STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255159	A. BUILDING _____ B. WING _____	C 02/16/2020

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) COMPLETION DATE
F 000	INITIAL COMMENTS The State Agency (SA) conducted a complaint survey, MS #16586 at the facility on 02/16/2020. During the survey, the SA determined that the facility was not in compliance with the requirements of participation in Medicare and Medicaid. The SA substantiated the allegation for abuse related to reporting in a timely manner and cited F609. The SA did not substantiate MS #16586 for Quality of Care related to incontinent care. At the time of survey, the facility had a census of 55, and held license for 60 beds.	F 000		
F 609 SS=D	Reporting of Alleged Violations CFR(s): 483.12(c)(1)(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.	F 609		2/17/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		04/15/2020

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 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.

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F 609	Continued From page 1 §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on staff interview, record review and facility policy review, the facility failed to report an allegation of Abuse to the appropriate State agencies within the required two (2) hours time frame, for one (1) of five (5) residents reviewed, Resident #1. A review of the facility's "Incident Investigations & Reporting" policy, dated May 2018, revealed, the facility administrator shall ensure that any incident involving an allegation or suspicion of abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported not later than two (2) hours after the allegation is made to local law enforcement and the state agency, if the events that cause the allegation involve abuse or result in serious bodily injury to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities in accordance with state law. A review of the "MFCU Crimes Web Submission" document, revealed the facility's Administrator reported, via the online submission website, an allegation of abuse, which occurred on 01/21/2020 involving Resident #1 and Certified Nursing Assistant (CNA) #1. The report was received by the Attorney General's Office (AGO) on 01/23/2020 at 8:39 AM. A second online	F 609	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 Regional Supervisor conducted an in-service on February 17,2020 with the Administrator concerning reporting times for allegation of abuse, neglect, and misappropriation of residents property. Included in the in-service on reporting time frames for abuse, neglect, and misappropriation of resident property was the appropriate contacts to state agencies, and law enforcement. 2- All residents have the potential to be affected by this practice. 3- All incidents and complaints will be reviewed daily by the Administrator beginning February 17,2020 with the Director of Nursing to ensure all reportable incidents have been reported timely. 4- The Administrator shall report to all	

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F 609	Continued From page 2 submission report was received by the AGO, on 01/23/2020 at 8:45 AM, involving the same allegation of abuse with Resident #1, and indicated CNA #2 as an additional suspect. Review of the facility's "Resident Incident Report" for Resident #1, dated 01/21/2020 and completed by the Director of Nursing (DON), revealed, on 01/21/2020 at 7:00 AM, Resident #1 reported to the DON, she was popped on the bottom by a CNA while being changed in her bed. The incident report revealed the Physician was notified at 9:00 AM, and Resident #1's Responsible Party (RP) was notified at 1:30 PM. During an interview, on 02/16/2020 at 9:10 AM, Resident #1 stated CNA #1 popped her on the butt during morning incontinent care in January, but she couldn't remember the date. Resident #1 stated she did not tell anyone but the DON, the same day or the next morning after it happened, she wasn't sure. During an interview, on 02/16/2020 at 9:24 AM, the DON stated Resident #1 reported the incident to her on 01/21/2020, between 9:45 AM and 10:00 AM she thought, but wasn't sure. The DON revealed Resident #1 told her CNA #1 had popped her on the butt during care a couple of days before, and that CNA #2 witnessed the incident. The DON stated she called the Administrator and told him of the allegation immediately after Resident #1 reported the incident to her. During an interview, on 02/16/2020 at 10:50 AM, the facility's Administrator stated the allegation of abuse, involving CNA #1 popping Resident #1 on the butt, was reported to him on 01/21/2020	F 609	applicable state and local agencies within regulated time frames, as made evident by reporting records. Reporting records will be brought to the facility Quality Assessment and Assurance Committee by the Administrator and quality improvement plan initiated. The Quality Assessment and Assurance Committee members include the Medical Director, Administrator, Director of Nursing, Staff Development Practical Nurse, Case Manager Registered Nurse, Social Services Worker, as well as the Medical Records Licensed Practical Nurse. The Quality Assessment and Assurance Committee will meet at least Quarterly.	

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F 609	Continued From page 3	F 609		

before 10:00 AM via phone. The Administrator stated he reported the allegation to the State Agency (SA) when he returned to the facility around 10:00 AM, the same day (01/21/2020) he was notified of the allegation. The Administrator stated he reported the allegation to the Attorney General's Office (AGO) on 01/23/2020, and received confirmation via online submission at 8:39 AM and 8:45 AM. The Administrator further stated the allegation was reported to the local Sheriff's Department on 01/21/2020 at 11:26 AM. The Administrator stated he knew for a fact that he reported the allegation to the SA and the Sheriff's office within two (2) hours after the allegation was reported. The Administrator stated he did not know that the allegation had to be reported to the AGO within two (2) hours since there was no harm noted to Resident #1 and the investigation could not prove actual abuse occurred.

A review of the facility's investigation, sent to the State Agency, with a stamped date of received on 01/27/2020, revealed Resident #1 had a Brief Interview of Mental Status score of 14, which indicated her cognitive status was intact.