Mississippi State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **12/18/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVER PLACE NURSING CENTER	**1126 EARL FRYE BOULEVARD, SOUTH , AMORY, Mississippi, 38821**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
M0000	Initial Comments The State Agency (SA) conducted an annual re-certification survey at facility from 12/15/25 through 12/18/25. 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 requirements and cited, M500 and M625. The census at the time of the survey was 49 and the facility is licensed for 60 beds.	M0000		
M0500	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 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	M0500		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **12/18/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVER PLACE NURSING CENTER	**1126 EARL FRYE BOULEVARD, SOUTH , AMORY, Mississippi, 38821**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
M0500	Continued from page 1 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 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	M0500		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **12/18/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVER PLACE NURSING CENTER	**1126 EARL FRYE BOULEVARD, SOUTH , AMORY, Mississippi, 38821**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
M0500	Continued from page 2 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 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	M0500		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **12/18/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVER PLACE NURSING CENTER	**1126 EARL FRYE BOULEVARD, SOUTH , AMORY, Mississippi, 38821**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
M0500	Continued from page 3 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 LICENSURE REQUIREMENT is NOT MET as evidenced by: Level II Based on resident and staff interview, record review, and facility policy review, the facility failed to ensure a resident's right to self-determination and accomodation of needs for two (2) of 24 residents sampled. Resident #7 and Resident #30 Findings include: Record review of facility policy titled, "Resident Rights", dated 10/24/22 revealed, "The resident has the right to be informed of, and participate in, his or her treatment, including: ... the right to request, refuse, and/or discontinue treatment ... The resident has the right to, and the facility must promote and facilitate resident self-determination through support of resident choice". Record review of facility policy titled, "Cardiopulmonary Resuscitation (CPR)", dated 11/30/15, revealed, "It is the policy of the facility to adhere to residents' rights to formulate advance directives". Review of the facility policy, "Call Light Policy" with revision date of 01/12/15, revealed "Procedure...8.When providing care to residents be sure to position the call light conveniently for the resident to use...." Record review of Resident #7's "Resident/Legal Representative Consent for Cardiopulmonary Resuscitation" revealed, "I understand that CPR (Cardiopulmonary Resuscitation) constitutes an extraordinary measure and should not be done on me (the above-named resident)". This was signed by the resident's representative and the physician on 10/27/25. Record review of Resident #7's "Order Summary Report" revealed an order for "DNR (Do Not Resuscitate) dated	M0500		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **12/18/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVER PLACE NURSING CENTER	**1126 EARL FRYE BOULEVARD, SOUTH , AMORY, Mississippi, 38821**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
M0500	Continued from page 4 11/3/25. An interview with the Resident #7 on 12/15/25 at 2:58 PM, revealed she was capable of making her own decisions related to health care including her end-of-life care decisions and should have the opportunity to convey this decision in the documentation. She stated she would not want to be resuscitated if she arrested. During an interview on 12/17/25 at 3:20 PM, the Administrator acknowledged that each resident had the right to self-determination and the right to choose their end-of-life care. She acknowledged that Resident #7 was cognitive and fully oriented and should have been given the opportunity to receive information on end-of-life care and to sign her own code status form. She confirmed the facility failed to ensure the resident was given the opportunity to receive education and to consent to the end-of-life care she desired. Record review of Resident #7's "Admission Record" revealed she was admitted by the facility on 10/27/25 with diagnoses that included Malignant Neoplasm of Bladder. Record review of Resident #7's Minimum Data Set (MDS) with Assessment Reference Date (ARD) of 11/2/25 revealed the resident had a Brief Interview for Mental Status (BIMS) score of 15 which indicated the resident was cognitively intact. RESIDENT #30 An observation on 12/16/25 at 11:00 AM and on 12/17/25 at 8:30 AM, revealed Resident #30 lying in her bed and the call light was not within reach. The call light cord was draped over her nightstand to the right of her bed with the red call button approximately two (2) feet from the head of her bed. During an observation and interview on 12/16/25 at 8:35 AM with Certified Nursing Assistant (CNA) #1, she confirmed that Resident #30's call light was draped over the nightstand to the right of her bed and it was not within her reach. CNA #1 revealed that Resident #30 was cognitive and could use the call light to voice her needs. She also revealed that the call light was	M0500		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **12/18/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVER PLACE NURSING CENTER	**1126 EARL FRYE BOULEVARD, SOUTH , AMORY, Mississippi, 38821**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
M0500	Continued from page 5 supposed to be within reach at all times so she could call for help when needed and stated, "If her call light is not in reach, it prevents her from getting the help she needs. An interview on 12/16/25 at 12:15 PM with Director of Nursing (DON), revealed that all call lights were supposed to be within reach of the residents. She also revealed that Resident #30 should have had her call light within her reach while in bed. DON revealed that failure to have a call light within reach could cause the resident to get up without assistance, and she could not call for help if she needed them. Record review of Resident #30's "Admission Record" revealed an admission date of 10/06/17 and that she had diagnoses that included Unspecified Dementia and Unspecified Anxiety Disorder. Record review of Resident #30's MDS with ARD of 12/14/25 under Section C revealed a BIMS Score of 09 which indicated that she had moderate cognitive deficits.	M0500		
M0625	45.21.5 Range of motion Range of motion. Residents with limited range of motion shall receive treatment and services to increase range of motion or prevent further decline in range of motion. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Level II Based on observation, staff and resident interviews, record review and facility policy review the facility failed to provide services to maintain or prevent worsening of contractures for one of three residents reviewed with contractures. Resident #38. Findings Include:Review of the facility policy "Range of Motion" revealed "Policy: To safely move the resident's joints as full a range of motion as possible; To improve or maintain joint mobility and muscle strength; To prevent contractures; To increase strength and activity tolerance; To reduce pain; To prevent complications of mobility." An observation on 12/15/25 at 3:05 PM revealed Resident #38 sitting up in her wheelchair in her room. She had contractures to her left wrist and four fingers. Her left wrist was bent downward and her second, third, fourth and fifth	M0625		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **12/18/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVER PLACE NURSING CENTER	**1126 EARL FRYE BOULEVARD, SOUTH , AMORY, Mississippi, 38821**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
M0625	Continued from page 6 fingers were bent at the second joints (knuckles) and she was unable to straighten them. An observation and interview on 12/16/25 at 12:04 PM with Resident #38 revealed her sitting in her wheelchair in her room. She had contractures to her left wrist and four fingers. Resident #38 revealed that she could not open her fingers all the way and could not move her left wrist. She revealed that her hand had been this way for a long time, it was getting worse and she had a lot of pain with it. An interview on 12/17/25 at 11:42 AM with Occupational Therapist (OT) revealed that Resident #38 had contractures when she came into the facility. OT also revealed that she had just completed her quarterly assessment in November, and that Resident #38 had not reached the point of needing therapy. She revealed that they usually treated contractures if they started causing skin breakdown or if the resident complained of pain. OT revealed that she didn't like to use splints because they often made the contractures worsen or caused swelling, but she could put a soft hand roll in Resident #38's hand to help. OT revealed that she had not measured Resident #38's contractures and agreed that by not assessing and measuring the contractures, she would not know if they worsened. She revealed that she would look at Resident #38 again, measure her contractures, and put something in place to help prevent a decline. An interview on 12/17/25 at 11:09 AM, DON revealed that Resident #38 had a contracture when she admitted to the facility. She revealed that she had a previous stroke and had therapy when she first came in. DON revealed that Resident #38 complained of pain to her left arm often and they had pain medication ordered for her. She also revealed that they encouraged the residents to participate in activities and with their ADLs (Activities of Daily Living) to promote independence and better use of their joints. DON also confirmed that they did not have any range of motion exercises in place for her. DON confirmed that Resident #38's contractures were on her left wrist and four fingers and agreed that these contractures should have been identified and interventions should be in place to prevent worsening of the contractures. She also stated that by not providing services, her whole arm could become contracted. During an interview on 12/17/25 at 2:05 PM with Administrator (ADM), she agreed that Resident #38's contractures should have been identified and interventions should have been in place to prevent worsening. She revealed that by not providing services, her contractures could become worse and cause her more pain. She also revealed that without proper positioning and interventions, her fingers could become contracted more and cause skin breakdown. Record review of Resident #38's "OT (Occupational Therapy) Screening	M0625		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **12/18/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVER PLACE NURSING CENTER	**1126 EARL FRYE BOULEVARD, SOUTH , AMORY, Mississippi, 38821**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
M0625	Continued from page 7 Form" completed on 11/19/25 and signed by Occupational Therapist (OT), revealed that her Upper Extremity range of motion was within functional limit. Record review of Resident #38's Minimum Data Set (MDS) with Assessment Reference Date (ARD) of 11/21/25 under Section GG0115 Functional Limitation in Range of Motion revealed that she had upper and lower extremity impairment on one side. Record review of Resident #38's "Admission Record" revealed an admission date of 06/04/19 and that she had diagnoses that included Hemiplegia and Hemiparesis following Cerebral Infarction Affecting Left Non-Dominant Side and Unspecified Pain. Record review of Resident #38's MDS with ARD of 11/21/25 under Section C revealed a Brief Interview for Mental Status (BIMS) Score of 10 which indicated that she had moderate cognitive deficits.	M0625		