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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                    | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>255217 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                   | (X3) DATE SURVEY COMPLETED<br><br>06/05/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>River Heights Healthcare Center |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>402 Arnold Avenue<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)  |
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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>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>Based on facility investigation review, record review and staff interview, the facility failed to protect the residents' right to be free from sexual abuse by other residents for one (1) of six (6) residents reviewed for abuse. Resident #49.</p> <p>Findings included:</p> <p>Record review of the facility policy, titled Abuse Prevention Program, revealed Policy Statement: Our residents have the right to be free from abuse, neglect, misappropriation of resident property, corporal punishment and involuntary seclusion.</p> <p>Resident #49</p> <p>Record review of the facility investigation titled Report of Investigation dated 2/24/25, regarding an allegation of sexual abuse involving Resident #52 and Resident #49 revealed that on 2/20/2025 at approximately 5:10 AM Certified Nurse Assistant (CNA) witnessed Resident #52 with his hand underneath Resident #49's blouse rubbing her breasts in the day room. The residents were separated, and Resident #52 was placed on one-on-one monitoring. Resident #49 was assessed and found to have no injuries.</p> <p>Record review of Fact Finding Witness Interview-Confidential, dated 2/20/25 revealed that during interview with Social Services Resident #52 denied rubbing Resident #49's breasts, stating that she was trying to stand up and her breast fell out and he was trying to cover it.</p> <p>Record review of Fact Finding Witness Interview-Confidential, dated 2/20/25 revealed that during interview with Social Services Resident #49 indicated that she was touched by Resident #52.</p> <p>In an attempted interview with Resident #49 on 6/3/25 at 8:18 AM she did not respond.</p> <p>In an attempted interview with Resident #52 on 6/3/25 at 8:21 AM, he stated get the hell out.</p> <p>Interview with the DON on 6/3/25 at 11:00 AM, she confirmed that the facility investigation confirmed that Resident #52 was witnessed by a staff member rubbing Resident 49's breast and agreed that this action constituted abuse.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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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>Telephone interview with CNA #3 on 6/3/24 at 4:54 PM she stated on 2/20/25 around 5:10 AM she was making rounds and went to the day room area and saw Resident #52 with his right hand through the sleeve of Resident 49's shirt rubbing her breasts. She stated that she separated the residents and notified the nurse. She stated that Resident #52 has a history of inappropriately touching staff but has not touched a resident before.</p> <p>Record review of the admission Record revealed the facility admitted Resident #49 on 12/26/23 with a diagnosis of Diffuse Traumatic Brain Injury and Cognitive Communication Deficit.</p> <p>Record review of the MDS with and ARD of 12/19/24 for Resident #49 revealed a BIMS score of 11, indicating the resident is moderately cognitively impaired.</p> <p>Record review of the admission Record revealed the facility admitted Resident #52 on 7/26/24 with diagnoses including Traumatic Hemorrhage of Cerebrum.</p> <p>Record review of the MDS with an ARD of 1/23/25 for Resident #52 revealed a BIMS score of 11, indicating the resident is moderately cognitively impaired.</p> |  |  |