

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255159	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/23/2026
NAME OF PROVIDER OR SUPPLIER Perry County Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 202 Bay Avenue West Richton, MS 39476	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>Based on interview, record review, and facility policy and assessment review, the facility failed to designate a licensed nurse to serve as the charge nurse for each tour of duty for two (2) of three (3) shifts reviewed (3:00 PM-11:00 PM and 11:00 PM-7:00 AM), which had the potential to affect all 57 residents residing in the facility. Findings include: A review of the facility's policy, Nursing Services-Staffing, revised 11/17, revealed, .3. Each facility will designate a nurse as a Charge Nurse on each tour of duty. The Charge Nurse will supervise the care rendered to the residents to promote quality of life, resident rights, and to assure that the care rendered is consistent with areas identified in the comprehensive care plan. A record review of the facility's Facility Assessment, dated 11/17/25, revealed, .Facility Resources needed to Provide Competent Support and Care for Our Resident Population. Staffing Plan. 7AM-3PM shift 7 aides (Certified Nurse Aides)/2 LPNs (Licensed Practical Nurse)/1 Charge/TX (Treatment) RN (Registered Nurse); 3PM-11PM shift 4 aides/2 LPNs; 11PM-7AM shift 4 aides/1 LPN. A record review of the facility's Monthly Staff Schedule for February 2026 revealed that on 2/23/26 there were three (3) nurses scheduled for the 7:00 AM to 3:00 PM shift, two (2) nurses scheduled for the 3:00 PM to 11:00 PM shift, and one (1) nurse scheduled for the 11:00 PM to 7:00 AM shift. No designated charge nurse was identified on the schedule for any shift. On 2/23/26 at 10:45 AM, during an interview, the Staff Development Nurse explained the facility has three halls (B, C, and D) and that nursing staff work eight-hour shifts. She reported that during the 7:00 AM to 3:00 PM shift there are three nurses consisting of two medication nurses and one treatment nurse. She stated that during the 3:00 PM to 11:00 PM shift there are two LPNs, and during the 11:00 PM to 7:00 AM shift there is one LPN. She confirmed she does not schedule a designated charge nurse after 3:00 PM each day. On 2/23/26 at 1:00 PM, during an interview with the Director of Nursing (DON), Staff Development Nurse, and the Administrator, the DON reported the facility does not have a designated charge nurse for each tour of duty except for the 7:00 AM to 3:00 PM shift. The DON explained the facility recently lost the RN supervisor and is actively recruiting for the position. She stated the 7:00 AM to 3:00 PM charge nurse also provides treatments to residents. She confirmed there is no designated charge nurse for the 3:00 PM to 11:00 PM or 11:00 PM to 7:00 AM shifts.</p>

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.

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