekly times 8 weeks of the rounds audit. The Director of Nursing will observe the incident log weekly for 8 weeks to ensure incidents are reported timely and addressed. The Director of Nursing will present findings to the Quality Assurance meeting on August 8, 2024 and for the next 3 months for review or until issue is resolved. The Administrator forwarded the results of the monitoring to the monthly Quality Assurance Committee. Starting on August 8, 2024, the Administrator will present results of the audit to the Quality Assurance Committee monthly times 3 for review and further recommendations.	

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F 600	Continued From page 3	F 600		

Record review of a handwritten statement signed by Resident #1 dated 7/8/24 revealed " I (Proper name of Resident #1) was in the dining room and yes I touch (Proper name of Resident #2) because I felt like I could touch her."

Interview with Resident #1 on 7/15/24 at 3:40 PM, he stated that he knew Resident #2 and Resident #3. He confirmed he had touched both residents on the breasts without their permission. Resident #1 stated he touched them "because he wanted to."

During a telephone interview with Social Services on 7/15/24 at 5:30 PM, revealed on 6/24/24 around 4:00 PM Maintenance staff notified her Resident #1 was "feeling up" Resident #2 in the smoking area. She confirmed there was no documentation she had notified the Administrator or Director of Nursing.

Interview with the Administrator on 7/16/24 at 8:00 AM, confirmed she was not notified of the incident that occurred on 6/24/24 between Resident #1 and Resident #3 at the time it occurred. She stated she did not receive any information regarding the incident until 7/11/24 when she received a witness statement from Social Services regarding the incident.

Record review of the "Face Sheet" for Resident #1 revealed he was admitted on 6/13/24 to the facility with diagnoses that included Essential Hypertension.

Record review of the admission Minimum Data Set Assessment (MDS) with an Assessment Reference Date (ARD) of 6/20/24 for Resident #1 revealed a Brief Interview for Mental Status

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F 600	Continued From page 4	F 600		

(BIMS) score of 15, indicating the resident is cognitively intact.

Record review of the "Face Sheet" for Resident #2 revealed she was admitted on 8/2/22 to the facility with diagnoses that included Dementia.

Record review of the annual MDS with an ARD of 6/24/24 for Resident #2 revealed a BIMS score of 3, indicating the resident is severely cognitively impaired.

Record review of the "Face Sheet" for Resident #3 revealed she was admitted on 7/18/23 to the facility with diagnoses that included Schizophrenia.

Record review of the Optional State Assessment (OSA) MDS with and ARD of 7/1/24 for Resident #3 revealed a BIMS score of 15, indicating the resident is cognitively intact.

Record review of the "Face Sheet" for Resident #4 revealed he was admitted on 6/23/22 to the facility with diagnoses that included Chronic Obstructive Pulmonary Disease.

Record review of the annual MDS with and ARD of 5/21/24 for Resident #4 revealed a BIMS score of 15, indicating the resident is cognitively intact.