MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	76AA	A. BUILDING: _____ B. WING _____	C 06/05/2025

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) COMPLETE DATE
M 000	Initial Comments The State Agency (SA) conducted an Annual Recertification Survey and a Complaint Investigation (CI MS #28032, 28486, 28842 and 29061)) at the facility from 6/3//25 through 6/5//25. During the survey, the SA determined the facility was not in compliance with the requirements of Minimum Standards for Institutions for the Aged or Infirm and cited deficiencies at M610, M640, M655, M1010 and M1570. The SA found the facility not to be in compliance with CI MS #28032 regarding sexual abuse and cited MS500. The SA found the facility to be in compliance regarding CI MS#28486, #29061 and #28842. The facility had a census of 57 at the time of survey and was licensed for 60 beds.	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;	M 500		7/3/25

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M 500	Continued From page 1 3. is assured of adequate and appropriate 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	M 500		

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M 500	Continued From page 2 and/or to outside representatives of his choice, free from restraint, interference, coercion, 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	M 500		

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M 500	Continued From page 3 purposes in his plan of care; 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.	M 500		

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M 500	Continued From page 4 This Statute is not met as evidenced by: Level II Based on observation, staff interviews, record review,facility investigation review and facility policy review, the facility failed to: 1) honor a resident's and/or resident representative's right to be fully informed and participate in treatment decisions prior to the initiation of an antipsychotic medication (Resident #31); 2) protect the right to be free from sexual abuse (Resident #49); and 3) to be treated with dignity as evidenced by a failure to cover a urinary catheter drainage device (Resident #55) for four (4) of 40 sampled residents. Findings include: Review of the facility policy titled "Psychotropic Medication Use" with a revision date of 2/2025 revealed under, "Informed consent or refusal: 1. Prior to initiating the use of, increasing the dose of, or switching to a different psychotropic medication, the staff and physician will review the following with the resident/representative prior to obtaining documented consent or refusal: ... b. the indications and rationale for the recommendation; c. the potential risk and benefits (including possible side effects, adverse consequences, and the black box warning); and d. the resident's/representative's right to accept or decline the treatment." Record review of Resident #31's "Psych Progress Note" dated 11/8/24 revealed, "Facility request visit due to recent combative behavior. Staff report that a resident is displaying combative	M 500	1. On June 04, 2025 when discovered Resident #55 did not have a dignity bag, a dignity bag was immediately provided to Resident #55 by the Director of Nursing to cover his urinary bag and tubing. On June 05, 2025 Resident #31 was provided a consent form related to the use of psycho-trophic medication use risk and benefits. On February 20, 2025, Certified Nursing Assistant (CNA) witnessed Resident #52 with his hand underneath Resident #49 blouse rubbing her breasts in the facility's day room. Both residents were separated by the Certified Nursing Assistant staff (CNA). Resident #49 were assessed for injuries by the Charge Nurse on February 20, 2025 with no negative findings. Resident #52 was placed on 1:1 monitoring. On February 20, 2025 cognitive residents were interviewed by Social Services. Results from interviews revealed no negative findings. Resident #49 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 June 05, 2025 the Director of Nursing provided an in-service to all Certified Nursing Assistant (CNA) staff on the facility's "Dignity" policy to ensure resident's rights to dignity is being honored. A 100 percent audit on all residents with catheters was performed by the Director of Nursing on June 05,2025. One (1) of Three (3) residents was noted not having a genitourinary drainage bag.	

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M 500	Continued From page 5 behaviors ... Resident is often noted to be reaching for things or pulling at blankets and fidgety often. However, staff reported that the resident has now become combative with staff. Behaviors have been monitored for approximately 1 week and seem to be worsening." Additionally reveled under, "Recommendations: Initiate Rexulti 0.5 mg (milligram) q (every) pm (evening)" for a diagnosis of Alzheimer's disease. Record review of Resident #31's "Progress Notes" dated 11/08/24 revealed, "Psych (psychiatric) NP (nurse practitioner) gave recommendation for Rexulti. The proper name of RR (resident representative) called to make her aware of the new order. Explained med (medication) is for Alzheimer's and also treats agitation. The proper name of RR said she believed the agitation was related to her not being able to visit lately." There was no documentation that the representative was informed of the risk and benefits of the antipsychotic medication Rexulti, nor that alternative treatments were discussed or that informed consent was obtained. During an interview on 6/4/25 at 2:24 PM, the Director of Nursing (DON) confirmed that staff contacted the resident representative of Resident #31 to inform her of the new medication. However, the representative was not informed of alternative treatment options, potential risks and benefits, or provided the opportunity to consent or refuse treatment. The DON acknowledged the representative should have received this information to make an informed decision. Record review of the "Admission Record" revealed the facility admitted Resident #31 on 10/15/21 with diagnoses that included Dysphagia following Cerebral Infarction and Alzheimer's	M 500	The resident was provided a dignity bag on June 05, 2025. On June 05, 2025 an in-service was provided by the Corporate Nurse Educator to the Director of Nursing on the facility's "Pharmacy Overview" policy. On June 05, 2025 the Director of Nursing provided an in-service to all nursing staff on the facility's "Pharmacy Overview" policy. A 100% audit was performed by the Corporate Nurse Educator on all residents receiving anti-psychotic medication to ensure consent forms were provided. Findings were submitted to the Director of Nursing on June 05, 2025. The Director of Nursing in return provided the resident's Responsible Representative (RR) consent forms relating to the use of psycho-trophic medications use risks and benefits. On February 20, 2025 an in-service was initiated and completed by the Administrator on the facility's "Abuse and Neglect" policy. All staff in-serviced prior to working their shift. On June 05, the Director of Nursing conducted a 100% audit on the incident reports to monitor sexual inappropriate behavior between residents. No further allegations were found. 4. Beginning on June 05,2025, the Assistant Director of Nursing and/or the Lead Certified Nursing Assistant (CNA) will monitor all residents with catheters (three) 3 times a week for (twelve) 12 weeks to ensure residents requiring a catheter has a dignity bag is in place. Beginning on June 05, 2025 the Director of Nursing will make rounds three (3) times a week for (twelve) 12 results to	

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M 500	Continued From page 6 Disease. Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 2/17/25 revealed under section C, a Brief Interview for Mental Status (BIMS) summary score was not conducted because Resident #31 was rarely/never understood. Abuse Record review of the facility policy, titled "Abuse Prevention Program", revealed "Policy Statement: Our residents have the right to be free from abuse, neglect, misappropriation of resident property, corporal punishment and involuntary seclusion." Resident #49 Record review of the facility investigation titled "Report of Investigation" dated 2/24/25, regarding an allegation of sexual abuse involving Resident #52 and Resident #49 revealed that on 2/20/2025 at approximately 5:10 AM Certified Nurse Assistant (CNA) witnessed Resident #52 with his hand underneath Resident #49's blouse rubbing her breasts in the day room. The residents were separated, and Resident #52 was placed on one-on-one monitoring. Resident #49 was assessed and found to have no injuries. Record review of "Fact Finding Witness Interview-Confidential", dated 2/20/25 revealed that during interview with Social Services Resident #52 denied rubbing Resident #49's breasts, stating that she was trying to stand up and her breast fell out and he was trying to cover it.	M 500	ensure each resident has a dignity bag in place. Beginning on June 05, 2025 the Assistant Director of Nursing and/or Medical records will review medication orders daily to ensure residents with new orders that are anti-psychotic medications have consent forms explaining risks and benefits (three) 3 times a week for (twelve) 12 weeks. Any concerns will be immediately addressed by the Director of Nursing. Beginning on June 06, 2025, the Administrator and the Director of Nursing initiated facility rounds (three) 3 times a week for twelve (12) weeks to observe for any resident exhibiting inappropriate sexual behaviors. Any concerns will be corrected. Beginning on June 06, 2025, the Director of Nursing initiated monitoring weekly times (twelve) 12 weeks of the rounds audit. The Director of Nursing will observe the incident log weekly for (twelve)12 weeks to ensure incidents are reported timely and addressed. Result of findings will be reported to the Quality Assurance Committee meeting held on July 01, 2025, then monthly times (three) 3 months for review and further recommendations.	

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M 500	Continued From page 7 Record review of "Fact Finding Witness Interview-Confidential", dated 2/20/25 revealed that during interview with Social Services Resident #49 indicated that she was touched by Resident #52. In an attempted interview with Resident #49 on 6/3/25 at 8:18 AM she did not respond. In an attempted interview with Resident #52 on 6/3/25 at 8:21 AM, he stated "get the hell out". Interview with the DON on 6/3/25 at 11:00 AM, she confirmed that the facility investigation confirmed that Resident #52 was witnessed by a staff member rubbing Resident 49's breast and agreed that this action constituted abuse. Telephone interview with CNA #3 on 6/3/24 at 4:54 PM she stated on 2/20/25 around 5:10 AM she was making rounds and went to the day room area and saw Resident #52 with his right hand through the sleeve of Resident 49's shirt rubbing her breasts. She stated that she separated the residents and notified the nurse. She stated that Resident #52 has a history of inappropriately touching staff but has not touched a resident before. Record review of the "Admission Record" revealed the facility admitted Resident #49 on 12/26/23 with a diagnosis of Diffuse Traumatic Brain Injury and Cognitive Communication Deficit. Record review of the MDS with and ARD of 12/19/24 for Resident #49 revealed a BIMS score of 11, indicating the resident is moderately cognitively impaired. Record review of the "Admission Record"	M 500		

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M 500	Continued From page 8	M 500		

revealed the facility admitted Resident #52 on 7/26/24 with diagnoses including Traumatic Hemorrhage of Cerebrum.

Record review of the MDS with an ARD of 1/23/25 for Resident #52 revealed a BIMS score of 11, indicating the resident is moderately cognitively impaired.

Urinary Catheter

A review of the facility policy, "Dignity" with a revision date of February 2021, revealed " ...12. Demeaning practices and standards of care that compromise dignity are prohibited. Staff are expected to promote dignity and assist residents; for example: ... a. helping the resident to keep urinary catheter bags covered ..."

An observation on 06/03/25 at 7:49 AM, and again at 9:08 AM, revealed Resident #55 lying in his bed in his room. A urinary catheter bag containing 200 milliliters of yellow urine was hanging on his bed and visible from the hall, with no privacy bag in place.

During an interview on 6/04/25 at 10:05 AM with Certified Nurse Aide (CNA) #4 and CNA #6, CNA #4 revealed that all urinary catheters are supposed to be kept inside a privacy bag, so the resident's urine is not visible to anyone else; it's a dignity issue. CNA #6 (lead CNA) revealed that the catheter is always supposed to be kept inside the privacy bag and confirmed that the urinary catheter bag was uncovered the previous morning, stating, "We are doing much better today, looking at that."

In an interview on 6/4/2025 at 2:42 PM, the Director of Nurses (DON) revealed that it is our

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M 500	Continued From page 9 expectation that if a resident has a urinary catheter, it should be placed inside a privacy bag so that the urinary contents are not visible to anyone else. She revealed that if it were not inside a privacy bag, then it would be a dignity issue. Record review of Resident #55's "Admission Record" revealed the facility admitted the resident on 4/15/2025 with medical diagnoses that included Multiple Sclerosis, and Neuromuscular dysfunction of the Bladder. Record review of Resident #55's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 4/21/25 under Section C revealed a Brief Interview for Mental Status (BIMS) score of 12 which indicated that the resident had moderate cognitive impairment.	M 500		