STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255217	A. BUILDING _____ B. WING _____	09/21/2022

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

(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 an annual re-certification survey at the facility from 9/18/22 to 9/21/22. During the survey, the SA determined that the facility was not in compliance with the requirements of participation in Medicare and Medicaid and cited F644, F656, F658, and F677 . The facility is licensed for 60 beds and at the time of the survey the census was 39.	F 000		
F 644 SS=D	Coordination of PASARR and Assessments CFR(s): 483.20(e)(1)(2) §483.20(e) Coordination. A facility must coordinate assessments with the pre-admission screening and resident review (PASARR) program under Medicaid in subpart C of this part to the maximum extent practicable to avoid duplicative testing and effort. Coordination includes: §483.20(e)(1)Incorporating the recommendations from the PASARR level II determination and the PASARR evaluation report into a resident's assessment, care planning, and transitions of care. §483.20(e)(2) Referring all level II residents and all residents with newly evident or possible serious mental disorder, intellectual disability, or a related condition for level II resident review upon a significant change in status assessment. This REQUIREMENT is not met as evidenced by: Based on staff interviews, record review, and facility policy review, the facility failed to obtain a Level II Pre-admission Screening and Resident review (PASSAR) for residents with diagnoses of	F 644	The following plan of corrections constitutes the facilities allegation of compliance such that all alleged deficiencies cited have been and will be	10/14/22

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		10/04/2022

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F 644	Continued From page 1 mental illness for two (2) of three (3) residents reviewed for PASARR. Resident #17 and Resident #34. Findings include: Review of facility policy titled, "Admission Criteria", revised December 2016, revealed it is the "Policy Interpretation and Implementation" that under #8 Nursing and medical needs of individuals with mental disorders or intellectual disabilities will be determined by coordination with the Medicaid PASSAR to the extent practicable and #9 revealed Potential residents with mental disorders or intellectual disabilities will only be admitted if the State mental health agency has determined (through preadmission screening program) that the individual has a physical or mental condition that requires the level of service provided by the facility." Resident #17 A record review of Resident # 17's admission "Pre-Admission Screening (PAS) Application for Long Term Care" completed on 3/5/20revealed ...Part B-Level II Referral Criteria ...Person has a diagnosis of a major mental illness? The response was not answered yes or no as indicated and was left blank. Person has a recent history of a major mental illness? The response was not answered yes or no as indicated and was left blank. Record review of Resident # 17's electronic health record (EHR) revealed no documentation of a PASARR for a Level II. Record review of Resident #17's Face Sheet	F 644	corrected by the date or dates indicated. The statements made on the plan of correction are not an admission to, and does not constitute an agreement with alleged deficiencies herein. We respectfully submit that these deficiencies do not exist. To remain in compliance with all State and Federal regulations, the facility has taken or will take the actions set forth in the following plan of correction. * By 10/7/2022 resident #17 and resident #34 Pre-Admission Screening and Resident Review will be completed by the facility Social Services Director. * All residents requiring a level 2 screen have the potential to be affected by this deficient practice. * On 10/4/2022, a 100% audit of all residents requiring a level 2 screen currently living at River Heights Healthcare Center were audited by the Facility Social Services Director to ensure admission PASARR and level 2 documents were in place for residents meeting the requirement. There were no residents found requiring a level 2 other than resident #17 and resident#34. On 10/4/2022, Social Services Director received additional education by the Administrator on completing or obtaining an admission PASRR and level 2 screen timely for residents meeting the requirement. all residents have the potential to be affected by this deficient practice.	

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F 644	Continued From page 2 revealed he was admitted to the facility on 3/4/20 with the diagnoses that included Schizophrenia, Epilepsy, and Depressive Disorder. Record review of the annual Minimum Data Set (MDS) section C with an Assessment Reference date (ARD) of 6/28/22 revealed Resident #17 had a Brief Interview for Mental Status (BIMS) score of 15, indicating Resident #17 is cognitively intact. Resident #34: A record review of Resident # 34's admission "Pre-Admission Screening (PAS) Application for Long Term Care" completed on 4/28/21revealed ...Part B-Level II Referral Criteria ...Person has a diagnosis of a major mental illness? The answer indicated "no". Record review of Resident #34's Face Sheet revealed he was admitted on 4/28/21 with a diagnosis of Schizophrenia. Record review of the annual MDS Section C with an ARD 5/06/22 revealed Resident #34 had a BIMS score of 9 which indicated Resident #34 had moderate cognitive impairment. An interview on 9/20/22 at 2:00 PM, with Social Services (SS) confirmed that a Level ll PASARR should be completed if a resident is admitted with or has a new diagnosis of a mental illness. She confirmed that Resident #17 and Resident #34 should have been referred for a Level ll and the purpose of the Level II PASARR is to be able to care for and meet the individual needs of the resident and to make sure they are properly placed.	F 644	* The Administrator will conduct audits of 2 residents that require a Pre-Admission Screening and Resident Review, beginning on 9/28/2022 weekly x 4 weeks and then Pro re Nata to ensure admission PASARRs and level 2 documents are completed or obtained timely for residents meeting the requirement. Any concerns will be forwarded to the Quality Assurance Committee for review in facility Quality Assurance Committee meeting to be held on 10/14/2022. F644 will be monitored by QA for 3 months or until issue is resolved.	

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F 644	Continued From page 3 An interview on 9/21/22 at 12:45 PM, with the Administrator (ADM) revealed that a Level ll assessment should be done on any resident admitted to the facility with a mental illness diagnosis, received a mental illness diagnosis after admission, had a change in condition or a change in medications. The ADM stated that a Level ll should be completed to see if the resident was appropriately placed and can be cared for in the facility. He stated that he was not here when this resident was admitted, but realizes he is still responsible. He stated there have not been any facility incidents involving Resident #17 or Resident #34. An interview on 9/21/22 at 1:00 PM, with the Director of Nursing (DON) revealed that she has had no incidents concerning Resident #17 or Resident #34. Record review of the incident log from January 2022 through September 2022 revealed no incidents involving Resident #17 or Resident #34.	F 644		
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain	F 656		10/17/22

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F 656	Continued From page 4 or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv)In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. This REQUIREMENT is not met as evidenced by: Based on staff interviews, facility policy review, and record review, the facility failed to implement a care plan for rinsing a resident's mouth after use of a metered inhaler for one (1) of 15 residents reviewed for care plans. Resident #9 Findings include: Review of the facility policy titled, "Care Plans,	F 656	The following plan of corrections constitutes the facilities allegation of compliance such that all alleged deficiencies cited have been and will be corrected by the date or dates indicated. The statements made on the plan of correction are not an admission to, and does not constitute an agreement with alleged deficiencies herein. We	

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F 656	Continued From page 5 Comprehensive Person-Centered", with a revised date of December 2016, revealed, "Policy Statement: A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial, and functional needs is developed and implemented for each resident. ... Policy Interpretation and Implementation: 1. The Interdisciplinary Team (IDT), in conjunction with the resident and his/her family or legal representative, develops and implements a comprehensive, person-centered care plan for each resident. ... 4. Each resident's comprehensive person-centered care plan will be consistent with the resident's rights to participate in the development and implementation of his or her plan of care, including the right to: ... g. Receive the services and/or items included in the plan of care." Record review of the care plan titled, "Shortness of Breath: exertion/activity status post (s/p) pneumonia" with a start date of 6/23/22 revealed under interventions: Symbicort 160 micrograms (mcg)/4.5 mcg 2 puffs twice daily and rinse mouth after use. An observation on 9/20/22 at 9:00 AM, revealed Licensed Practical Nurse (LPN) #3 administered Symbicort 160 mcg/4.5 mcg inhaler and failed to instruct Resident #9 to rinse his mouth with water after using the inhaler. An interview on 9/20/22 at 9:45 AM, with LPN #3 revealed that she knew she was supposed to have the resident rinse his mouth after administering the inhaler Symbicort, but she was nervous and forgot.	F 656	respectfully submit that these deficiencies do not exist. To remain in compliance with all State and Federal regulations, the facility has taken or will take the actions set forth in the following plan of correction. * Resident #9 received mouth rinse on 9/20/2022. On 9/20/2022 The Care Plan nurse developed and implemented a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at 483.10(c)(2) and 483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. On 9/20/2022 facility care plan nurse developed a comprehensive care plan related to the use of inhalers. * All residents that use inhalers have the potential to be affected by this deficient practice. * LPN #3 received additional education on 9/21/2022 by the Director of Nursing to ensure all treatment recommendations and care plans are followed upon medication administration. * The charge nurse began monitoring two residents three times per week that have physician orders for inhalers on 9/28/2022 to ensure all care plans related to inhalers are followed. The Director of Nursing or Assistant Director of Nursing began monitoring two residents one time per	

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F 656	Continued From page 6 An interview with the Director of Nursing (DON) on 9/21/22 at 9:15 AM, confirmed if LPN #3 did not have the resident rinse his mouth, she did not follow the comprehensive care plan for rinsing mouth after inhaler use. An interview on 9/21/22 at 9:20 AM, with LPN #3 confirmed that she did not follow the care plan for the resident. She stated that the care plan shows the care the resident should receive and shows when there are changes in the resident's care. Record review of the Face Sheet revealed Resident #9 was admitted on 6/23/2022 with diagnoses of Pneumonia and Chronic Obstructive Pulmonary Disease. Record review of the admission Minimum Data Set (MDS) Section C with an Assessment Reference Date (ARD) of 6/30/22 revealed Resident #9 had a Brief Interview for Mental Status (BIMS) of 14, indicating Resident #9 is cognitively intact.	F 656	week for a period of eight weeks to ensure all care plans related to inhalers are followed. Any adverse findings will be brought to the Quality Assurance Committee meeting on 10/14/2022 for action as indicated, and for a period of 3 months or issue is resolved.	
F 658 SS=D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on observation, staff and resident interviews, manufacturer guidelines, record review and procedure review the facility failed to ensure a resident rinsed their mouth after administration of a metered dose inhaler for one	F 658	The following plan of corrections constitutes the facilities allegation of compliance such that all alleged deficiencies cited have been and will be corrected by the date or dates indicated.	10/17/22

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F 658	Continued From page 7 (1) of 30 medications observed. Resident #9. Findings include: Record review of ""Administering Medications through a Metered Dose Inhaler" 2001 MED-PASS, Inc. (Revised October 2010) revealed "Purpose: The purpose of this procedure is to provide guideline for safe administration of inhaled medications ...Equipment and Supplies ...5. Gargling solution ..." An observation, on 9/20/22 at 9:00 AM, revealed Licensed Practical Nurse (LPN) #3 administered Symbicort 160 micrograms (mcg)-4.5 mcg inhaler and failed to instruct Resident #9 to rinse his mouth with water after using the inhaler. An interview on 9/20/22 at 9:45 AM, with LPN #3 revealed that she knew she was supposed to have the resident rinse his mouth after administering the inhaler, but she was nervous and forgot. LPN #3 stated that thrush was a possible complication of not rinsing after Symbicort inhaler use. An interview on 9/20/22 at 9:50 AM, Resident #9 confirmed the nurse did not have him rinse his mouth after administering the inhaler. Resident #9 stated the nurses don't always get him to rinse his mouth. Resident #9 denied having any episodes of sore mouth or difficulty swallowing. During an interview on 9/20/22 at 2:35 PM, concerning the administration of a Symbicort inhaler the State Agency (SA) asked the Director of Nursing (DON) what should the nurse have the resident do after she administered the inhaler.	F 658	The statements made on the plan of correction are not an admission to, and does not constitute an agreement with alleged deficiencies herein. We respectfully submit that these deficiencies do not exist. To remain in compliance with all State and Federal regulations, the facility has taken or will take the actions set forth in the following plan of correction. * Resident #9 was provided mouth rinse on 9/20/22 by the facility Charge nurse. * All residents that use inhalers have the potential to be affected by this deficient practice. * River Heights Healthcare Center licensed nursing staff received additional education On 9/20/2022 to ensure nursing staff are administering medications as ordered to residents in the facility. * On 9/28/2022 the charge nurse will begin monitoring two residents three times per week which have physician orders for inhalers to ensure all care plans are followed and mouth rinse is provided. On 9/28/2022, the Director of Nursing or Assistant Director of Nursing will monitor two residents one time per week for a period of eight weeks to ensure all care plans are followed. Any adverse findings will be reviewed and discussed in the facility's quality Assurance Committee meeting on 10/14/2022, and then reviewed for 90 days or until resolved.	

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F 658	Continued From page 8	F 658		

The DON stated, "Did they (the nurse) not give them a drink of water?" The DON was unable to verbalize any possible complications related to not rinsing the mouth after the use of an inhaler.

A telephone interview on 9/20/22 at 2:49 PM, the Pharmacy Consultant confirmed the mouth should be rinsed after the use of Symbicort because thrush or candida infection could occur if the mouth was not rinsed.

An interview, with the DON on 9/21/22 at 9:15 AM, confirmed that the policy for administering metered dose inhalers does not instruct nurse to rinse mouth after use.

A record review of Physician Orders dated 6/23/22 revealed Symbicort 160 mcg-4.5 mcg/actuation HFA aerosol inhaler. 2 PUFFS INH (inhalation) TWICE DAILY. RINSE MOUTH AFTER USE INHALATION 9A/9P Every Day.

A review of the Manufacturer guidelines for Symbicort (Budesonide and Formoterol Fumarate Dihydrate Inhalation Aerosol) revealed under warnings and precautions that localized infections Candida albicans infection of the mouth and throat may occur. Monitor patients for signs of adverse effects on the oral cavity and advise patient to rinse mouth with water without swallowing to help reduce the risk.

Record review of Resident #9's Face Sheet revealed he was admitted on 6/23/2022 with diagnoses that included Pneumonia and Chronic Obstructive Pulmonary Disease.

Record review of the admission Minimum Data Set (MDS) Section C with an Assessment

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F 658	Continued From page 9 Reference Date (ARD) of 6/30/22 revealed Resident#9 had a Brief Interview for Mental Status(BIMS) score of 14, indicating he was cognitively intact.	F 658		
F 677 SS=D	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: Based on observations, resident and staff interviews, record review, and facility policy review, the facility failed to provide Activities of Daily Living (ADL) care to a dependent resident as evidenced by the resident having long fingernails and long toenails on her big toes for one (1) of 12 dependent residents reviewed for ADL care. Resident #2 Findings include: Review of the facility policy titled, "Care of Fingernails/Toenails," with a revised date of October 2010, revealed, "Purpose: The purposes of this procedure are to clean the nail bed, to keep nails trimmed, and to prevent infections." An observation and interview on 09/18/22 at 4:45 PM, with Resident #2 revealed that her fingernails and toenails had not been trimmed in over a month or two. Resident#2 revealed she wanted her fingernails and toenails cut and does not like them long. Her fingernails were observed to be approximately ½ inch long, past the fingertips on both of her hands and were uneven, with wavy	F 677	The following plan of corrections constitutes the facilities allegation of compliance such that all alleged deficiencies cited have been and will be corrected by the date or dates indicated. The statements made on the plan of correction are not an admission to, and does not constitute an agreement with alleged deficiencies herein. We respectfully submit that these deficiencies do not exist. To remain in compliance with all State and Federal regulations, the facility has taken or will take the actions set forth in the following plan of correction. * Nail care for resident #2 was provided on 9/20/2022 by facility Registered Nurse,(treatment nurse). * All residents have the potential to be affected by this deficient practice. * The Director of Nursing checked all resident nails on 9/20/2022 to ensure adequate and timely nail care is provided.	10/17/22

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F 677	Continued From page 10 edges, and the nail on both of her big toes were observed to be approximately ½ inch beyond the tip of the toes. The nails on the other toes were not long. An observation and interview on 9/19/22 at 9:00 AM, with Resident #2 revealed she still had fingernails with wavy edges that extended approximately ½ inch past the fingertips on both of her hands. Resident was observed to be wearing shoes and revealed the nails on her big toes had not been cut yet. An observation and interview on 9/19/22 at 2:50 PM, with the Certified Nurse Aide (CNA)#1 who was assigned to Resident #2, revealed she was not responsible for trimming Resident #2's fingernails and toenails. She stated the shower aides were responsible for cutting the residents' nails when they are taken to the shower, unless a resident was a diabetic. CNA #1 noted that a CNA could not do diabetic nail care and the nurse would do the care. CNA #1 confirmed Resident #2 had long fingernails, with wavy edges, that extended ½ past the tips of fingers and her nail on each of her big toes extended ½ inch beyond the tip of the toes. An interview on 9/19/22 at 2:55 PM, with the Licensed Practical Nurse (LPN) #1 confirmed Resident #2 had long fingernails with wavy edges, that extended ½ inch past the tips of fingers and the nail on her big toes extended ½ inch past the tip of her big toes. She revealed the Treatment Nurse was the Registered Nurse (RN) responsible for cutting Resident #2's nails because Resident #2 had a diagnosis of diabetes.	F 677	Twelve residents were identified as needing nail care provided. RN treatment nurse provided the needed nail care to these twelve residents on 9/21/2022. All Licensed nursing staff received additional education regarding adequate and timely nail care on 9/21/22 by the Director of Nursing Services. * On 9/28/2022 the facility charge nurse will monitor 3 residents 3 times per week for a period of 8 weeks to ensure adequate and timely nail care is being provided. On 9/28/2022 The Director of Nursing services will monitor three residents 1 time per week for 8 weeks to ensure adequate and timely nail care is provided. the results of these audits will be presented to the Quality Assurance Committee on 10/14/2022, and then reviewed monthly for 90 days or until issue is resolved.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255217	A. BUILDING _____ B. WING _____	09/21/2022

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

(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 677	Continued From page 11	F 677		

An interview on 9/19/22 at 2:57 PM, with the Treatment Nurse revealed Resident #2 was not on her list of residents to provide diabetic nail care.

An interview on 9/19/22 at 3:00 PM, with LPN #1 confirmed Resident #2's fingernails and toenails should have been trimmed to avoid the likelihood of injury and/or infection from a scratch or possible injury from pressure on her toenails when wearing shoes.

An interview on 9/19/22 at 3:15 PM, with the Director of Nursing (DON) revealed an RN could cut the nails of a resident that had a diagnosis of diabetes. She confirmed Resident #2 should have her fingernails and toenails trimmed by an RN, that her fingernails should have been cut to avoid the resident scratching and injuring herself, and her toenails should have been cut to avoid possible injury or infection to resident's big toes while attempting to wear shoes that may push against her long toenails.

An interview on 9/20/22 at 05:15 PM, with the Administrator (ADM) confirmed Resident #2 should have been receiving proper diabetic nail care from an RN and her fingernails and toenails should have already been trimmed.

Record review of the Face Sheet revealed Resident #2 was admitted to the facility on 12/24/20 and had diagnoses that included Cerebral Infarction, Unspecified, Hemiplegia and Hemiparesis Following Cerebral Infarction Affecting Left Dominant Side, Type two (2) Diabetes Mellitus Without Complications, Contracture of Muscle, Left Upper Arm, Foot Drop, Left Foot, Difficulty in Walking, Not

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F 677	Continued From page 12 Elsewhere Classified, Other Lack of Coordination, and Muscle Weakness (Generalized). Record review of Resident #2's last Podiatry consult revealed Resident #2 had a Podiatry visit and evaluation on 04/21/22. The Podiatry documentation did not indicate that Resident #2's toenails were cut. Record review of the "Departmental Notes," dated 4/21/2022 at 1:43 PM, revealed "The Podiatrist made rounds today. He cut and trimmed toenails. No new orders noted." Record review of the Resident #2's Physician Orders revealed there was no order for Diabetic nail care. Review of Section C of a quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 9/9/2022 for Resident #2 revealed a Brief Interview for Mental Status score of 14, indicating Resident #2 is cognitively intact.	F 677		