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 **04/22/2026**

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
M0000	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 Minimum Standards for Institutions for the Aged or Infirm, state licensure requirements. 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 M620 was cited.	M0000		
M0620	45.21.4 Urinary incontinence Urinary incontinence. Residents with urinary incontinence shall be assessed for need of bladder retraining program. An indwelling catheter will not be used unless the resident ' s clinical condition indicates that catheterization is necessary. These residents shall receive treatment and services to prevent urinary tract infections. This LICENSURE 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) resident 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	M0620		

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 **04/22/2026**

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
M0620	Continued from page 1 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). 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	M0620		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **04/22/2026**

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
M0620	Continued from page 2 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 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 fifteen (15), which indicated the resident was cognitively intact.	M0620		