STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255159	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 02/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PERRY COUNTY NURSING CENTER	202 BAY AVENUE WEST P O BOX 1620, RICHTON, Mississippi, 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) COMPLETION DATE
F0000	INITIAL COMMENTS The State Agency (SA) conducted a Complaint Investigation (CI MS #2739946), at the facility on 02/23/2026. CI MS #2739946 was investigated for quality of care, neglect, nursing services, staffing, and environment. The SA determined the facility was not in compliance with the requirements of participation in Medicare and Medicaid and cited F725 due to identification of a separate deficient practice unrelated to the CI allegations. The facility held a license for 60 beds, with a census of 57.	F0000		
F0725 SS = E	Sufficient Nursing Staff CFR(s): §483.35(a)(1)(2) §483.35 Nursing Services. The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity, and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.71. §483.35(a) Sufficient Staff. §483.35(a)(1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans: (i) Except when waived under paragraph (e) of this section, licensed nurses; and	F0725		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

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F0725 SS = E	Continued from page 1 (ii) Other nursing personnel, including but not limited to nurse aides. §483.35(a)(2) Except when waived under paragraph (e) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty. This REQUIREMENT is NOT MET as evidenced by: Based on interview, record review, and facility policy and assessment review, the facility failed to designate a licensed nurse to serve as the charge nurse for each tour of duty for two (2) of three (3) shifts reviewed (3:00 PM–11:00 PM and 11:00 PM–7:00 AM), which had the potential to affect all 57 residents residing in the facility. Findings include: A review of the facility's policy, "Nursing Services-Staffing," revised 11/17, revealed, "…3. Each facility will designate a nurse…as a Charge Nurse on each tour of duty. The Charge Nurse…will supervise the care rendered to the residents to promote quality of life, resident rights, and to assure that the care rendered is consistent with areas identified in the comprehensive care plan…" A record review of the facility's "Facility Assessment," dated 11/17/25, revealed, "…Facility Resources needed to Provide Competent Support and Care for Our Resident Population…Staffing Plan…7AM-3PM shift 7 aides (Certified Nurse Aides)/2 LPNs (Licensed Practical Nurse)/1 Charge/TX (Treatment) RN (Registered Nurse); 3PM-11PM shift 4 aides/2 LPNs; 11PM-7AM shift 4 aides/1 LPN…" A record review of the facility's "Monthly Staff Schedule" for February 2026 revealed that on 2/23/26 there were three (3) nurses scheduled for the 7:00 AM to 3:00 PM shift, two (2) nurses scheduled for the 3:00 PM to 11:00 PM shift, and one (1) nurse scheduled for the 11:00 PM to 7:00 AM shift. No designated charge nurse was identified on the schedule for any shift. On 2/23/26 at 10:45 AM, during an interview, the Staff Development Nurse explained the facility has three halls (B, C, and D) and that nursing staff work eight-hour shifts. She reported that during the 7:00 AM to 3:00 PM shift there are three nurses consisting of two medication nurses and one treatment nurse. She stated that during the 3:00 PM to 11:00 PM shift there are two LPNs, and during the 11:00 PM to 7:00 AM shift	F0725		

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F0725 SS = E	Continued from page 2 there is one LPN. She confirmed she does not schedule a designated charge nurse after 3:00 PM each day. On 2/23/26 at 1:00 PM, during an interview with the Director of Nursing (DON), Staff Development Nurse, and the Administrator, the DON reported the facility does not have a designated charge nurse for each tour of duty except for the 7:00 AM to 3:00 PM shift. The DON explained the facility recently lost the RN supervisor and is actively recruiting for the position. She stated the 7:00 AM to 3:00 PM charge nurse also provides treatments to residents. She confirmed there is no designated charge nurse for the 3:00 PM to 11:00 PM or 11:00 PM to 7:00 AM shifts.	F0725		