

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 06/16/2026	
NAME OF PROVIDER OR SUPPLIER RIVER HEIGHTS HEALTHCARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 402 ARNOLD AVENUE , GREENVILLE, Mississippi, 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	
M0000	Initial Comments The State Agency (SA) conducted three (3) Complaint Investigations (CI MS # 3031258, CI MS #3032833, and CI MS # 3034124) at the facility from 6/15/26 through 6/16/26. CI MS #3031258 and CI MS #3032833 were facility reported incidents (FRI) related to abuse. During the survey, the SA determined the facility was not in compliance with the requirements of the Mississippi Regulations for Minimum Standards for Institutions for the Aged or Infirm and cited M500. Based on implementation of the facility's corrective actions on 6/3/26, the deficient practice was determined to be past noncompliance, and the facility was determined to be in compliance effective 6/4/26, prior to survey entrance on 6/15/26. No deficiencies were cited related to CI MS # 3034124. The facility held a license for 60 beds, with a census of 57 residents.		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		M0500	"Past Noncompliance - no plan of correction required"			

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE
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M0500	<p>Continued from page 1</p> <p>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 medication and treatment after fully informed of and understanding the consequences of such action;</p> <p>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;</p> <p>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;</p> <p>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;</p> <p>7. is free from mental and physical abuse;</p> <p>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</p>			M0500			

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M0500	<p>Continued from page 2</p> <p>use and monitoring of restraint. A physician order for restraint must be countersigned within 24 hours of the emergency application of the restraint;</p> <p>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;</p> <p>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;</p> <p>11. is not required to perform services for the facility that are not included for therapeutic purposes in his plan of care;</p> <p>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);</p> <p>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);</p> <p>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);</p> <p>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</p>			M0500			

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M0500	<p>Continued from page 3</p> <p>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.</p> <p>This LICENSURE REQUIREMENT is NOT MET as evidenced by:</p> <p>Level II Based on interview, record review, and facility policy review, the facility failed to ensure residents were free from verbal abuse when a registered nurse used profane, intimidating, and demeaning language toward two (2) of 10 residents reviewed for abuse. Resident #1 and Resident #4. Based on corrective actions taken by the facility on 6/3/26, the State Agency determined the deficiency to be Past Non-Compliance and the facility was in compliance on 6/4/26 prior to survey entrance on 6/15/26.</p> <p>Findings included:</p> <p>Record review of facility policy titled, "Abuse, Neglect, Exploitation and Misappropriation Prevention Program", revealed "Residents have the right to be free from abuse, neglect, misappropriation of resident property and exploitation. This includes but is not limited to freedom from corporal punishment, involuntary seclusion, verbal, mental, sexual, or physical abuse and physical or chemical restraint not required to treat the resident's symptoms..."</p> <p>Resident #1</p> <p>Record review of facility investigation regarding an allegation of the verbal abuse of Resident #1 revealed on 5/31/2026 at 11:11 PM, Registered Nurse (RN) #1 notified the Administrator (ADM) that RN #2 used profanity toward the resident during medication pass on the 7am-3pm shift. On 6/1/2026 RN #3 stated that Resident #1 asked RN #2 "Can I have my medicine", over and over, and she witnessed RN #2 state, "Get the f*** away from me." During interview RN #2 denied cursing at the resident. Further interviews revealed that Certified Nursing Assistant (CNA) #1 also heard RN #2 cursing at Resident #1. Based on the investigation the facility corroborated the verbal abuse towards Resident #1.</p> <p>Record review of "Statement of Witness-Confidential" dated 6/1/26, signed by CNA #1 revealed he witnessed RN #2 tell Resident#1 to "Get the f*** away from her cart."</p>		M0500				

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M0500	<p>Continued from page 4</p> <p>Record review of "Statement of Witness-Confidential" dated 6/2/26, signed by RN #3 revealed that she witnessed RN #2 tell Resident #1 to "Get the f*** away from me".</p> <p>Record review of "Admission Record" revealed that the facility admitted Resident #1 on 10/6/2023 with diagnoses including Unspecified Convulsions and Restlessness and Agitation.</p> <p>Record review of the Minimum Data Set Assessment (MDS) with an Assessment Reference Date (ARD) of 3/23/26 revealed Resident #1 had a Brief Interview for Mental Status (BIMS) score of 03 indicating that the resident was severely cognitively impaired.</p> <p>Resident #4</p> <p>Record review of facility investigation of an allegation of the verbal abuse of Resident #4 revealed on 6/2/2026 at 3:45 PM, during Resident Council meeting, Resident #2 and Resident #3 reported to ADM that they witnessed RN #2 curse at Resident #4 on 5/31/2026 when he asked about his medicine. Resident #3 reported that Resident #4 asked the nurse where the rest of his medicine was and the white nurse stated, "N**** this is your medicine. His ugly a** need to leave me alone." Resident #4 stated that he asked the nurse what the medicine was she was giving him, and she told him that she didn't have time to explain and she walked on down the hall; and she said, "If you want them come down the hall your d*** self." Resident #2 stated, "I was there, I was standing right in front of the nurse's station, and it was that white nurse. We were at the nurse's station, and he asked what pill he was taking. And the nurse said, "I don't got no d*** time to explain no medicine to a resident." Based on the investigation the facility corroborated verbal abuse towards Resident #4.</p> <p>Interview with the Administrator on 6/15/26 at 3:00 PM, she verified that based on the facility's investigation they corroborated verbal abuse of Resident #1 and Resident #4 by RN #2.</p> <p>Interview with the Director of Nursing on 6/16/26 at 8:00 AM, she stated that RN #3 did not tell her that RN #2 had cursed at the resident. She only told her that she was rude. She stated she did not find out that RN #2 cursed the resident until the next day when the ADM talked to her about the situation.</p> <p>Interview with Resident #4 on 6/16/26 at 9:00 AM, he verified that RN #2 cursed at him during</p>		M0500				

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M0500	<p>Continued from page 5</p> <p>medication administration on 5/31/26 "During the day" stating that she "Did not have d*** time to explain medication to a resident" and walked away stating "If you want them come down the hall your d*** self."</p> <p>Interview with Resident #3 on 6/16/26 at 9:05 AM, she verified that she was present and heard RN #2 curse at Resident #4 but did not specify what she heard the nurse say.</p> <p>Interview with Resident #2 on 6/16/26 at 9:07 AM, he stated that he was present on 5/31/26 when RN #2 cursed at Resident #4. He stated the only curse word she used was "d***", " He verified that the nurse said she "Did not have d*** time to explain medication to a resident if you want them come down the hall your damn self," and she walked away.</p> <p>Record reviews and follow-up interview with Administrator on 6/16/26 at 9:25 AM, revealed that the facility thoroughly investigation the allegations. An abuse in-service was initiated, and staff were not allowed to work until in-service was attended. The facility reported the abuse to all necessary entities. Facility initiated audits to identify and prevent abuse. Both residents were assessed and monitored for trauma, with no negative outcomes and their care plans were updated. The ADM confirmed that the incident and investigation results were presented to the Quality Assurance Committee on 6/3/26 during which the facility policy was reviewed with no revisions made. State Agency validated this was completed on 6/3/26 and the facility was in compliance on 6/4/26 prior to State Agency entrance on 6/15/26.</p> <p>Record review of "Admission Record" revealed that the facility admitted Resident #2 on 1/23/26 with a diagnosis of Displaced Transverse Fracture of Shaft of Right Tibia.</p> <p>Record review of the MDS with an ARD of 4/28/26 revealed Resident #2 had a BIMS score of 15 indicating that the resident was cognitively intact.</p> <p>Record review of "Admission Record" revealed that the facility admitted Resident #3 on 11/11/24 with a diagnosis of Sickel-Cell Disease.</p> <p>Record review of the MDS with an ARD of 5/25/26 revealed Resident #3 had a BIMS score of 15 indicating that the resident was cognitively intact.</p> <p>Record review of "Admission Record" revealed that</p>		M0500				

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M0500	<p>Continued from page 6 the facility admitted Resident #4 on 6/23/22 with a diagnosis of Chronic Obstructive Pulmonary Disease.</p> <p>Record review of the MDS with an ARD of 2/16/26 revealed Resident #4 had a BIMS score of 15 indicating that the resident was cognitively intact.</p>			M0500			