

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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 04/22/2026	
NAME OF PROVIDER OR SUPPLIER PERRY COUNTY NURSING CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 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 five (5) Complaint Investigations (CI MS #2974588, CI MS #2974553, CI MS #2974575, CI MS #2959996, and CI MS #2808770), at the facility from 4/20/26 through 4/22/26. During the survey, the SA determined the facility was not in compliance with the requirements for participation in Medicare and Medicaid. CI MS #2974588 was investigated for abuse, CI MS #2974553 was investigated for resident rights and infection control, CI MS #2974575 was investigated for quality of care, abuse, and nursing services and CI MS #2808770 was investigated for abuse, neglect, and quality of care and there were no citations related to those CIs. CI MS #2959996 was investigated for quality of care, neglect, abuse, and nursing services and F690 was cited. The facility held a license for 60 beds, with a census of 54.			F0000			
F0690 SS = D	Bowel/Bladder Incontinence, Catheter, UTI CFR(s): 483.25(e)(1)-(3) §483.25(e) Incontinence. §483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain. §483.25(e)(2) For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that- (i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; (ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as			F0690			

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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F0690 SS = D	Continued from page 1 possible unless the resident's clinical condition demonstrates that catheterization is necessary; and (iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible. §483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible. This REQUIREMENT is NOT MET as evidenced by: Based on interviews, record review, and facility policy review, the facility failed to ensure an indwelling catheter was managed in a manner to prevent possible complications when nursing staff failed to assess and respond timely to a resident's complaint of catheter-related discomfort for one (1) of (1) residents reviewed for urinary catheters. Resident #1. Findings include: A review of the facility's policy, "Quality of Care," revised 08/24, revealed, "...1. Commitment to Quality of Care. The Facility is committed to providing care and services necessary to work toward, attain and/or maintain each resident's physical, mental and psychosocial well-being...3. Assessment and Treatment. The assessment and treatment of residents should be undertaken by competent and qualified individuals who have the authority and responsibility to conduct that assessment and treatment..." A review of the facility's "Standing Orders," dated 2/27/26, revealed, "...Urinary System: If resident has Foley catheter, check for patency...If over 6 hours of no or decreased output, notify Provider..." A record review of the "Order Summary Report" revealed Resident #1 had a Physician's Order, dated 10/2/25, to "Change catheter and catheter bag monthly and prn (as needed) ..." A record review of the "Bladder Voiding and Toilet Use" record revealed Resident #1 had documented urine output on 3/17/26 at 6:23 AM of 400 milliliters (ml) and at 1:12 PM of 1000 milliliters (ml).	F0690					

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F0690 SS = D	Continued from page 2 A record review of the "Client Coordination Note Report" revealed a note for Resident #1, dated 3/17/26, entered by the hospice nurse, which documented, "Patient requesting catheter to be changed today while hospice nurse in building...Patient states he felt his catheter was clogged up and burning noted to penis. Patient's catheter changed...blood noted to tubing and large amount of sediment noted..." On 4/20/26 at 12:45 PM, during an interview with the Hospice Registered Nurse (RN), she explained that on 3/17/26 at 9:42 AM, she received a text message from Licensed Practical Nurse (LPN) #1 asking when she would return to the facility, as Resident #1 was complaining of urinary spasms and requesting his Foley (indwelling catheter) be changed. She reported she did not return to the facility until 3/17/26 at 3:07 PM and, upon changing the catheter, obtained a return of 600 milliliters (ml) of urine with sediment, which occurred over five (5) hours after notification from the facility. On 4/20/26 at 1:11 PM, during an interview with LPN #1, she explained that on 3/17/26 at approximately 8:50 AM, she was informed that Resident #1 requested his catheter be changed due to urinary spasms. She confirmed she did not assess the resident or evaluate catheter output during her shift and that the catheter was not changed until the hospice nurse returned later that afternoon. On 4/20/26 at 1:30 PM, during an interview with Resident #1, he reported that on 3/17/26, he informed staff early in the day that he was experiencing bladder spasms and discomfort and requested his catheter be changed. He reported the catheter was not changed until the hospice nurse returned later that afternoon. He confirmed he did not repeatedly request assistance throughout the day after his initial report. On 4/20/26 at 2:00 PM, during an interview with the Director of Nursing (DON), she explained that nursing staff are expected to assess residents promptly when complaints such as bladder spasms or catheter discomfort are reported. She confirmed that nursing staff should have assessed the resident and, if indicated, changed the catheter or obtained appropriate orders without waiting for hospice to return. On 4/20/26 at 2:20 PM, during an interview with the Administrator, he explained that staff are expected to provide timely assessment and intervention when residents report symptoms and confirmed nursing			F0690			

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F0690 SS = D	Continued from page 3 staff should not delay care when it can be addressed by facility staff. On 4/21/26 at 10:00 AM, during an interview with the Nurse Practitioner (NP), she confirmed that when a resident reports bladder spasms, with or without a catheter, the resident should be assessed promptly by facility nursing staff. A record review of the "Face Sheet" revealed the facility admitted Resident #1 on 5/5/25 with diagnoses including Multiple Sclerosis. A record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 2/18/26 revealed Resident #1 had a Brief Interview for Mental Status (BIMS) score of (15), which indicated the resident was cognitively intact.			F0690			