

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 09/24/2026	
NAME OF PROVIDER OR SUPPLIER PERRY COUNTY NURSING CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 202 BAY AVENUE WEST P O BOX 1620, RICHTON, Mississippi, 39476			
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M0000	Initial Comments The State Agency (SA) conducted an Annual Recertification survey along with five (5) Complaint Investigations (CI MS #3175539, CI MS #3110634, CI MS #3119246, CI MS #3094522, and CI MS #3118904) at the facility from 9/21/26 through 9/24/26. CI MS #3175539 was investigated for misappropriation of property, quality of care, and resident rights, CI MS #3110634 was investigated for staffing, quality of care, abuse, and resident rights, CI MS #3119246 was investigated for quality of care, nursing services, falls, misappropriation of property, and falsification of records, CI MS #3094522 was investigated for abuse and quality of care, and CI MS #3118904 was a facility reported incident (FRI) that was investigated for accidents and there were no citations related to these complaints. During the survey, the SA determined the facility was not in compliance with the Minimum Standards for Institutions for the Aged or Infirm, state licensure requirements and cited M225, M500 and M815.		M0000				
M0225	45.4.1 Nursing Facility Nursing Facility. To be classified as a facility, the institution shall comply with the following staffing requirements: 1. Minimum requirements for nursing staff shall be based on the ratio of two and eight-tenths (2.80) hours of direct nursing care per resident per twenty-four (24) hours. Staffing requirements are based upon resident census. Based upon the physical layout of the nursing facility, the licensing agency may increase the nursing care per resident ratio. 2. Each facility shall have the following licensed personnel as a minimum: a. Seven (7) day coverage on the day shift by a registered nurse. b. A registered nurse designated as the Director of Nursing Services, who shall be employed on a full		M0225				

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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M0225	<p>Continued from page 1 time (five [5] days per week) basis on the day shift and be responsible for all nursing services in the facility.</p> <p>c. Facilities of one-hundred eighty (180) beds or more shall have an assistant director of nursing services, who shall be a registered nurse.</p> <p>d. A registered nurse or licensed practical nurse shall serve as a charge nurse and be responsible for supervision of the total nursing activities in the facility during the 7:00 a.m. to 3:00 p.m. and 3:00 p.m. to 11:00 p.m. shift. The nurse assigned to the unit for the 11:00 p.m. to 7:00 a.m. shift may serve as both the charge nurse and medication/treatment nurse. A medication/treatment nurse for each nurses' station shall be required on all shifts. This shall be a registered nurse or licensed practical nurse.</p> <p>e. In facilities with sixty (60) beds or less, the director of nursing services may serve as charge nurse.</p> <p>f. In facilities with more than sixty (60) beds, the charge nurse may not be the director of nursing services or the medication/treatment nurse.</p> <p>3. Non-Licensed Staff. The non-licensed staff shall be added to the total licensed staff, to complete the required staffing requirements.</p> <p>4. There shall be at least two (2) employees in the facility at all times in the event of an emergency.</p> <p>This LICENSURE REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on interviews, record review, and facility policy review, the facility failed to ensure a licensed nurse designated as the charge nurse was separate from the medication/treatment nurse by assigning the medication/treatment nurse to also serve as the charge nurse from 4:30 PM to 11:00 PM during the 3:00 PM to 11:00 PM shift for one (1) of three (3) shifts reviewed for charge nurse supervision.</p> <p>Findings Include:</p> <p>A record review of the facility's policy titled</p>	M0225					

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M0225	<p>Continued from page 2</p> <p>"Nursing Services-Staffing," dated 02/2026, revealed, "...The facility will comply with established staffing requirements by the individual state governing agencies. Each facility will designate a nurse who holds an active license...as a Charge Nurse..."</p> <p>A record review of the "Daily Unit Assignment Form," dated 09/07/2026 through 09/20/2026, revealed no licensed nurse was designated as the Charge Nurse, separate from the medication/treatment nurse, from 4:30 PM to 11:00 PM.</p> <p>On 09/23/2026 at 11:46 AM, during an interview, the Director of Nursing (DON) stated she worked Monday through Friday from 7:00 AM to 4:30 PM and served as the Charge Nurse while on duty. The DON confirmed that when her shift ended at 4:30 PM, a medication cart nurse was assigned to serve as the Charge Nurse in addition to the medication cart nurse's assigned duties until 11:00 PM. The DON stated the importance of having a designated Charge Nurse was to assume supervisory duties while the medication cart nurse remained responsible for the medication cart. The DON stated the facility would have to hire a nurse to provide Charge Nurse coverage during the 3:00 PM to 11:00 PM shift.</p> <p>On 09/23/2026 at 11:54 AM, during an interview, Certified Nursing Assistant (CNA) #2 stated she typically worked from 7:00 AM to 3:00 PM but frequently worked during the 3:00 PM to 11:00 PM shift. CNA #2 stated that when she needed assistance from the Charge Nurse during the 3:00 PM to 11:00 PM shift, she went to the medication cart nurse assigned to serve as the Charge Nurse for that shift.</p> <p>On 09/23/2026 at 12:00 PM, during an interview, the Administrator stated she was unaware that the medication cart nurse could not also serve as the Charge Nurse. The Administrator stated the importance of having a designated Charge Nurse was for the management and supervision of nursing duties. The Administrator stated the facility would have to hire a Charge Nurse to provide coverage during the 3:00 PM to 11:00 PM shift.</p>		M0225				
M0500	<p>45.17.2 Residents' Rights</p> <p>Residents' Rights. The residents' rights policies and procedures ensure that each resident admitted to the facility:</p>		M0500				

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M0500	<p>Continued from page 3</p> <p>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;</p> <p>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;</p> <p>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 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,</p>			M0500			

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M0500	<p>Continued from page 4 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 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,</p>	M0500					

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M0500	<p>Continued from page 5</p> <p>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> <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>Based on interviews, record review, and facility policy review, the facility failed to ensure a resident or Resident Representative (RR) was informed of the risks, benefits, and alternatives associated with the use of an antipsychotic medication and afforded the opportunity to participate in the treatment decision prior to initiation of the medication, for one (1) of five (5) residents reviewed for psychotropic medication use. Resident #6.</p> <p>Findings include:</p> <p>A record review of the facility's policy titled "Psychotropic Medications," revised 02/2025, revealed "...A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include...1. Anti-psychotic...Consent for Anti-psychotic...shall be completed..."</p> <p>A record review of Resident #6's "Face Sheet" revealed the facility admitted the resident on 04/10/2025 with diagnoses including Vascular Dementia, Severe with Other Behavioral Disturbance</p>	M0500					

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M0500	<p>Continued from page 6 and Other Schizophrenia.</p> <p>A record review of Resident #6's "Order Summary Report" revealed an active physician's order for Zyprexa 10 milligrams (mg) dated 8/31/26, one tablet via percutaneous endoscopic gastrostomy (PEG) tube at bedtime related to Other Schizophrenia.</p> <p>A record review of Resident #6's "Discharge Return Anticipated Minimum Data Set (MDS)," with an Assessment Reference Date (ARD) of 09/09/2026, revealed the resident had short-term memory problems. A review of Section N revealed the resident received an antipsychotic medication.</p> <p>A record review of Resident #6's "Care Plan Report" revealed a focus for psychotropic medication use with interventions including Zyprexa 10 mg via PEG tube at bedtime and monitoring for adverse reactions associated with psychotropic medications.</p> <p>A record review of Resident #6's medical record revealed no documented evidence that the resident and/or RR was informed of the risks, benefits, and alternatives associated with Zyprexa or afforded the opportunity to accept or decline the medication prior to its initiation on 11/12/2025.</p> <p>On 09/22/2026 at 3:33 PM, during an interview, Licensed Practical Nurse (LPN) #1 stated Resident #6 received Zyprexa for dementia with outbursts.</p> <p>On 09/23/2026 at 2:35 PM, during an interview, the Director of Nursing (DON) stated psychotropic medication consents were obtained upon admission or prior to initiating a newly ordered psychotropic medication. The DON stated Social Services was responsible for obtaining consent for newly admitted residents, and the DON was responsible for obtaining consent for newly ordered psychotropic medications. The DON confirmed Resident #6 had received an antipsychotic medication since 11/12/2025 and no consent had been obtained from the resident or RR prior to initiation of the medication. The DON stated the purpose of the psychotropic medication consent was to inform the resident or family member of the potential side effects and reason for the medication.</p>	M0500					
M0815	<p>45.29.1 Safe Food Handling Procedures</p> <p>Safe Food Handling Procedures. Food shall be prepared, held, and served according to current Mississippi State Department of Health Food Code Regulations.</p>	M0815					

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M0815	<p>Continued from page 7 This LICENSURE REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on observation, interview, and facility policy review, the facility failed to store and maintain food under sanitary conditions by failing to: 1) discard prepared sandwiches by the facility-identified discard date; 2) ensure an opened food product was clearly dated to identify the applicable use-by date; and 3) identify and remove produce with visible biological growth from refrigerated storage, for one (1) of two (2) kitchen observations.</p> <p>Findings include:</p> <p>A record review of the facility's policy titled "Food Storage Labeling," revised 08/2024, revealed, "Procedure:...4. Leftovers can be stored for only 3 days...5...labeling includes...b...Use By Date..."</p> <p>On 09/21/2026 at 10:12 AM, during an initial tour of the kitchen with the Dietary Manager (DM), an observation of refrigerator #2 revealed six (6) half peanut butter and jelly sandwiches and five (5) half pimento cheese sandwiches dated 09/16/2026. The DM stated the peanut butter and jelly sandwiches and pimento cheese sandwiches should have been discarded on 09/19/2026.</p> <p>During the continued kitchen observation, refrigerator #3 contained one opened bag of Parmesan cheese labeled with two dates, 02/23/2026 and 06/09/2026. The DM was unable to identify what either date represented. Refrigerator #3 also contained 11 tomatoes with visible biological growth. The DM stated all kitchen staff were responsible for maintaining food quality.</p> <p>On 09/24/2026 at 11:43 AM, during an interview, the Administrator stated she was aware of the produce with visible biological growth, the opened cheese with unclear dating, and the prepared food that had not been discarded by the identified discard date. The Administrator stated all dietary staff were responsible for maintaining food safety by monitoring refrigerated food, pantry food, and newly delivered food. The Administrator stated food that was not safe for consumption should not remain in the kitchen and expected dietary staff to conduct daily rounds to ensure food was safe.</p>			M0815			