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 **05/07/2026**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVER HEIGHTS HEALTHCARE CENTER	**402 ARNOLD AVENUE , GREENVILLE, Mississippi, 38701**

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M0000	Initial Comments The State Agency (SA) conducted an annual recertification at the facility from 05/4/26 through 05/7/25. 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 M1570.	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 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	M0500		

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

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M0500	Continued from page 1 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 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;	M0500		

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M0500	Continued from page 2 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 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: Based on interviews, record review and facility	M0500		

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M0500	Continued from page 3 policy review, the facility failed to ensure residents were treated with respect and dignity from a staff member for six (6) of eleven (11) residents who attended the Resident Council meeting on 5/5/26. Residents #2, #20, #19, #29, #18 and #47 Findings include: A review of the facility policy, "Resident Rights," revised October 2025, revealed, "Policy Statement...Employees shall treat all residents with kindness, respect, and dignity..." A record review of the grievance logs for 2026 revealed no documented concerns related to staff conduct or resident dignity. A record review of the Resident Council meeting minutes for 2026 revealed no documented concerns related to staff conduct or resident dignity. During a Resident Council meeting on 5/5/26 at 2:00 PM, (11) residents were present, all with a Brief Interview for Mental Status (BIMS) score of (15), indicating the residents were cognitively intact. All (11) residents identified Licensed Practical Nurse (LPN) #1 as often being rude during medication administration and general interactions. They specifically stated she is rude, pushy, and snappy, and speaks to them as though they are children. Many indicated they had not previously reported this concern because they feel staff members side with one another. The State Agency asked the Resident Council President and Vice President why the concern had not been reported to the Administrator. They stated they believed the Administrator would take the nurse's side and that reporting would do no good. Resident #2 On 5/5/26 at 3:11 PM, during an interview with Resident #2, he indicated that he does not like interacting with LPN #1, as she is rude when administering his medications and often talks to him as if he were a child. He says it is not going to do any good complaining to the staff because they will not do anything. A record review of the “Admission record” revealed the facility admitted Resident #2 on 10/14/24 with diagnoses including Chronic Obstructive Pulmonary Disease with Acute Exacerbation and Hypokalemia. A record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 4/12/26	M0500		

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M0500	Continued from page 4 revealed a Brief Interview Mental Score (BIMS) of (15), indicating the resident is cognitively intact. Resident #20 On 5/6/26 at 2:53 PM, during a follow-up interview with Resident #20, he reported that when LPN #1 brings his medications, often before dinner, he requests to take them after eating instead, as they upset his stomach. He asserts that the nurse consistently refuses this request, responding in a confrontational manner, stating, “You have to take it now, and I’m not leaving your room until you do!” Resident #20 emphasizes that her tone is disrespectful and condescending, making him feel treated like a child. He mentioned that he brought this issue to the Administrator’s attention months ago, who promised to investigate it. However, he noted that the nurse's behavior remains unchanged. A record review of the “Admission record” reveals the facility admitted Resident #20 on 7/1/24 with diagnoses including Abdominal Distension (Gaseous). A record review of the MDS with an ARD of 3/30/26 revealed a BIMS score of 15 indicating the resident is cognitively intact. Resident #19 On 5/6/26 at 3:07 PM, during a conversation with Resident #19, the Resident Council President shared his feelings about LPN #1's tone towards him. He described her communication style as condescending when she gives him his medications, which he interpreted as rudeness. He states her behavior has left him feeling hopeless and disrespected. He said that he hasn’t felt comfortable discussing these concerns with the Administrator or the Social Worker, as he has seen in the past that the staff tends to support one another in ways that may overlook the feelings and experiences of the residents. A record review of the “Admission Record” reveals the facility admitted Resident #19 on 5/7/13 with diagnoses including Unspecified Lack of Coordination. A record review of the MDS with an ARD of 4/16/26 revealed a BIMS score of 15, indicating the resident is cognitively intact. Resident #29	M0500		

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M0500	Continued from page 5 On 5/7/ 2026, at 8:06 AM, during an interview with Resident #29, she stated that whenever she tries to speak with LPN #1, the nurse often responds rudely. This harsh treatment leaves her feeling vulnerable and rejected, making her feel unable to change the way she is treated. She longs for kindness because the nurse's rudeness hurts her feelings, and she does not appreciate it. A record review of the “Admission Record” revealed the facility admitted Resident #29 on 11/11/24 with diagnoses including Osteomyelitis of the Vertebra, Sacral, and Sacrococcygeal Region. A record review of the MDS with an ARD of 2/16/26 revealed a BIMS score of 15, indicating the Resident is cognitively intact. Resident #18 On 5/7/26 at 8:12 AM, during an interview with Resident #18, he expressed frustration and sadness about his interactions with LPN #1. He recounts how, when he has questions about his medications, she often snaps at him. He expresses that she frequently comes into his room in a bad mood. It makes him feel angry and helpless, as he feels there’s little, he can do to change the situation. He just endures it, which adds to his sense of isolation and sorrow. A record review of the “Admission Record” revealed the facility admitted Resident #18 on 1/25/21 with diagnoses including Orthostatic Hypotension. A record review of the MDS with an ARD of 2/15/26 revealed a BIMS score of 15 indicating the resident is cognitively intact. Resident #47 On 5/7/ 2026, at 8:30 AM, in an interview with Resident #47, who holds the position of Vice President of the Resident Council. During our discussion, she shared that multiple residents have voiced concerns about the way LPN #1 talks to them. She has witnessed this behavior in front of staff, which has led residents to believe that reporting her actions would be ineffective, as they feel no meaningful action will be taken to address the issue. A record review of the “Admission Record” revealed the facility admitted Resident #47 on 2/2/19 with diagnoses including Hemiplegia and Hemiparesis Following Unspecified Cerebrovascular Disease Affecting the right dominant side.	M0500		

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M0500	Continued from page 6 A record review of the MDS with an ARD of 3/29/26 revealed a BIMS score of 15 the resident is cognitively intact. During an interview on 5/6/26 at 3:41 PM, LPN #1 stated she ensures she treats residents with dignity and does not raise her voice. She stated some residents with behavioral concerns accuse her of yelling when she does not. She stated she is not aware of any resident or staff complaints that she has mistreated residents and denied any such complaints had been made. When discussing how she responds to Residents who refuse to take medications at the time indicated, LPN #1 mentioned that one resident comes to mind, Resident # 20. She indicates that he has a medication that he takes at 5 PM and other at 8 PM. She revealed that for this Resident, due to the importance of the medication, she does not allow him to take it later and that she stays in his room ensuring that he takes it before he leaves. She adds she only an hour after the scheduled medications before it is determined late, so she likes to make sure she stays within those parameters when giving medications to the Residents. However, with Resident #20 she could consider giving him his medications at the 8 PM medication pass time. During an interview on 5/7/26 at 10:15 AM, the Director of Nursing (DON) stated that when a resident reports that a nurse is rude or speaking to them in a demeaning manner, the social worker files a grievance, an investigation is initiated, and witness statements are obtained from both the nurse and the residents. She stated there is no minimum number of residents required to report a nurse before an investigation is begun, and that a nurse would not be allowed to remain in the building during such an investigation. She stated that (6) residents reporting a nurse as rude and speaking down to them is a very serious situation, and that this type of behavior is a violation of residents' dignity and respect. During an interview on 5/7/26 at 10:52 AM, the Administrator stated she had received prior reports regarding LPN #1 and had completed some corrective counseling but stated no residents had reported concerns about LPN #1's rudeness to her. She stated that when a resident reports a nurse is rude, her process is to interview the residents involved, in-service staff on abuse and neglect, and implement corrective counseling depending on the level of the allegation. She stated this type of behavior is a violation of residents' dignity, respect, and resident rights, and could cause mental anguish.	M0500		

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M1570	48.58.1 Infection Control The following infection control standards shall be met: 1. The facility must maintain and document an effective infection control program that protects patients, families, visitors, and facility personnel by preventing and controlling infections and communicable diseases. 2. The facility must have an active surveillance program that includes specific measures for prevention, early detection, control, education, and investigation of infections and communicable diseases in the facility. There must be a mechanism to evaluate the effectiveness of the program(s) and take corrective action when necessary. The program must include implementation of nationally recognized systems of infection control guidelines to avoid sources and transmission of infections and communicable diseases. 3. The facility must follow accepted standards of practice to prevent the transmission of infections and communicable diseases, including the use of standard precautions. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, record review, and facility policy review the facility failed to ensure staff adhered to Enhanced Barrier Precaution (EBP) protocols during high-contact resident care activities for one (1) of (1) residents reviewed. (Resident #7). Findings include: A record review of the facility's "Enhanced Barrier Precautions" with a revision date of 12/2024 revealed "Enhanced barrier precautions (EBP) are utilized to prevent the spread of multi-drug-resistant organisms (MDRO's) to residents...7. a. Gowns and gloves are applied prior to performing the high contact resident care activity (as opposed to before entering the room) ..." During an observation on 5/6/26 at 9:20 AM, Licensed Practical Nurse (LPN) #1 was observed administering medication via Percutaneous Endoscopic Gastrostomy (PEG) tube to Resident #7. EBP signage was posted on the door. LPN #1 entered the room but did not don (put on) a gown	M1570		

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M1570	Continued from page 8 prior to administering medication via PEG tube, as required by the facility's EBP policy and the posted door signage. During an interview on 5/6/26 at 9:54 AM, LPN #1 confirmed she did not wear a gown while administering medication via PEG tube to Resident #7. She stated she "forgot to put it on." She further stated that the purpose of the gown is to protect both the nurse and the resident from body secretions that may come from the abdomen and acknowledged that she placed the resident at risk of infection by not wearing a gown. During an interview on 5/7/26 at 10:21 AM, LPN #2/Infection Prevention Nurse stated that LPN #1 should have worn a gown and that not wearing one placed the resident at high risk for infection. She stated her expectation is that staff wear a gown when performing direct care for residents on EBP to prevent the spread of infection.	M1570		