Mississippi State Department of Health

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING<br>B. WING | (X3) DATE SURVEY COMPLETED<br>**10/02/2025** |
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| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| **PERRY COUNTY NURSING CENTER** | **202 BAY AVENUE WEST P O BOX 1620, RICHTON, Mississippi, 39476** |

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| M0000 | Initial Comments<br><br>The State Agency (SA) conducted Complaint Investigations (CIs), MS #2627153, MS #2589164, and MS #481683, at the facility on from 10/1/25 through 10/2/25. MS #2627153 was investigated for neglect and misappropriation related to medications and MS # 2589164 was investigated related to Administration/Personnel and there were no citations related to those complaints. MS #481683 was investigated related to accidents and M500 and M610 were cited. 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 M655. | M0000 | | |
| M0500 | 45.17.2 Residents' Rights<br><br>Residents' Rights. The residents' rights policies and procedures ensure that each resident admitted to the facility:<br><br>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;<br><br>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;<br><br>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 | M0500 | | |



| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| M0500 | Continued from page 1<br>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;<br><br>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;<br><br>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;<br><br>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;<br><br>7. is free from mental and physical abuse;<br><br>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 | M0500 | | |

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| M0500 | Continued from page 2<br>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;<br><br>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;<br><br>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;<br><br>11. is not required to perform services for the facility that are not included for therapeutic purposes in his plan of care;<br><br>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);<br><br>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);<br><br>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);<br><br>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 | M0500 | | |

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| M0500 | Continued from page 3<br>physician or nurse practitioner/physician assistant in the medical record); and<br><br>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.<br><br>This LICENSURE REQUIREMENT is NOT MET as evidenced by:<br><br>Level II<br><br>Based on observation, interviews, record review, and facility policy review, the facility failed to ensure a resident's right to the provision of care in a respectful and dignified manner when staff provided incontinent care for one (1) of nine (9) sampled residents without ensuring privacy. (Resident #1).<br><br>Findings include:<br><br>A review of the facility's document, "A Matter of RIGHTS: A Guide to Your Rights and Responsibilities as a Resident," Copyright 2020, revealed, "…Dignity and Respect: You have the right to dignity and respect in the care you receive…"<br><br>A review of the facility's "Aide Check List," with the latest revision dated December 2020, revealed, "…Ensure privacy for Residents…"<br><br>A record review of the "Admission Record" revealed the facility admitted Resident #1 on 8/13/24 and he had diagnoses including Vascular Dementia.<br><br>A record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 9/17/25 revealed Resident #1 had a Brief Interview for Mental Status (BIMS) score of 3, which indicated he was severely cognitively impaired.<br><br>On 10/2/25 at 8:27 AM, during an observation, Certified Nurse Aide (CNA) #1 and CNA #3 were observed providing incontinence care and changing the incontinence brief for Resident #1. The CNAs lifted the resident using a sit-to-stand lift and removed his brief without pulling either his privacy curtain or that of his roommate. The resident's roommate was lying in bed, facing Resident #1, with a full view of the resident's perineal area.<br><br>On 10/2/25 at 2:13 PM, during an interview, CNA #1 stated she had not considered the privacy issue while | M0500 | | |

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| M0500 | Continued from page 4<br>changing the resident in front of his roommate. She acknowledged that it was undignified to change the resident in full view of another resident.<br><br>On 10/2/25 at 1:40 PM, during an interview, the Staff Development Coordinator stated the facility provided monthly in-service training on Resident Rights, including each resident's right to respect and dignity. She explained that all new staff received Resident Rights training during orientation, which included both video and one-on-one instruction on providing respectful and dignified care. She stated that CNAs were instructed to ensure privacy prior to beginning any care procedure and that competency checkoffs for Activities of Daily Living (ADL) care, including incontinence care, required demonstration of privacy measures.<br><br>On 10/2/25 at 2:28 PM, during an interview, CNA #3 stated she was aware that residents had the right to privacy during care to maintain dignity. She acknowledged that she should have ensured the resident's privacy prior to beginning incontinence care and stated that the privacy curtain did not fully close around the resident's bed.<br><br>On 10/2/25 at 2:55 PM, during an interview, the Director of Nursing (DON) stated her expectation was for staff to provide privacy for residents by using the room's privacy curtains during all personal care procedures. She confirmed that CNA #1 and CNA #3 failed to ensure Resident #1's privacy prior to providing incontinence care and stated that this failure violated the resident's right to respectful and dignified care. | M0500 | | |
| M0610 | 45.21.2 Activities of daily living<br><br>Activities of daily living. Each resident shall receive assistance as needed with activities of daily living to maintain the highest practicable well being. These shall include, but not be limited to:<br><br>1. Bath, dressing and grooming;<br><br>2. Transfer and ambulate;<br><br>3. Good nutrition, personal and oral hygiene; and<br><br>4. Toileting. | M0610 | | |

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| M0610 | Continued from page 5<br>This LICENSURE REQUIREMENT is NOT MET as evidenced by:<br><br>Level II<br><br>Based on observation, staff interview, record review, and facility policy review, the facility failed to ensure that a resident who was unable to perform activities of daily living (ADLs) received personal hygiene and incontinence care in a safe and dignified manner, consistent with accepted standards of practice, for one (1) of nine (9) sampled residents (Resident #1).<br><br>Findings include:<br><br>A review of the facility's policy, "Activities for Daily Living," reviewed 09/25, revealed, "…Procedure…2. ADLs shall include, but are not limited to personal hygiene, bathing, voiding, toileting, repositioning, and meals offered…"<br><br>A review of the facility's "Aide Check List," dated 12/20, revealed, "…DOES YOUR RESIDENT HAVE…3. Resident shaved—males and females..."<br><br>A review of the facility's policy, "Disposable Brief," dated of 01/24, revealed, "…Procedure…REMOVING SOILED BRIEF 4. For a bedbound resident: a. loosen the tapes (tabs) securing the soiled brief. b. Assist the resident to roll onto their side facing away from you…APPLYING A CLEAN BRIEF 6. For the bedbound resident…b. Assist the resident to roll to their side, facing away from you…e. assist the resident to turn onto their back, ensuring that the brief stays in place while they turn…"<br><br>A record review of the "Admission Record" revealed the facility admitted Resident #1 on 8/13/24 with diagnoses including Vascular Dementia.<br><br>A record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 9/17/25 revealed Resident #1 had a Brief Interview for Mental Status (BIMS) score of 3, which indicated the resident was severely cognitively impaired. The MDS revealed the resident required substantial/maximal assistance for toileting hygiene, showering/bathing, dressing the lower body, and toilet transfer, and required partial/moderate assistance for personal hygiene, including shaving.<br><br>On 10/1/2025 at 1:45 PM, during an observation, Resident #1 was observed with a short gray beard and mustache. | M0610 | | |

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| M0610 | Continued from page 6<br><br>On 10/2/2025 at 8:20 AM, during an observation, Resident #1 continued to have a short gray beard.<br><br>On 10/2/2025 at 8:27 AM, during an observation and interview, Certified Nurse Aide (CNA) #1 and CNA #3 were observed providing incontinent care for Resident #1 in his room. The CNAs lifted the resident with a sit-to-stand lift and removed his soiled brief while the resident was suspended in the lift. The CNAs attempted to cleanse the resident's perineal area and apply a clean brief while he remained suspended. Resident #1 continued to have a short beard and mustache and had not been shaved. The Director of Nursing (DON) entered the room and instructed both CNAs that incontinence care should be provided with the resident in bed rather than while suspended in the lift. Both CNAs verbalized they were unaware of this procedure.<br><br>On 10/2/2025 at 8:37 AM, during an interview, CNA #4 stated she was the designated shower aide and was responsible for shaving male residents during showers unless the resident declined or there were safety concerns. She reported Resident #1 received a shower on 10/1/25 but was not shaved due to jerking movements. CNA #4 stated she did not report this to the assigned CNA or the nurse. She acknowledged she knew she was required to report unusual signs, symptoms, or uncompleted ADL tasks to the nurse for follow-up.<br><br>On 10/2/2025 at 1:40 PM, during an interview, the Staff Development Coordinator stated sit-to-stand lifts were designed for transfers and were not safe for incontinence care. She confirmed all CNAs received training, including competency checkoffs for ADL care, which covered appropriate incontinent care techniques.<br><br>On 10/2/2025 at 2:13 PM, during an interview, CNA #1 stated she should have known better than to use a sit-to-stand lift to provide incontinence care. She stated she thought the shower aide was responsible for shaving residents on their shower days. CNA #1 acknowledged that Resident #1 required assistance with transfers using the sit-to-stand lift and stated she was unaware that incontinence care should be performed after transferring the resident into bed.<br><br>On 10/2/2025 at 2:28 PM, during an interview, CNA #3 stated she believed the shower aide was responsible for shaving residents during showers. CNA #3 confirmed Resident #1 required assistance with transfers using the sit-to-stand lift and stated she was not aware that residents who could not stand independently should be | M0610 | | |

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| M0610 | Continued from page 7<br>transferred into bed before incontinence care.<br><br>On 10/2/2025 at 2:55 PM, during an interview, the DON stated her expectation was for staff to provide complete ADL care, including shaving, while honoring resident preferences. She confirmed male residents should be shaved during showers unless refused, and that shaving was part of personal hygiene. The DON stated nurses and management were responsible for supervising resident care. She confirmed that providing incontinence care while a resident was suspended in a sit-to-stand lift presented a risk and was inconsistent with standards of practice. She stated the purpose of the lift was for transfers only and that residents unable to stand unassisted should receive incontinence care in bed. | M0610 | | |
| M0655 | 45.21.11 Special needs<br><br>Special needs. Each resident with special needs shall receive proper treatment and care. These special needs shall include, but are not limited to injections; parenteral and enteral fluids; colostomy, ureterostomy, ileostomy care; tracheostomy care; tracheal suction; respiratory care; foot care; and prostheses.<br><br>This LICENSURE REQUIREMENT is NOT MET as evidenced by:<br><br>Level II<br><br>Based on observation, staff interview, record review, and facility policy review, the facility failed to ensure respiratory medications were administered in accordance with manufacturer's instructions by not instructing a resident to rinse the mouth following administration of an inhaled corticosteroid for one (1) of three (3) medication administrations reviewed, Resident #4.<br><br>Findings included:<br><br>A review of the facility's policy, "Administration of Medications," revised 03/25, revealed, "PURPOSE: To administer medications in accordance with best practice…"<br><br>A record review of the "Admission Record" revealed the facility admitted Resident #4 on 6/10/25 with current diagnoses including Chronic Obstructive Pulmonary Disease (COPD).<br><br>A record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 9/16/25 revealed Resident #4 had a Brief Interview for Mental | M0655 | | |

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| M0655 | Continued from page 8<br>Status (BIMS) score of 14, which indicated he was cognitively intact.<br><br>A record review of the “Order Summary Report” revealed Resident #4 had a Physician’s Order, dated 9/12/25 for Symbicort Inhalation Aerosol 80-4.5 micrograms (mcg)/ACT, two (2) puffs to be inhaled orally two (2) times daily, related to COPD.<br><br>A record review of the “Medication Administration Record (MAR)” for October 2025 revealed Licensed Practical Nurse (LPN) #2 documented Symbicort Inhalation Aerosol for Resident #4 as administered on 10/2/25.<br><br>A record review of the “SYMBICORT 80/4.5 (budesonide 80 mcg and formoterol fumarate dihydrate 4.5 mcg) Inhalation Aerosol” manufacturer’s package insert, dated 07/2019 revealed, “…WARNINGS AND PRECAUTIONS: Localized infections: Candida albicans infection of the mouth and throat may occur… Advise the patient to rinse his/her mouth with water without swallowing after inhalation to help reduce the risk.”<br><br>On 10/2/25 at 7:50 AM, during an observation, Licensed Practical Nurse (LPN) #2 administered Symbicort, an oral inhalation medication, to Resident #4 and failed to instruct the resident to rinse his mouth following inhalation.<br><br>On 10/2/25 at 7:56 AM, during an interview, LPN #2 confirmed she did not provide water or instruct Resident #4 to rinse his mouth after using the inhaler.<br><br>On 10/2/25 at 2:55 PM, during an interview, the Director of Nursing (DON) stated that residents should be instructed and assisted as needed to rinse their mouths and spit out the water after administration of an oral inhaler to prevent the risk of thrush. She stated that the facility did not have a specific medication administration policy for oral inhalers and that nurses were expected to follow the manufacturer’s instructions provided with the medication. | M0655 | | |