STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	55PR	A. BUILDING: _____ B. WING _____	02/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PEARL RIVER CO NURSING HOME	305 WEST MOODY STREET POPLARVILLE, MS 39470

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M 000	Initial Comments The State Agency (SA) conducted an annual recertification and three (3) complaint investigations (CIs), MS #25105, CI MS #27402, and CI MS #27528, at the facility, from 2/24/25 through 2/27/25. CI MS #25105 was investigated for Administration/Personnel, CI MS #27402 for resident assessment after change in condition, neglect, and quality of life, and CI MS #27528 for injury of unknown surgery and resident safety. There were no citations related to the CIs. During the recertification survey, the SA determined the facility was not in compliance with the Minimum Standards for Institutions for the Aged or Infirm, state licensure requirements and cited M500 and M815.	M 000		
M 500	45.17.2 Residents' Rights Residents' Rights. The residents' rights policies and procedures ensure that each resident admitted to the facility: 1. is fully informed, as evidenced by the resident's written acknowledgment, prior to or at the time of admission and during stay, of these rights and is given a statement of the facility's rules and regulations and an explanation of the resident's responsibility to obey all reasonable regulations of the facility and to respect the personal rights and private property of other residents; 2. is fully informed, and is given a written statement prior to or at time of admission and during stay, of services available in the facility, and of related charges including any charges for services covered by the facility's basic per diem rate; 3. is assured of adequate and appropriate	M 500		4/11/25

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M 500	Continued From page 1 medical care, is fully informed by a physician or nurse practitioner/physician assistant of his medical conditions unless medically contraindicated (as documented by a physician or nurse practitioner/physician assistant in his medical record), is afforded the opportunity to participate in the planning of his medical treatment, to not be limited in his/her choice of a pharmacy or pharmacist provider in accordance with state law, as referenced in House Bill 1439, which states that the facility shall not limit a resident ' s choice of pharmacy or pharmacy provider if that provider meets the same standards of dispensing guidelines required of long term care facilities, to refuse to participate in experimental research, and to refuse medication and treatment after fully informed of and understanding the consequences of such action; 4. is transferred or discharged only for medical reasons, or for his welfare or that of other residents, or for nonpayment for his stay (except as prohibited by sources of third-party payment), and is given a two weeks advance notice in writing to ensure orderly transfer or discharge. A copy of this notice is maintained in his medical record; 5. is encouraged and assisted, throughout his period of stay, to exercise his rights as a resident and as a citizen, and to this end may voice grievances, has a right of action for damages or other relief for deprivations or infringements of his right to adequate and proper treatment and care established by an applicable statute, rule, regulation or contract, and to recommend changes in policies and services to facility staff and/or to outside representatives of his choice, free from restraint, interference, coercion,	M 500		

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M 500	Continued From page 2 discrimination, or reprisal; 6. may manage his personal financial affairs, or is given at least a quarterly accounting of financial transactions made on his behalf should the facility accept his written delegation of this responsibility to the facility for any period of time in conformance with State law; 7. is free from mental and physical abuse; 8. is free from restraint except by order of a physician or nurse practitioner/physician assistant, or unless it is determined that the resident is a threat to himself or to others. Physical and chemical restraints shall be used for medical conditions that warrant the use of a restraint. Restraint is not to be used for discipline or staff convenience. The facility must have policies and procedures addressing the use and monitoring of restraint. A physician order for restraint must be countersigned within 24 hours of the emergency application of the restraint; 9. is assured security in storing personal possessions and confidential treatment of his personal and medical records, and may approve or refuse their release to any individual outside the facility, except, in the case of his transfer to another health care institution, or as required by law of third-party payment contract; 10. is treated with consideration, respect, and full recognition of his dignity and individuality, including privacy in treatment and in care for his personal needs; 11. is not required to perform services for the facility that are not included for therapeutic purposes in his plan of care;	M 500		

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M 500	Continued From page 3 12. may associate and communicate privately with persons of his choice, may join with other residents or individuals within or outside of the facility to work for improvements in resident care, and send and receive his personal mail unopened, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 13. may meet with, and participate in activities of, social, religious and community groups at his discretion, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 14. may retain and use his personal clothing and possessions as space permits, unless to do so would infringe upon rights of other residents, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 15. if married, is assured privacy for visits by his/her spouse; if both are inpatients in the facility, they are permitted to share a room, unless medically contraindicated (as documented by the attending physician or nurse practitioner/physician assistant in the medical record); and 16. is assured of exercising his civil and religious liberties including the right to independent personal decisions and knowledge of available choice. The facility shall encourage and assist in the fullest exercise of these rights. This Statute is not met as evidenced by: Level II	M 500	M500	

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M 500	Continued From page 4 Based on observation,interviews, facility policy review and record review, the facility failed to ensure residents had access to a call light while in bed for Resident #1 and Resident #12 and failed to ensure a homelike environment for Resident #74 for three (3) of 18 sampled residents. Findings include: A review of the facility's policy, "Call Light, Use Of", revised on 05/22/2012, revealed: "...position the call light conveniently for the resident to use... Be sure all call lights are placed on the bed at all times, never on the floor or bedside stand..." A review of the facility's Resident Rights revealed "The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside ...the facility." Resident #1 On 02/24/2025 at 03:49 PM, an observation of Resident #1 revealed the resident calling for help from his room. The resident's call light was observed to be draped over the call light box located on the wall. The resident was observed to have an amputated leg. The resident stated he was unable to get out of bed to reach the call light from the call light box on the wall. The resident stated the call light was normally on his bed. On 02/24/2025 at 03:50 PM, an interview with Certified Nursing Assistant (CNA) #1 acknowledged the call light was draped over the call light box and was out of the resident's reach. CNA#1 noted that residents' call lights should	M 500	1. Call lights were immediately placed back within reach of the resident for Residents #1 and #12 on February 24, 2025. Clips were added to the call lights for Residents #1 and #12 to help them remain within reach at all times. Education was conducted by the Education Nurse Licensed Practical Nurse (LPN), with the Certified Nursing Assistants assigned to Residents #1 and #12 on the importance of call lights remaining within reach on February 25, 2025. Resident number 74's room was immediately deep cleaned on February 25, 2025, and the stained privacy curtain was removed and replaced. 2. All residents of the facility have the potential to be affected by the deficient practices. 3. Education was provided to all staff by the Education Nurse LPN beginning on March 18, 2025 on the importance of call lights remaining within reach. Education was provided to Environmental Services Staff to include cleaning of walls, bed frames, and privacy curtains - by the Environmental Services Director on February 27, 2025 and March 19, 2025. An audit was performed facility-wide on all privacy curtains on March 20, 2025 by the Regional Environment Services Director. Education was provided to direct care staff by the Education Nurse LPN on removing soiled linens, and the tidiness of rooms and expectations on March 20, 2025. 4. Each hall Nurse shall monitor 2 call	

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M 500	Continued From page 5 always be accessible for their safety and stated "everyone is responsible for making sure residents have their call lights within reach." A record review of the facility's "Admission Record" revealed the facility admitted Resident #1 on 07/16/2021, with diagnoses including Acquired Absence of Left Leg Below the Knee. A record review of the annual Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 02/07/2025 revealed Resident #1 had a Brief Interview for Mental Status (BIMS) score of 15, indicating the resident was cognitively intact. Resident #12 On 02/24/2025 at 03:45 PM, observed Resident #12 calling out for help while in her room. The resident stated she was not able to use her call light because she could not see it. The resident explained that she "cannot see very well." The resident's call light was observed on the floor under the head of her bed. The resident stated the call light is usually located on her bed within reach. On 02/24/2025 at 03:47 PM, an interview with Licensed Practical Nurse (LPN) #1, Charge Nurse, acknowledged that Resident #12's call light was out of reach and on the floor. LPN #1 noted that not only CNAs but floor nurses as well should assist in making checks to ensure residents' call lights are within reach. LPN #1 stated her expectation would be that residents' call lights should be within reach at all times. A record review of the Admission Record revealed that the facility admitted Resident #12 on 10/31/2024, with diagnoses including	M 500	lights on a weekly basis on his or her respective hall for 4 weeks beginning March 24, 2025; then monthly for 3 months thereafter. Findings will be brought forth to the Quality Assurance (QA) Committee for analysis and compliance for four months, beginning April 9, 2025. Monitoring by the Infection Preventionist Registered Nurse (RN) will be completed on 5 rooms from Station 1 and Station 2, once per week for 4 weeks beginning on March 24, 2025; then monthly for 3 months thereafter. Findings will be brought forth to the Quality Assurance (QA) Committee for analysis and compliance for four months, beginning on April 9, 2025.	

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M 500	Continued From page 6 Unspecified Visual Loss. A record review of the quarterly MDS with an ARD of 12/20/2024 revealed Resident #12 had a BIMS score of 06, indicating severe cognitive decline. On 02/26/2025 at 01:50 PM, an interview with the Director of Nursing (DON) acknowledged that the call lights for Residents #1 and #12 were out of reach. The DON stated that call lights should always be within reach for every resident. She further stated that the entire nursing staff is responsible for ensuring residents have access to their call lights. The DON emphasized the importance of residents being able to access their call lights to call for assistance and stated the facility's expectation is that all call lights should be clipped to the bed and within reach. The DON noted that she plans to conduct rounds to ensure residents' call lights remain within reach. On 02/27/2025 at 02:13 PM, an interview with the Administrator acknowledged that the call lights for Residents #1 and #12 were out of reach. The Administrator emphasized the importance of residents having call lights within reach so they can call for help. The Administrator stated that he expects nursing staff to assist residents by ensuring their call lights remain accessible at all times. CLEAN HOMELIKE ENVIRONMENT A record review of the "Resident Rights", in Section H revealed "...1. The facility must provide a safe, clean, comfortable, and homelike environment...2. Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior..."	M 500		

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M 500	Continued From page 7 record review of the "Seven-Step Deep Cleaning", revised 2/04/14 revealed that cleaning steps include: "Disinfecting all surfaces... disinfecting all furniture... inspection of room..." On 02/25/2025 at 02:41 PM, an observation of Resident #74 in bed revealed the bed frame, walls, curtains, and bed rails were stained. Resident #74's room had an odor. The resident stated that his room is cleaned daily. On 02/25/2025 at 02:45 PM, an interview with Certified Nurse Aide (CNA) #3 revealed that Environmental Services is responsible for keeping rooms clean, including wiping walls and bed frames. On 02/25/2025 at 02:50 PM, an interview with Environmental Services (EVS) Worker #1 revealed that staff clean rooms daily. Routine cleaning includes dusting furniture, cleaning the bathroom, taking out the trash, and wiping off bed frames when dirt and debris are visible. On 02/26/2025 at 08:42 AM, a phone interview with the EVS Manager revealed that resident rooms receive detailed cleaning three (3) times per week. Detailed cleaning includes walls cleaned, bed frames wiped off, mattresses wiped (if wipeable), furniture dusted, trash removed, bathrooms cleaned, and bed rails sanitized. The EVS Manager stated that deep or detailed cleaning can occur when residents are out of the room. On 02/26/2025 at 08:48 AM, an observation revealed Resident #74 was in bed. The bed frame, walls, curtains, and bed rails remained stained.	M 500		

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M 500	Continued From page 8 On 02/26/2025 at 09:10 AM, an observation of Resident #74's room was made by the State Agency and the EVS Manager. This observation revealed a stained bed frame, walls, curtains, and bed rails. The EVS Manager acknowledged the brown stains on the bed frame, curtains, walls, and bed rails. The EVS Manager stated that she would contact laundering services to remove the curtains and clean them. On 02/27/2025 at 08:14 AM, a phone interview with the EVS Manager revealed that her expectation of EVS staff is to clean rooms according to policy. She stated that nursing staff should inform EVS staff when a resident's room is not clean or needs a deeper cleaning. The EVS Manager acknowledged the stains on the walls, bed rails, bed frame, and curtains and stated that she believed the stains were dried food on the walls, bed frame, curtains, and bed rails. On 02/27/2025 at 01:33 PM, an interview with the Director of Nursing (DON) revealed that EVS staff are expected to clean resident rooms daily. The DON stated that if CNAs observe stains on residents' walls, bed frames, or bed rails, they should clean them between EVS daily cleanings.	M 500		
M 815	45.29.1 Safe Food Handling Procedures Safe Food Handling Procedures. Food shall be prepared, held, and served according to current Mississippi State Department of Health Food Code Regulations. This Statute is not met as evidenced by: Level II	M 815	M815	4/11/25

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M 815	Continued From page 9 Based on observation, interviews, record review and facility policy review, the facility failed to label and date food items in the refrigerator, freezer, and dry good rooms for one (1) of four (4) observations. Findings included: A review of the facility's "Food Preparation" policy", undated, revealed, "...Discard foods that are not date marked ..., TCS (Time/Temperature Control for Safety) foods that was opened or prepared seven (7) days prior..." A review of the facility's "Labeling" policy", undated, revealed "...Ensure all food items are labeled. Be especially cautious to label all food items that are not kept in their original containers ... Ready -to-Eat TCS food ..." On 02/24/25 at 09:45 AM, during an observation and interview with the Dietary Manager (DM), there was (1) clear plastic bag of boiled eggs unlabeled without a used by or prepared date. In the freezer, there was an unlabeled box of assorted mini cheesecakes, (1) one bag of hushpuppies opened, without product opened date. During tour of dry goods room, there was an opened, exposed, an unlabeled box of graham cracker crumbs, and two (2) sweet potatoes that shows deterioration. The DM acknowledged and confirmed the unlabeled items in the refrigerator, freezer, and dry goods room. On 2/27/25 at 2:56 PM, in an interview with the Administrator, confirmed he was had been informed of the findings in the kitchen.	M 815	1. Unlabeled food and spoiled dry goods were immediately disposed of upon discovery of non-compliance by Dietary Staff on February 24, 2025. 2. Each resident who eats meals within the facility has the potential to be affected. 3. Education was provided to dietary staff by the Dietary Manager on proper storage and labeling of food on February 27, 2025. 4. Daily inspection of food storage areas will be completed by the Dietary Manager, daily for 4 weeks beginning on March 24, 2025, weekly by the Administrator for 4 weeks beginning March 24, 2025, and monthly for three months by the Administrator and Dietary Manager thereafter. Findings will be brought forth to the Quality Assurance (QA) Committee for analysis and compliance for five months, beginning April 9, 2025.	