STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	56PH	A. BUILDING: _____ B. WING _____	02/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PERRY COUNTY NURSING CENTER	202 BAY AVENUE WEST RICHTON, MS 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) COMPLETE DATE
M 000	Initial Comments The State Agency (SA) determined during an annual survey, conducted from 2/8/2021 to 2/11/2021. The SA determined the facility was not in compliance with the Minimum Standards of Operation for Institutions for the Aged or Infirm. The SA cited M490 related to Resident Rights and M770 related to an activity program to meet the needs of residents. The facility held a license for 60 beds, with a census of 36.	M 000		
M 490	45.17 RESIDENTS RIGHTS RESIDENTS RIGHTS This Statute is not met as evidenced by: Level II Based on observation, interviews, record review and facility policy review, the facility failed to honor the resident's rights by not allowing them to smoke for three (3) of five (5) residents reviewed for smoking for Resident #15, Resident #24, and Resident #25. Findings include: Review of the facility's policy, "Resident Rights", revised 11/2017, revealed all residents in long term care facility have rights guaranteed to them under Federal and state law. Residents residing in this facility will be guaranteed a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility. These rights Include: To participate in other activities, including social, religious, and community activities that do not interfere with rights of other residents. To reside and receive services in the facility with reasonable accommodation of resident needs	M 490	By submitting the enclosed materials, we are not admitting to the truth or accuracy of any specific findings or allegations. We reserve the right to contest the findings or allegations as part of any proceeding and submit these responses pursuant to our regulatory obligations. 1. The corrective action of reinstating smoke breaks for residents identified on the Facility Smoker List was implemented on February 09, 2021. The corrective action of reinstating smoke breaks was accomplished and will be checked for achievement and sustainability by conducting an all staff in-service specific to Resident's Rights with regards to residents having the right to choose to and be able to participate in smoking and keeping a Smoke Break Log. 2. To identify other residents having the potential to be effected, on February 09, 2021 the Director of Nursing verified the	3/11/21

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	56PH	A. BUILDING: _____ B. WING _____	02/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PERRY COUNTY NURSING CENTER	202 BAY AVENUE WEST RICHTON, MS 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) COMPLETE DATE
M 490	Continued From page 1 and preferences. Review of the facility's policy, "Smoking Policies and Regulations", revised 04/2015, revealed residents are permitted to smoke in designated areas. This policy noted the staff will monitor residents for safety purposes during smoking. Review of the facility's list of smokers in the facility, dated 2/10/21, revealed five (5) residents were on the smoking list. Resident #15 Observation 02/09/21 at 09:59 AM of Resident #15 lying in bed watching television. Resident is alert an oriented, speech is clear, able to make needs known. During an interview on 02/09/21 at 09:59 AM, with Resident #15, revealed the facility has not allowed the residents to leave their rooms because they have two (2) COVID-19 positive residents on the COVID-19 unit. Resident #15 said he was told he could not smoke because all residents are quarantined. Resident #15 also said the nurse told him chew the nicotine gum to help with the sensation. Resident #15 said he refused the gum because he did not like it. Record review of the Comprehensive Care Plan, revised 12/10/20, revealed Resident #15 has a potential for injury related to smoking. Interventions included supervision with smoking and was prescribed nicotine gum. Record review of the Physician's Orders, dated 2/2021 revealed Resident #15 was ordered Nicotine four (4) milligrams (mg) chewing gum by mouth (PO) every (q) four (4) hours as needed (PRN) for nicotine cravings.	M 490	smoking status of all residents to ensure those who want to participate in smoking are on the Facility Smoker List and are allowed to smoke during designated smoke breaks. 3. On 02/10/2021, an all staff in-service was initiated by the Staff Development Nurse regarding Resident's Rights with regards to residents having the right to choose to and be able to participate in smoking. The facility Medical Director reviewed the policy □'Resident Rights'□ with no recommended changes to the policy during the facilities Quality Assurance Committee meeting on 02/11/2021. 4. To monitor performance, a smoking log will be kept at the nursing station beginning March 06, 2021 to document participation and refusals of residents included on the Facility Smoker List. The list will be checked by the Administrator at the end of each week for a minimum of three consecutive months. The Resident's Rights policy will be reviewed during monthly in-services for the next three months by the Staff Development Nurse for continued re-education of all staff. Any deficient practices will be brought to the facility Quality Assurance & Performance Improvement (QAPI) Committee by the Director of Nursing or Administrator for the purpose of evaluating a quality improvement plan to ensure the corrective actions have been achieved and sustained as well as determination if further monitoring is needed. Recommendations will be made if warranted. The QAPI	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	56PH	A. BUILDING: _____ B. WING _____	02/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PERRY COUNTY NURSING CENTER	202 BAY AVENUE WEST RICHTON, MS 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) COMPLETE DATE
M 490	Continued From page 2 Record review of Resident #15's Quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 11/17/20, revealed Resident #15 had a Brief Interview of Mental Status (BIMS) score of 15, which indicated the resident is cognitively intact. Resident #24 During an interview on 02/09/21 at 09:53 AM with Resident #24, stated the facility refused to let the residents come out of the rooms to smoke. Resident #24 said the facility has two (2) COVID-19 positive residents on the COVID-19 unit. Resident #24 said the facility offered nicotine gum. Resident #24 also said she does not like being in the room all day with nothing to do. Resident #24 stated there is only so much on the television. Resident #24 stated she did not think it was fair. Record review of the Comprehensive Care Plan, revealed Resident #24 has potential for injury related to smoking. Record review of the Physician's Orders for Resident #24, dated 2/2021, revealed an order for Nicorette Chewing Gum, two (2) mg, two (2) pieces of gum PRN q four (4) hours to curb smoking cravings. Record review of Resident #24's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 01/11/21, revealed Resident #24 had a Brief Interview of Mental Status (BIMS) score of 12, which indicated the resident is cognitively intact. Resident #25	M 490	Committee will meet at least quarterly beginning February 11, 2021. 5. The facility alleges compliance with M Tag 490 on March 11, 2021.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	56PH	A. BUILDING: _____ B. WING _____	02/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PERRY COUNTY NURSING CENTER	202 BAY AVENUE WEST RICHTON, MS 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) COMPLETE DATE
M 490	Continued From page 3 During an interview on 02/09/21 at 09:45 AM with Resident #25, revealed she is tired of staying in her room. Resident #25 stated she tries to stay out of trouble. Resident #25 said she does not like to complain, but she doesn't like that nicotine gum. Resident #25 stated, if you stick your head out the door you are told to go back in your room. Resident #25 also stated the residents are not allowed to smoke because they are quarantined. The facility has two (2) residents that are positive for COVID-19 in the building. Resident #25 said both residents are on the COVID-19 Unit, which is closed. Resident #25 stated she doesn't understand why they could not socially distance and smoke. Record review of Resident #25's Physician's Orders, dated 2/2021, revealed an order for Nicorette chewing gum two (2) mg, two (2) pieces prn q four (4) hours, to curb smoking cravings. Record review of the Comprehensive Care Plan, revised 1/12/21, revealed Resident #25 has a potential for injury related to smoking. Record review of Resident #25's Quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 12/28/20, revealed Resident #25 had a Brief Interview of Mental Status (BIMS) score of 15, which indicated the resident is cognitively intact. During an interview on 02/11/21 at 11:14 AM, the Administrator confirmed the facility has not allowed the residents out of their rooms because two (2) residents tested positive and were placed on the COVID-19 unit. The Administrator also confirmed the residents were not allowed to smoke because of the positive residents on the	M 490		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	56PH	A. BUILDING: _____ B. WING _____	02/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PERRY COUNTY NURSING CENTER	202 BAY AVENUE WEST RICHTON, MS 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) COMPLETE DATE
M 490	Continued From page 4 COVID-19 unit. Based on observation, interviews, record review and facility policy review, the facility failed to honor the resident's rights by not allowing them to smoke for three (3) of five (5) residents reviewed for smoking for Resident #15, Resident #24 and Resident #25. Findings include: Review of the facility's policy, "Resident Rights", revised 11/2017, revealed all residents in long term care facility have rights guaranteed to them under Federal and state law. Residents residing this facility will be guaranteed a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility. These rights Include: To participate in other activities, including social, religious, and community activities that do not interfere with rights of other residents. To reside and receive services in the facility with	M 490		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	56PH	A. BUILDING: _____ B. WING _____	02/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PERRY COUNTY NURSING CENTER	202 BAY AVENUE WEST RICHTON, MS 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) COMPLETE DATE
M 490	Continued From page 5	M 490		

reasonable accommodation of resident needs and preferences.

Review of the facility's policy, " Smoking Policies and Regulations", revised 04/2015, revealed residents are permitted to smoke in designated areas. This policy noted the staff will monitor residents for safety purposes during smoking.

Review of the facility's list of smokers in the facility, dated 2/10/21, revealed five (5) residents were on the smoking list.

Resident #15
Observation 02/09/21 at 09:59 AM of Resident #15 lying in bed watching television. Resident is alert an oriented, speech is clear, able to make needs known.

During an interview on 02/09/21 at 09:59 AM, with Resident #15, revealed the facility has not allowed the residents to leave their rooms because they have two (2) COVID-19 positive residents on the COVID-19 unit. Resident #15 said he was told he could not smoke because all residents are quarantined. Resident #15 also said the nurse told him chew the nicotine gum to help with the sensation. Resident #15 said he refused the gum because he did not like it.

Record review of the Comprehensive Care Plan, revised 12/10/20, revealed Resident #15 has a potential for injury related to smoking. Interventions included supervision with smoking and was prescribed nicotine gum.

Record review of the Physician's Orders, dated 2/2021 revealed Resident #15 was ordered Nicotine four (4) milligrams (mg) chewing gum by

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	56PH	A. BUILDING: _____ B. WING _____	02/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PERRY COUNTY NURSING CENTER	202 BAY AVENUE WEST RICHTON, MS 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) COMPLETE DATE
M 490	Continued From page 6 mouth (PO) every (q) four (4) hours as needed (PRN) for nicotine cravings. Record review of Resident #15's Quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 11/17/20, revealed Resident #15 had a Brief Interview of Mental Status (BIMS) score of 15, which indicated the resident is cognitively intact. Resident #24 During an interview on 02/09/21 at 09:53 AM with Resident #24, stated the facility refused to let the residents come out of the rooms to smoke. Resident #24 said the facility has two (2) COVID-19 positive residents on the COVID-19 unit. Resident #24 said the facility offered nicotine gum. Resident #24 also said she does not like being in the room all day with nothing to do. Resident #24 stated there is only so much on the television. Resident #24 stated she did not think it was fair. Record review of the Comprehensive Care Plan, revealed Resident #24 has potential for injury related to smoking. Record review of the Physician's Orders for Resident #24, dated 2/2021, revealed an order for Nicorette Chewing Gum, two (2) mg, two (2) pieces of gum PRN q four (4) hours to curb smoking cravings. Record review of Resident #24's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 01/11/21, revealed Resident #24 had a Brief Interview of Mental Status (BIMS) score of 12, which indicated the resident is cognitively intact.	M 490		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	56PH	A. BUILDING: _____ B. WING _____	02/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PERRY COUNTY NURSING CENTER	202 BAY AVENUE WEST RICHTON, MS 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) COMPLETE DATE
M 490	Continued From page 7 Resident #25 During an interview on 02/09/21 at 09:45 AM with Resident #25, revealed she is tired of staying in her room. Resident #25 stated she tries to stay out of trouble. Resident #25 said she does not like to complain, but she doesn't like that nicotine gum. Resident #25 stated, if you stick your head out the door you are told to go back in your room. Resident #25 also stated the residents are not allowed to smoke because they are quarantined. The facility has two (2) residents that are positive for COVID-19 in the building. Resident #25 said both residents are on the COVID-19 Unit, which is closed. Resident #25 stated she doesn't understand why they could not socially distance and smoke. Record review of Resident #25's Physician's Orders, dated 2/2021, revealed an order for Nicorette chewing gum two (2) mg, two (2) pieces prn q four (4) hours, to curb smoking cravings. Record review of the Comprehensive Care Plan, revised 1/12/21, revealed Resident #25 has a potential for injury related to smoking. Record review of Resident #25's Quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 12/28/20, revealed Resident #25 had a Brief Interview of Mental Status (BIMS) score of 15, which indicated the resident is cognitively intact. During an interview on 02/11/21 at 11:14 AM, the Administrator confirmed the facility has not allowed the residents out of their rooms because two (2) residents tested positive and were placed on the COVID-19 unit. The Administrator also confirmed the residents were not allowed to smoke because of the positive residents on the	M 490		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	56PH	A. BUILDING: _____ B. WING _____	02/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PERRY COUNTY NURSING CENTER	202 BAY AVENUE WEST RICHTON, MS 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) COMPLETE DATE
M 490	Continued From page 8 COVID-19 unit.	M 490		
M 770	45.27 RESIDENT ACTIVITIES RESIDENT ACTIVITIES This Statute is not met as evidenced by: Level II Based on observation, interviews, record review and facility policy review the facility failed to provide an ongoing activities program for five (5) of (14) sampled residents, Resident #28, Resident #32, Resident #15, Resident #24, and Resident #25. The facility's, "Activity Programs and Activity Program Scheduling" policy, revised 11/17, revealed the facility has a policy in place to provide an ongoing program of activities. "Purpose: To assure that the activities program occurs within the context of each resident's comprehensive assessment and care plan, and is reflective of each resident's individual needs and interests." Resident #28 Record Review of the Face Sheet revealed Resident #28 was admitted on 2/27/21. She has diagnoses to include Anxiety Disorder and Major Depressive Disorder. Review of the Quarterly Minimum Data Set (MDS) with the Assessment Reference Date (ARD) of 12/18/20, revealed Resident #28 had a Brief Interview for Mental Status (BIMS) of 15, which indicated she was cognitively intact. Review of Care Plan implemented 3/27/2014,	M 770	By submitting the enclosed materials, we are not admitting to the truth or accuracy of any specific findings or allegations. We reserve the right to contest the findings or allegations as part of any proceeding and submit these responses pursuant to our regulatory obligations. 1. The corrective action of resuming a communal activities program as well as continuing in-room activities was accomplished by conducting an all staff in-service specific to Resident's Rights, conducting a one-on-one in-service between the administrator and activities director regarding communal activities and activity documentation, having the activities director work in the capacity of activity director full-time and enrolling the activity director in an upcoming activity director course. The corrective action of resuming a communal activities program as well as continuing in-room activities began on February 11, 2021. 2. All residents residing in Perry County Nursing Center have the potential to be affected by the same deficient practice. 3. On February 11, 2021, an all staff in-service was initiated by the Staff	3/11/21

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	56PH	A. BUILDING: _____ B. WING _____	02/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PERRY COUNTY NURSING CENTER	202 BAY AVENUE WEST RICHTON, MS 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) COMPLETE DATE
M 770	Continued From page 9 revealed Resident #28 enjoys Bingo and other activities. Review of the activity documentation revealed, since 12/28/20 through 2/9/21, the facility documented one (1) activity on 1/27/21 and the next activity on 2/9/21. There were no other activities documented from 12/28/20 through 2/9/21. On 02/09/21, at 9:31 AM, during an interview, Resident #28 stated she was really tired of the COVID-19 quarantine. Resident #28 stated, "We don't do anything but stay in our room. They don't come to our rooms and do any activities." On 2/9/21, at 1:45 PM, Resident #28 stated, "We have not done any kind of activities for a while. I am tired of staying in my room." Resident #28 stated, proper name-Activities #1, "is the activity director and she brought me a coloring book this past weekend. I enjoy Bingo. Sometimes I get in my bed and cry myself to sleep. I have major depression and it makes me feel depressed." On 2/10/21, at 1:12 PM, in an interview with Licensed Practical Nurse (LPN) #1, revealed Resident #28 usually would sleep until time for the 10:00 AM activity, which she attended. Then LPN #1 confirmed Resident #28 would sleep until time for the 2:00 PM activity and she would also attend that activity. LPN #1 stated Resident #28 is very social and loves Bingo. On 02/11/21, at 8:28 AM, Resident #28 was observed up in her wheelchair rolling herself in the hall. State Agency (SA) said, "Good morning, you are out of your room." and Resident #28 replied, "Yes, we have been freed."	M 770	Development Nurse regarding Resident Activities. On February 11, 2021 the activity director was in-serviced one-on-one regarding starting communal activities for residents who choose to participate in communal activities and continuing in-room activities for those who have a preference for in-room activities, properly documenting activities and attending an upcoming activity director course by the facility administrator. Beginning on March 08, 2021 the activity director will devote at least one hour of her schedule on at least four days of each week to activity documentation and planning. The activity director is registered to attend an upcoming Activity Director Course on April 12-16, 2021. The facility Medical Director reviewed the policy '□Activity Programs and Activity Program Scheduling'□ with no recommended changes to the policy during the facilities Quality Assurance Committee meeting on February 11, 2021. 4. In order to monitor and ensure the correction is achieved and sustained, beginning the week of March 08, 2021 the activity director will print proof of activities documented at the end of each week to be signed off on by the administrator for no less than three consecutive months. Any deficient practices will be brought to the facility Quality Assurance & Performance Improvement (QAPI) Committee by the Director of Nursing or Administrator for the purpose of evaluating a quality improvement plan to ensure the corrective actions have been achieved and sustained as well as determination if	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	56PH	A. BUILDING: _____ B. WING _____	02/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PERRY COUNTY NURSING CENTER	202 BAY AVENUE WEST RICHTON, MS 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) COMPLETE DATE
M 770	Continued From page 10 Resident #32 Record review of the Face Sheet revealed Resident #32 was admitted on 1/28/20, with diagnoses of Alzheimer's Disease, Major Depression, and History of Falls. Review of Resident #32's Annual MDS, with the ARD of 1/12/21, revealed a BIMS score of eight (8) which indicates moderate cognitive impairment. Review of Resident #32's Care Plan, dated 5/11/20, revealed Resident #32 has an identified concern of being at risk for social isolation. The interventions noted Resident #32 are to have an activity calendar in room, have one on one activities to include music, television (TV), conversation, touch therapy, and exercise. Further review of Resident #32's Care Plan identified a problem on 3/17/20 that Resident #32 was at risk for Psychosocial well-being concerns related to medically imposed restrictions related to COVID-19 restrictions. One of the interventions was to provide in room activities of choice. Review of the documentation of activities from 3/1/20 to 2/9/21 revealed there was no documentation of in room activities since 5/12/20. On 2/8/21 at 10:15 AM, Resident #32 was observed in bed under covers. On 2/8/21 12:23 PM, Resident #32 was observed standing in her room. On 2/8/21 at 12:40 PM, Residents #32 was in bed under the covers. On 2/9/21 at 8:00 AM, Resident #32 was	M 770	further monitoring is needed. Recommendations will be made if warranted. The QAPI Committee will meet at least quarterly beginning February 11, 2021. 5. The facility alleges compliance with M Tag 770 on March 11, 2021.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	56PH	A. BUILDING: _____ B. WING _____	02/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PERRY COUNTY NURSING CENTER	202 BAY AVENUE WEST RICHTON, MS 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) COMPLETE DATE
M 770	Continued From page 11	M 770		

observed in her bed with the covers over her head.

On 2/9/21 at 12:30 PM, Resident #32 was observed in bed asleep.

Review of Activity notes date 12/24/20 through 2/9/21, revealed there was no documentation of any activities for Resident #32.

On 2/9/21 at 12:41 PM in an interview with Activities #2, revealed since May, she has been working part time, 3 to 4 days a week, only as a CNA. When she was asked when was the last time she conducted activities she replied, around May and then today.

On 02/11/21 at 09:01 AM in an interview with CNA #1 revealed Resident #32 likes to color, visit, talk, and play Bingo. She really has been the same since we have been on lock down.

On 02/11/21 at 09:05 AM in an interview with CNA #2 revealed residents likes to color. She stated her behaviors have been the same since we locked down for COVID-19.

On 02/11/21 at 09:06 AM an unsampled resident was sitting by the Nurses' Station and stated, "I am so glad to be out of my room, aren't you?" This resident then sang, "God Bless America", in a really loud voice.

Resident #15
During an interview on 02/09/21, at 09:59 AM, with Resident #15, she stated the facility has not allowed them to leave their rooms because they have two (2) positive residents on the COVID-19 Unit. Resident #15 said the facility does not allow them to do any type of activities. Resident #15

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	56PH	A. BUILDING: _____ B. WING _____	02/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PERRY COUNTY NURSING CENTER	202 BAY AVENUE WEST RICHTON, MS 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) COMPLETE DATE
M 770	Continued From page 12	M 770		

said he is bored and going stir crazy. Resident #15 said he is tired of TV.

Record review of the Comprehensive Care Plan revealed, Resident #15 should have social involvement with independent activities. Interventions are to post activity calendar where the resident can easily view, encourage to attend activities of choice, respect resident's choice in regard to limited/no activity, resident enjoys smoking and interaction with other residents during smoke times. Resident #15 is also care planned to be at risk for psychosocial well-being concern related to medically imposed restrictions related to COVID-19 restrictions.

Record review of Resident #15's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 11/17/20, revealed Resident #15 had a Brief Interview of Mental Status (BIMS) score of 15, which indicated the resident is cognitively intact.

.

Resident #24

During an interview on 02/09/21, at 09:53 AM, with Resident #24, she confirmed the facility has quarantined the residents to their rooms. Resident #24 said she does not like being in the room all day with nothing to do. Resident #24 also said there is only so much on the television.

Record review of the Comprehensive Care Plan, dated 1/4/21, revealed Resident #24 is at risk for social isolation and has the potential for mood state related to the diagnosis of Anxiety. Resident is at risk for psychosocial well-being concern related to medically imposed restrictions related to COVID-19 restrictions. Resident #24 needs encouragement and assistance to attend activities. Resident #24's interventions are to

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	56PH	A. BUILDING: _____ B. WING _____	02/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PERRY COUNTY NURSING CENTER	202 BAY AVENUE WEST RICHTON, MS 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) COMPLETE DATE
M 770	Continued From page 13	M 770		

place activity calendar in room, encourage self-initiated activities, one on one activities, music, TV, conversation, touch therapy, exercise,. provide residents with reading, invite resident to church, bingo, and group discussion.

A review of Resident #24's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 01/11/21, revealed Resident #24 had a Brief Interview of Mental Status (BIMS) score of 12, which indicated the resident is cognitively intact.

Resident #25
During an interview on 02/09/21, at 09:45 AM, with Resident #25 revealed she is tired of staying in her room. Resident #25 said she makes every effort not to complain. Resident #25 also said if you stick your head out the door you are told to go back in your room. Resident #25 said both residents that are COVID-19 positive are on the COVID-19 Unit so she does not understand why they could not socially distance and smoke. Resident #25 said she is tired of watching TV. Resident #25 stated the facility has not provided activities since December.

Review of the Comprehensive Care Plan revealed the Resident #25 needs encouragement and assistance to attend activities. The interventions are to place an activity calendar in Resident #25's room, encourage her to attend self-initiated activities, one on one activities, music, TV, touch therapy, exercise, provide resident with reading, invite the resident to church, bingo and group discussion and transport resident to activities. This Care Plan noted Resident #25 is at risk for social isolation. Resident #25 has a potential for altered mood state related to the diagnosis of Schizophrenia.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	56PH	A. BUILDING: _____ B. WING _____	02/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PERRY COUNTY NURSING CENTER	202 BAY AVENUE WEST RICHTON, MS 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) COMPLETE DATE
M 770	Continued From page 14 Resident is at risk for psychosocial well-being concern related to medically imposed restrictions related to COVID-19 restrictions. A review of Resident #25's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 12/28/20, revealed Resident #25 had a Brief Interview of Mental Status (BIMS) score of 15, which indicated the resident is cognitively intact. On 2/9/21 at 2:00, PM, an interview with the Administrator and LPN #2/Staff Development Nurse revealed when asked to speak to the Activity Director, they stated Activity #1 currently works nights from 7 PM to 7 AM because she is the CNA for the COVID-19 unit and is currently at home asleep. On 2/10/21 at 8:15 AM, in an interview with Activity #1, revealed she has been the Activity Director since the end of September/first of October. She stated I am not a certified Activity Director and because of COVID-19 they have not been able to send me for training. I have been working on the COVID-19 Unit as a Certified Nursing Assistant (CNA) on the COVID-19 Unit and I usually work 7:00 PM to 7:00 AM. When asked who does the activities while you are working on the COVID-19 as the CNA she stated, whoever has time, sometimes the dietary staff. Asked where the activity documentation is kept when they do the activities, she replied they document it on paper or in a notebook and I keep the notebook with me in my car. Asked about Resident #32, she stated she likes to socialize and likes to come and sit in Bingo and watch. She stated Resident #32 also enjoys talking with her roommate and I. Asked a second time where the documentation for Resident #32 activities is	M 770		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	56PH	A. BUILDING: _____ B. WING _____	02/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PERRY COUNTY NURSING CENTER	202 BAY AVENUE WEST RICHTON, MS 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) COMPLETE DATE
M 770	Continued From page 15 because there is no documentation since December 2020 in her chart and she replied it should be in Resident #32's chart.	M 770		