

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255217	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/16/2024
NAME OF PROVIDER OR SUPPLIER River Heights Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 402 Arnold Avenue Greenville, MS 38701	

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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47158</p> <p>Based on staff and resident interview, record review and facility policy review the facility failed to prevent resident to resident sexual abuse for two (2) of five (5) residents reviewed for sexual abuse. Resident # 1 and Resident #3.</p> <p>Findings include:</p> <p>Record review of the facility policy, titled Abuse Prevention Program dated November 2010, revealed Policy Statement: Our residents have the right to be free from abuse .1. Our facility is committed to protecting our residents from abuse by anyone including .other residents .</p> <p>Record review of the facility investigation titled Checklist for Follow-Up to Incidents Requiring Investigation dated 7/10/24 regarding an allegation of sexual abuse involving Resident #1 and Resident #2 revealed that on 7/6/24 at 7:16 PM, Resident #4 reported that he saw Resident #1 touching Resident #2's breast under her shirt. He stated that he told him to stop and went out to smoke. Resident #4 stated upon his return Resident #1 was touching Resident #2 on her breast again, so he went to the nurses' station and reported it to the nurse. The investigation revealed upon interview Resident #1 admitted that he was touching Resident #2 because he felt like he could.</p> <p>Interview with Resident #4 on 7/15/24 at 2:30 PM, revealed on 7/6/24 around 7:00 PM, he was in the dining room and saw Resident #1 touching Resident #2's breast under her shirt. He stated he told Resident #1 to stop and then went out to smoke. Resident #4 stated when he came back in Resident #1 was touching Resident #2's breast again and he went and told the nurse.</p> <p>Record review of the facility investigation titled Checklist for Follow-Up to Incidents Requiring Investigation dated 7/12/24, regarding an allegation of sexual abuse involving Resident #1 and Resident #3 revealed on 6/24/24 at 3:45 PM, while outside on the smoking patio, the Maintenance staff witnessed Resident #1 feeling on Resident #3. The Maintenance staff and Resident #3 both told Resident #1 to stop. The Maintenance staff took Resident #3 inside to the nurses' station and Resident #1 came by and touched her again. The Maintenance man then reported the incident to Social Services. Upon facility interview on 7/11/24, Resident #3 stated on 6/24/24 Resident #1 touched her breast, and she did not want him to touch her. Upon facility interview on 7/11/24, Resident #1 denied knowledge of the incident and stated that he did not know Resident #3.</p> <p>(continued on next page)</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 255217
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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of Statement of Witness-Confidential revealed Social Services provided a witness statement to the Administrator dated 7/11/24, which indicated on 6/24/24 Maintenance staff notified her that Resident #1 touched #3 while outside on the patio and again at the nurses' station.</p> <p>Interview with the Maintenance staff on 7/15/24 at 2:00 PM, revealed on 6/24/24 at 3:45 PM, he had taken residents out to the smoking patio to smoke, and he saw Resident #1 touch Resident #3's breast. He stated that he could not leave the residents unsupervised so as soon as the resident cigarette break was over, he took Resident #3 inside to the nurses' station and Resident #1 touched her again. The Maintenance staff stated Social Services was there, so he reported the incident to her.</p> <p>Record review of a handwritten statement signed by Resident #1 dated 7/8/24 revealed I (Proper name of Resident #1) was in the dining room and yes I touch (Proper name of Resident #2) because I felt like I could touch her.</p> <p>Interview with Resident #1 on 7/15/24 at 3:40 PM, he stated that he knew Resident #2 and Resident #3. He confirmed he had touched both residents on the breasts without their permission. Resident #1 stated he touched them because he wanted to.</p> <p>During a telephone interview with Social Services on 7/15/24 at 5:30 PM, revealed on 6/24/24 around 4:00 PM Maintenance staff notified her Resident #1 was feeling up Resident #2 in the smoking area. She confirmed there was no documentation she had notified the Administrator or Director of Nursing.</p> <p>Interview with the Administrator on 7/16/24 at 8:00 AM, confirmed she was not notified of the incident that occurred on 6/24/24 between Resident #1 and Resident #3 at the time it occurred. She stated she did not receive any information regarding the incident until 7/11/24 when she received a witness statement from Social Services regarding the incident.</p> <p>Record review of the Face Sheet for Resident #1 revealed he was admitted on [DATE] to the facility with diagnoses that included Essential Hypertension.</p> <p>Record review of the admission Minimum Data Set Assessment (MDS) with an Assessment Reference Date (ARD) of 6/20/24 for Resident #1 revealed a Brief Interview for Mental Status (BIMS) score of 15, indicating the resident is cognitively intact.</p> <p>Record review of the Face Sheet for Resident #2 revealed she was admitted on [DATE] to the facility with diagnoses that included Dementia.</p> <p>Record review of the annual MDS with an ARD of 6/24/24 for Resident #2 revealed a BIMS score of 3, indicating the resident is severely cognitively impaired.</p> <p>Record review of the Face Sheet for Resident #3 revealed she was admitted on [DATE] to the facility with diagnoses that included Schizophrenia.</p> <p>Record review of the Optional State Assessment (OSA) MDS with and ARD of 7/1/24 for Resident #3 revealed a BIMS score of 15, indicating the resident is cognitively intact.</p> <p>Record review of the Face Sheet for Resident #4 revealed he was admitted on [DATE] to the facility with diagnoses that included Chronic Obstructive Pulmonary Disease.</p> <p>(continued on next page)</p>		

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F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Record review of the annual MDS with and ARD of 5/21/24 for Resident #4 revealed a BIMS score of 15, indicating the resident is cognitively intact.		