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 _____	02/12/2019

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 an annual recertification survey from 02/10/19 through 02/12/19. During the survey, the SA determined the facility was not in compliance with the Medicare and Medicaid Requirements for participation. The SA cited the regulatory deficiency at F577. The facility was licensed for 60 beds and had a census of 55 at the time of survey.	F 000		
F 577 SS=C	Right to Survey Results/Advocate Agency Info CFR(s): 483.10(g)(10)(11) §483.10(g)(10) The resident has the right to- (i) Examine the results of the most recent survey of the facility conducted by Federal or State surveyors and any plan of correction in effect with respect to the facility; and (ii) Receive information from agencies acting as client advocates, and be afforded the opportunity to contact these agencies. §483.10(g)(11) The facility must-- (i) Post in a place readily accessible to residents, and family members and legal representatives of residents, the results of the most recent survey of the facility. (ii) Have reports with respect to any surveys, certifications, and complaint investigations made respecting the facility during the 3 preceding years, and any plan of correction in effect with respect to the facility, available for any individual to review upon request; and (iii) Post notice of the availability of such reports in areas of the facility that are prominent and accessible to the public. (iv) The facility shall not make available identifying	F 577		3/7/19

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

Electronically Signed | 03/04/2019

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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 _____	02/12/2019

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PERRY COUNTY NURSING CENTER	202 BAY AVENUE WEST RICHTON, MS 39476

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F 577	Continued From page 1 information about complainants or residents. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and facility policy review, the facility failed to ensure residents had access to survey results for 55 of 55 residents; (All residents). Findings Include: A review of the facility's policy titled, "Resident Rights", with a revision date of 11/17, revealed it was the right of residents to examine survey results and any plan of correction. The resident rights policy did not address that residents should have access to the survey results. An initial tour of the facility, on 2/10/19 at approximately 3:45 PM, revealed there were no visible survey results posted or accessible to visitors or residents. An interview, on 02/11/19 at 03:00 PM, with Resident Council members, revealed 14 of 14 members present in the meeting were not aware of what state inspection survey results were or that they should have access to read them. No one attending the Resident Council meeting had seen the survey results or knew where they were kept in the facility. The Resident Council President stated, she had never seen results, and had resided in the facility for five years. An observation and interview, on 02/11/19 at 03:35 PM, revealed the survey results were stored at the nurse's station behind the counter. Registered Nurse (RN) #2 and the Director of Nursing (DON) stated, the results had been stored there as long as either had worked at the	F 577	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- Each resident was informed of the location and posting of the most recent survey results along with the plan of correction by the Activities Director on February 14,2019. They were also made aware that they have the right to view these results at their leisure. Each resident that was able to sign their name acknowledging that they were made aware did so at that time. A letter was mailed on March 5, 2019 by the Administrator to all Residents Representatives informing them of the location and posting of the most recent survey results along with the plan of correction. An in-service was conducted by the Staff Development Licensed Practical Nurse to ensure that all staff were also made aware of the location and posting of the survey results on February 14, 2019. 2- All residents have the potential to be affected by this practice. 3- The location and posting of the survey results along with the plan of correction will now become apart of the monthly	

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	255159	A. BUILDING _____ B. WING _____	02/12/2019

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PERRY COUNTY NURSING CENTER	202 BAY AVENUE WEST RICHTON, MS 39476

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F 577	Continued From page 2 facility. The DON revealed she had been employed at the facility for a year. RN #2 revealed she had been employed by the facility for ten months. An interview, on 2/11/19 at 04:30 PM, with the DON, revealed she knew residents were to have access to survey results, but she thought the results were kept in the Administrator's office and residents could access them by asking for them. The DON stated, she was unaware of the copy at the nurse's station.	F 577	resident council meeting, conducted by the Activities Director along with the quarterly family council meeting, conducted by the Social Services Director. Staff will also be informed by the Staff Development Licensed Practical Nurse during the monthly in-services, this has been put into place and is effective immediately. 4- The Administrator will review minutes from the resident council meetings, family council meetings , and the monthly in-service for two quarters to ensure that residents, family members and staff are being informed of the posting of survey results. Any deficient practices 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, The Director of Nurses, Staff Development Licensed Practical Nurse, Case Manager Registered Nurse , Assessment Registered Nurse, as well as the Medical Records Licensed Practical Nurse. Recommendations will be made if warranted. The Quality Assessment and Assurance Committee will meet at least Quarterly.	

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	255159	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**02/13/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PERRY COUNTY NURSING CENTER	**202 BAY AVENUE WEST** **RICHTON, MS 39476**

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K 000	INITIAL COMMENTS 42 CFR 483.70(a) The facility meets the applicable provisions of the 2012 (existing) Edition of the Life Safety Code (LSC) of the National Fire Protection Association (NFPA). There were no LSC deficiencies cited during this survey.	K 000		

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E 000	Initial Comments *EMERGENCY PREPAREDNESS* Survey conducted on 2/13/19 reveals the above facility meets all applicable Federal, State and local emergency preparedness requirements. No deficiencies were identified.	E 000		

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