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
	56PH	A. BUILDING: _____ B. WING _____	05/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PERRY COUNTY NURSING CENTER	202 BAY AVENUE WEST RICHTON, MS 39476

(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 Complaint Investigation (CI), MS #28866 at the facility from 05/05/25 through 05/08/25. The SA investigated MS #28866 for quality of care/treatment related to resident safety during transfers using a mechanical lift and there were no citations related to the CI. During the survey, the SA determined the facility was not in compliance with the Minimum Standards for Institutions for the Aged or Infirm, state licensure requirement and cited M500 and M955.	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 medical care, is fully informed by a physician or nurse practitioner/physician assistant of his medical conditions unless medically	M 500		5/30/25

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M 500	Continued From page 1 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, discrimination, or reprisal; 6. may manage his personal financial affairs, or is	M 500		

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M 500	Continued From page 2	M 500		

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;

12. may associate and communicate privately with persons of his choice, may join with other residents or individuals within or outside of the

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M 500	Continued From page 3 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 Based on observations, interviews, record reviews, and facility policy review, the facility failed to ensure residents' rights were honored in	M 500	*Resident #25, #33, #2, #51, #5, #10,#41, #31, #16, #11, and #20 were assessed by Director of Nursing on 5/8/2025 with no adverse findings noted. Smoke break	

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M 500	Continued From page 4 the areas of daily preferences, personal routines, and dietary choices for 12 of 57 residents. Specifically, the facility failed to: (1) honor a resident's expressed food preference and offer a menu alternative (Resident #30); and (2) support residents' rights to make choices about their routines, including bathing schedules (Resident Council attendees: Residents #33, #2, #51, #5, #10, #41, #31, #16, #11, and #20) and participation in scheduled outdoor smoking breaks (Resident #25). Findings included: A review of the facility's policy, "Resident Environment," dated 9/15, revealed, "It is the policy of this facility to provide a safe, clean, comfortable, and homelike environment... A review of the facility's policy, "Resident's Rights Policy," dated of 3/24 revealed, "Every resident in this facility has the right to ...22. Use tobacco in accordance with applicable policies, rules, and laws..." A review of the facility's policy, "Dignity and Respect," dated 7/22 revealed, "A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life recognizing each resident's individuality. This facility shall protect and promote the rights of the resident. 1. Facility staff shall display respect when ...caring for ...residents, as constant affirmation of their individuality and dignity as human beings. 2. Each resident of the facility has the right to a dignified existence. 3. All residents should have autonomy of choice ...4. Schedules of daily activities allow flexibility for residents to	M 500	times and bathing schedules were reviewed and updated by Director of Nursing on 5/8/2025. *All residents who use tobacco products and receive baths has the potential to be affected by this practice. *The facilities staff was inserviced on 5/8/2025 by the facilities Staff Development Nurse and Director of Nursing on "Resident's Rights" including assuring resident #25 is assisted to smoke breaks and and privacy with bathing. Residents were interviewed to determine bathing preferences and documented by bath team. The facility Medical Director reviewed the policy with no recommended changes to the policy on 5/8/2025. The facility Quality Assessment and Assurance Committee met on 5/8/2025 to review the plan of correction for F tag 550. *Beginning 5/12/2025 the facility Administrator will monitor smoke break times and bathing schedules three times a week for four weeks and then weekly for two months. The Director of Nursing will ensure privacy during bathing and will monitor three times weekly and then weekly for four weeks to ensure curtains are drawn and only relevant staff present to ensure ongoing compliance with F tag 550 and will report to the QA & A Committee for three months. The first QA & A meeting will be held on May 30, 2025.	

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M 500	Continued From page 5 exercise choice about what they will do and when they will do it. Resident's individual preferences regarding such things as ... activities, friendships ... will be elicited and respected by the facility, and efforts will be made to accommodate these wishes...5. Residents will be ...treated in a manner that maintains bodily privacy. A closed door and/or drawn cubicle curtain should be utilized to maximize the privacy of each resident while rendering care ..." A review of the facility's policy, "Bathing" dated 01/24 revealed, Purpose To ensure resident comfort and dignity ...Processes Inquire with the resident concerning bathing preferences, (e.g., time of day, type of bathing, shower, bed bath, etc.). Offer the resident choice in their bathing routine ..." Food Preference (Resident #30) A review of the facility's policy, "Alternate Food for Food Preferences," dated 5/2018 revealed, "Substitutes of similar nutritive value are offered to residents who refuse food served ... 7. The nursing assistant, on observing that a resident is refusing a food, offers the alternate food to the resident ..." On 5/5/25 at 11:04 AM, during an interview and observation, Resident #30 explained that he did not eat chicken, but the facility continued to serve it to him. He reported he had informed Certified Nurse Aides (CNAs), but his food tray continued to include chicken. In an interview and observation on 5/5/25 at 11:54 AM, Resident #30 was observed from the hallway sitting upright in a chair in his room as CNA #1 brought in his tray. The meal consisted of chicken	M 500	*Resident #30 was assessed by Director of Nursing on 5/8/2025 with no adverse findings noted. Resident #30 likes and dislikes were reviewed and updated by Dietary Manager on 5/8/2025. Medical records and Dietary Manager performed audit to ensure that likes/dislikes are correct on meal tickets. *All residents receiving meals from the facilities kitchen has the potential to be affected by this practice. *The facilities Dietary Department was in-serviced on Dietary Services including Reading tray cards and preparing plates correctly, reading likes/dislikes, and offering alternate meals at all three meals daily. On 5/8/2025 by the facilities dietary manager. The facility Medical Director reviewed the policy Dietary Services with no recommended changes to the policy on 5/8/2025. The facility Quality Assessment and Assurance Committee met on 5/8/2025 to review the plan of correction for F tag 561. *Beginning 5/12/2025 the Director of Nursing will perform Joint Meal Service Review two times weekly for four weeks and then weekly for 2 months to ensure resident satisfaction with all meals. The nurse on duty in dining room will monitor and document trays against meal ticket to ensure ongoing compliance with F tag 561 and will report to the QA & A Committee for three months. The first QA & A meeting will be held on May 30, 2025.	

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and dumplings, fried okra, and a roll. The resident told CNA #1 that he did not eat chicken however, CNA #1 did not offer an alternate meal and placed the tray on the bedside table before entering the hallway. The State Agency (SA) asked CNA #1 what the resident had for lunch and CNA #1 and SA returned to the resident's room. The resident again stated he did not eat chicken. CNA #1 stated she was unsure what was on the menu as the alternate meal for the day.

On 5/6/25 at 1:47 PM, during an interview with the Dietary Manager, she revealed she had been made aware of Resident #30's food preference on 5/2/25 but had forgotten to input the information into the meal ticket system. She explained that residents are typically asked about food preferences upon admission. She reported that the resident's dislike for chicken was now added to his meal ticket and that CNA #1 had notified her of the issue.

A record review of the "Admission Record" revealed the facility admitted Resident #30 on 4/10/25 with diagnoses including Fracture of Shaft of Humerus, Left Arm.

A record review of the Comprehensive Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 4/17/25 revealed Resident #30 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated he was cognitively intact.

Smoking (Resident #25)

A record review of the "Care Plan Item/Task Listing Report" dated 5/2/25 revealed a total of eighteen (18) residents that smoke, including

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M 500	Continued From page 7 Resident #25. On 5/5/25 at 12:13 PM, during an observation and interview, Resident #25 was observed up in her wheelchair in her room. She explained that she had been at the facility for a couple of years and typically went out to smoke a couple of times a day. She stated she had smoked for most of her life. Other residents were observed heading out to the designated smoking area, but Resident #25 remained in her room. On 5/5/25 at 12:30 PM, during an observation, Resident #25 remained in her room watching television, while other residents were observed returning from the smoking area. On 5/5/25 at 12:45 PM, during an observation and interview, no residents or staff were observed outdoors at the smoking area. Certified Nurse Aide (CNA) #2 explained that the smoke break had been changed to 12:00 or 12:30 PM and had already occurred. She stated that housekeeping was responsible for taking residents out for the morning and noon breaks. She confirmed that Resident #25 still smoked but would sometimes forget to go, and if the staff remembered, they would take her; otherwise, it was overlooked. She confirmed she did not take Resident #25 out to smoke that day. On 5/6/25 at 12:40 PM, during an observation and interview, Resident #25 was sitting in her room watching television and stated she had not been out to smoke that day and that no one had come to get her or inform her of the smoking times. On 5/6/25 at 1:00 PM, during an interview with CNA #3, she explained that she tries to get Resident #25 for smoke breaks if she is in her	M 500		

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room. She reported that the resident had still been in the dining room during the smoke break and confirmed she did not take her out that day.

On 5/6/25 at 1:25 PM, during an interview with Licensed Practical Nurse (LPN) #1, she explained that Resident #25 is very forgetful and does not always remember to go out to smoke. She did not know if the resident had gone out that day. She reported that staff sometimes reminded her and assisted her outdoors but acknowledged this did not happen every day. She explained the facility typically has four smoke breaks per day and that the mid-day break had been changed from 1:00 PM to either 12:00 or 12:30 PM. She stated that housekeeping staff took the residents out, but they did not retrieve them individually; rather, the residents would line up in the hallway after lunch.

On 05/08/25 at 09:00 AM, during an interview, Resident #25 reported she has not been outside to smoke today.

On 05/08/25 at 10:50 AM, during an interview with Housekeeping/Maintenance #1, he reported he did smoke break this morning for the residents and confirmed that Resident #25 was not at the smoke break this morning.

On 5/8/25 at 2:00 PM, during an interview with the Director of Nursing (DON), she confirmed that Resident #25 was a smoker and was not being reminded daily or consistently assisted out for smoke breaks. She stated she expected staff to honor the residents' right and ensure that cognitively impaired residents are informed of and assisted with smoking times.

On 5/8/25 at 2:20 PM, during an interview with the Administrator, she confirmed that Resident

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#25 was a smoker and often forgot about smoke breaks. She stated that the resident's family occasionally came to take her out to smoke but was unaware that staff were not informing or assisting the resident. She confirmed there were no posted smoke break times in the facility and stated she expected staff to assist cognitively impaired residents with smoking if they wished to do so.

A record review of the "Admission Record" revealed the facility admitted Resident #25 on 3/10/23 with current diagnoses including Alzheimer's Disease.

A record review of Resident #25's "Quarterly Minimum Data Set (MDS)" with an Assessment Reference Date (ARD) of 3/10/25 revealed she had a Brief Interview for Mental Status (BIMS) score of 6, which indicated her cognition was severely impaired.

Bathing (Resident Council Attendees: Res #33, #2, #51, #5, #10, #41, #31, #16, #11, and #20)

A record review of the resident council minutes dated April 2025 revealed the residents complained about the bath schedules, not knowing when they are scheduled.

On 05/05/25 at 3:00 PM, during a meeting with the Resident Council, ten (10) residents were present, each with a Brief Interview for Mental Status (BIMS) score averaging 14, indicating cognitively intact status. The residents expressed multiple concerns regarding shower practices. Several residents reported they were not informed in advance of their scheduled shower days and were frequently awakened as early as 5:00 AM for bathing. While some residents

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preferred early showers, others stated they would rather bathe in the afternoon but were told that if they did not shower between 5:00 AM and 1:00 PM, they would not receive a shower that day. Residents also raised concerns regarding a lack of privacy in the shower room. They reported being bathed simultaneously with another resident-one in the whirlpool and one in the shower stall-without the privacy curtain being drawn. After their showers, residents stated they were pulled into the middle of the shower room floor to be dried off and dressed, exposing their bodies to the other resident. Additionally, staff were entering and exiting the shower room and conversing with the bathing staff, often leaving the door open and privacy curtain unpulled, resulting in potential exposure to the hallway.

On 05/06/25 at 11:43 AM, during an interview with Certified Nursing Assistant (CNA) #1, she stated she serves as the designated shower aide and is scheduled to work Monday through Friday from 5:00 AM to 1:00 PM. She added that she occasionally works on the floor during weekends when the facility is short-staffed. CNA #1 explained that resident showers are routinely provided between 5:00 AM and 1:00 PM, Monday through Saturday, and are not scheduled during the afternoon or evening. She acknowledged that some residents have voiced complaints about receiving showers so early in the morning but stated that all showers are scheduled during that time frame because that is when staff are available. CNA #1 also stated that because the residents were the same sex she didn't think it was a problem for them to take showers at the same time.

On 05/06/25 at 12:05 PM, during an interview with Certified Nursing Assistant (CNA) #2, she

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M 500	Continued From page 11 stated she serves as a shower aide and is scheduled to work Monday through Friday from 5:00 AM to 1:00 PM. CNA #2 explained the resident shower schedule: residents on B Hall and the right side of D Hall receive showers on Monday, Wednesday, and Friday, while residents on C Hall and the left side of D Hall are scheduled for Tuesday, Thursday, and Saturday. She further explained that residents with scheduled physician appointments or dialysis are prioritized to receive showers first, typically between 5:00 AM and 6:00 AM. CNA #2 stated that shower services pause during breakfast and lunch hours so that shower aides can assist with meal service. She confirmed that showers are not provided after 1:00 PM daily and that showering residents of the same sex in the shower room at the same time was not a problem and that the shower room does not have a lot of space. During an interview on 05/08/25 at 3:00 PM, the Administrator stated she had recently returned from maternity leave and had been back at the facility for approximately one (1) month. She explained she was not aware of any resident complaints regarding the shower schedule or process. The Administrator stated she would collaborate with the Director of Nursing (DON) to assess each resident's shower preferences and ensure they are being accommodated.	M 500		
M 955	45.33.1 Water Supply Water Supply. 1. If at all possible, all water shall be obtained from a public water supply. If not possible to obtain water from a public water supply source, the private water supply shall meet the approval	M 955		5/30/25

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M 955	Continued From page 12 of the local county health department and/or the Mississippi State Department of Health. 2. Water under pressure sufficient to operate fixtures at the highest point during maximum demand periods shall be provided. Water under pressure of at least fifteen (15) pounds per square inch shall be piped to all sinks, toilets, lavatories, tubs, showers, and other fixtures requiring water. 3. It is recommended that the water supply into the facility can be obtained from two (2) separate water lines if possible. 4. A dual hot water supply shall be provided. The temperature of hot water to lavatories and bathing facilities shall not exceed one hundred fifteen (115) degrees Fahrenheit, nor shall hot water be less than one hundred (100) degrees Fahrenheit. 5. Each facility shall have a written agreement for an alternate source of potable water in the event of a disruption of the normal water supply. This Statute is not met as evidenced by: Level II Widespread Based on observation, interviews, record review, and facility policy review, the facility failed to ensure the residents' right to a safe, clean, comfortable, and homelike environment by not maintaining appropriate and comfortable water temperatures in resident rooms on three (3) of three (3) resident halls, affecting all 57 residents residing in the facility. Findings included:	M 955	*Residents #21, #56, #12, #29, #42, and #22 were assessed on May 8, 2025 with no adverse findings noted. On May 13, 2025, a licensed plumbing company conducted an inspection of the facility's hot water system in response to concerns about fluctuating water temperatures. The inspection revealed a faulty circulating pump and a malfunctioning check valve. Immediate steps were taken to order replacement parts and schedule repair work. Temporary measures starting 5/12/2025, will include offering to take	

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	56PH	A. BUILDING: _____ B. WING _____	05/08/2025

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M 955	Continued From page 13 A review of the facility's policy, "Resident Environment," dated 9/15, revealed, "It is the policy of this facility to provide a safe, clean, comfortable, and homelike environment..." Resident #21 On 5/5/25 at 11:53 AM, during an observation, the hot water in Resident #21's bathroom reached a lukewarm temperature after a few minutes but never became hot. On 5/6/25 at 1:00 PM, during an interview with Resident #21, he explained the hot water in his bathroom never gets hot and he must wash his face with cold water every day. He stated he had told everyone about the issue, but nothing had been done. He added that even after running the water for a long time, it would only get warm. A record review of Resident #21's "Admission Record" revealed the facility admitted the resident on 4/10/2024 with current diagnoses including Vascular Dementia. A record review of the "5-Day Assessment Minimum Data Set (MDS)" with an Assessment Reference Date (ARD) of 4/2/25 revealed Resident #21 had a Brief Interview for Mental Status (BIMS) score of 13, which indicated the resident was cognitively intact. Resident #56 On 5/5/25 at 12:00 PM, during an observation, the hot water in the bathroom of Resident #56's room only became warm after three (3) minutes and never reached a hot, comfortable temperature.	M 955	pitchers of hot water to their rooms for hand washing and increased manual monitoring of water temperatures three times weekly for four weeks were implemented to ensure resident safety in the interim. *All residents have the potential to be affected by this deficient practice. *The facilities maintenance supervisor was inserviced on 5/8/2025 by the facilities Administrator in regards to fluctuating water temperatures and increased manual monitoring of water temperatures. The facility Medical Director reviewed the policy "Resident Environment" with no recommended changes to the policy on 5/8/2025. The facility Quality Assessment and Assurance Committee met on 5/8/2025 to review the plan of correction for F tag 584. *All corrective actions, including full replacement of the faulty pump and check valve, are scheduled to be completed by May 30, 2025. Beginning May 12,2025, the facility Administrator will monitor facility water temperatures on hallways three times weekly for four weeks and then weekly for two months to ensure ongoing compliance with F tag 584 and will report to the QA & A Committee for three months. The first QA & A meeting will be held on May 30, 2025 to review monitoring.	

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M 955	Continued From page 14 A record review of Resident #56's "Admission Record" revealed the facility admitted the resident on 1/30/25 with the diagnoses including Hemiplegia and Hemiparesis. A record review of Resident #56's Admission MDS with an ARD of 2/6/25 revealed a BIMS score of 15, which indicated the resident was cognitively intact. Resident #12 On 5/5/25 at 12:05 PM, during an observation and interview with Resident #12 she reported the bathroom water has never been hot and only gets lukewarm. The State Agency (SA) observed the hot water running in the bathroom for over two (2) minutes, and the water never got hot. A record review of Resident #12's "Admission Record" revealed the facility admitted the resident on 12/6/21 with current diagnoses including Type 2 Diabetes Mellitus. A record review of Resident #12's "Comprehensive MDS" with an ARD of 3/10/25 revealed a BIMS score of 15, which indicated the resident was cognitively intact. On 5/5/25 at 12:13 PM, during an observation of the hall (Rooms 213-224), the hot water in both sinks and showers throughout the hall was lukewarm. Residents #29 and #42 On 5/5/25 at 12:20 PM, during an interview with Residents #29 and #42, both residents reported the water in their rooms had been lukewarm for a	M 955		

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M 955	Continued From page 15 long time. They stated they had reported the issue to nursing and maintenance staff, but no action had been taken. A record review of Resident #29's "Admission Record" revealed the facility admitted the resident on 9/5/24 with current diagnoses including Atrial Fibrillation. A record review of Resident #29's Quarterly MDS with an ARD of 4/1/25 revealed a BIMS score of 11, indicating the resident's cognition was moderately impaired. A record review of Resident #42's "Admission Record" revealed the resident was admitted on 9/30/24 with current diagnoses including Parkinson's Disease. A record review of Resident #42's Quarterly MDS with an ARD of 3/17/25 revealed a BIMS score of 11, which indicated the resident's cognition was moderately impaired. On 5/5/25 at 1:00 PM, during an observation of the visitor bathroom in the center of the building, the hot water did not become hot after running for over two (2) minutes. On 5/5/25 at 3:00 PM, during a Resident Council meeting, council members stated they had complained multiple times about the lack of hot water in their bathrooms and showers to Administration, Activities, and Maintenance, but no corrective actions had been taken. Resident #22 On 5/6/25 at 12:20 PM, during an observation of Rooms 201-209, the SA allowed the hot water to	M 955		

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M 955	Continued From page 16	M 955		

run for one (1) minute in each bathroom sink, and the water remained lukewarm. During an interview with Resident #22, he confirmed the hot water in the sink only gets warm after one (1) to two (2) minutes but never gets hot.

A record review of Resident #22's "Admission Record" revealed the facility admitted the resident on 8/8/17 with current diagnoses including Pulmonary Hypertension.

A record review of Resident #22's "Quarterly MDS" with an ARD of 4/23/25 revealed a BIMS score of 15, which indicated the resident was cognitively intact.

On 5/6/25 at 12:27 PM, during an observation, Room 201's hot water remained lukewarm after running for one (1) minute.

On 5/6/25 at 1:15 PM, during an interview with Certified Nurse Aide (CNA) #4, he confirmed that the hot water in resident rooms had not been hot in several months and that upper management had been notified multiple times without resolution.

On 5/6/25 at 1:30 PM, during an interview with Licensed Practical Nurse (LPN) #2, she stated residents across all halls had complained about the hot water in their rooms not getting hot. She confirmed the water in the shower rooms does get hot, but not in the residents' rooms.

On 5/6/25 at 2:35 PM, during an interview with CNA #5, she stated she had been at the facility since February 2025 and the water in resident rooms had never gotten hot. She explained that the issue had been reported to the Administrator and other members of management without

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M 955	Continued From page 17 resolution. She stated that residents had consistently complained and that staff are supposed to wash their hands with warm, soapy water-but the water never gets hot. On 5/7/25 at 3:05 PM, during an interview and observation of water temperature checks with Housekeeping/Maintenance #2, he stated that hot water temperatures are checked once a week, usually on Tuesdays. He confirmed residents had complained for months. He reported that during his last recorded check in December 2024, no improvements had been made. He stated the highest temperature he had observed was around 110 degrees Fahrenheit (F) after letting water run for ten (10) minutes. He provided the following temperature readings: Room 207 was 70°F and reached 90°F after two (2) minutes; Room 218 was 90°F and remained there after two (2) and three (3) minutes; Room 223 was 70°F and reached only 72°F after three (3) minutes; and Room 229 was 76°F with low pressure and reached 90°F after three (3) minutes. On 5/8/25 at 3:30 PM, during an interview with the Administrator, she confirmed she was aware of the hot water problems in resident rooms. She explained the facility had consulted several water companies and was told the facility needed a new boiler system or additional tankless hot water heaters. She confirmed that recommendation had been made in December 2024, but no decisions or corrective actions had been implemented.	M 955		