STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255217	A. Building B. Wing	05/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
River Heights Healthcare Center	402 Arnold Avenue Greenville, MS 38701

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. Based on interview, record review and facility policy review, the facility failed to ensure residents were treated with respect and dignity from a staff member for six (6) of eleven (11) residents who attended the Resident Council meeting on 5/5/26. Residents #2, #20, #19, #29, #18, #47.Findings include:A review of the facility policy, Resident Rights, revised October 2025, revealed, Policy Statement .Employees shall treat all residents with kindness, respect, and dignity .A record review of the grievance logs for 2026 revealed no documented concerns related to staff conduct or resident dignity.A record review of the Resident Council meeting minutes for 2026 revealed no documented concerns related to staff conduct or resident dignity.During a Resident Council meeting on 5/5/26 at 2:00 PM, (11) residents were present, all with a Brief Interview for Mental Status (BIMS) score of (15), indicating the residents were cognitively intact. All (11) residents identified Licensed Practical Nurse (LPN) #1 as often being rude during medication administration and general interactions. They specifically stated she is rude, pushy, and snappy, and speaks to them as though they are children. Many indicated they had not previously reported this concern because they feel staff members side with one another. The State Agency asked the Resident Council President and [NAME] President why the concern had not been reported to the Administrator. They stated they believed the Administrator would take the nurse's side and that reporting would do no good.Resident #2 On 5/5/26 at 3:11 PM, during an interview with Resident #2, he indicated that he does not like interacting with LPN #1, as she is rude when administering his medications and often talks to him as if he were a child. He says it is not going to do any good complaining to the staff because they will not do anything.A record review of the admission record revealed the facility admitted Resident #2 on 10/14/24 with diagnoses including Chronic Obstructive Pulmonary Disease with Acute Exacerbation and Hypokalemia.A record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 4/12/26 revealed a Brief Interview Mental Score (BIMS) of (15), indicating the resident is cognitively intact.Resident #20 On 5/6/26 at 2:53 PM, during a follow-up interview with Resident #20, he reported that when LPN #1 brings his medications, often before dinner, he requests to take them after eating instead, as they upset his stomach. He asserts that the nurse consistently refuses this request, responding in a confrontational manner, stating, You have to take it now, and I'm not leaving your room until you do! Resident #20 emphasizes that her tone is disrespectful and condescending, making him feel treated like a child. He mentioned that he brought this issue to the Administrator's attention months ago, who promised to investigate it. However, he noted that the nurse's behavior remains unchanged.A record review of the admission record reveals the facility admitted Resident #20 on 7/1/24 with diagnoses including Abdominal Distension (Gaseous).A record review of the MDS with an ARD of 3/30/26 revealed a BIMS score of 15 indicating the resident is cognitively intact.Resident #19 On 5/6/26 at 3:07 PM, during a conversation with Resident #19, the Resident Council President shared his feelings about LPN #1's tone towards him. He described her communication style as condescending when she gives him his medications, which he interpreted as rudeness. He states her behavior has left him feeling hopeless and disrespected. He said that he hasn't felt comfortable discussing these concerns with the Administrator or the Social Worker, as he has seen in the past (continued on next page)

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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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	that the staff tends to support one another in ways that may overlook the feelings and experiences of the residents.A record review of the admission Record reveals the facility admitted Resident #19 on 5/7/13 with diagnoses including Unspecified Lack of Coordination.A record review of the MDS with an ARD of 4/16/26 revealed a BIMS score of 15, indicating the resident is cognitively intact.Resident #29 On 5/7/ 2026, at 8:06 AM, during an interview with Resident #29, she stated that whenever she tries to speak with LPN #1, the nurse often responds rudely. This harsh treatment leaves her feeling vulnerable and rejected, making her feel unable to change the way she is treated. She longs for kindness because the nurse's rudeness hurts her feelings, and she does not appreciate it.A record review of the admission Record revealed the facility admitted Resident #29 on 11/11/24 with diagnoses including Osteomyelitis of the Vertebra, Sacral, and Sacrococcygeal Region.A record review of the MDS with an ARD of 2/16/26 revealed a BIMS score of 15, indicating the Resident is cognitively intact.Resident #18 On 5/7/26 at 8:12 AM, during an interview with Resident #18, he expressed frustration and sadness about his interactions with LPN #1. He recounts how, when he has questions about his medications, she often snaps at him. He expresses that she frequently comes into his room in a bad mood. It makes him feel angry and helpless, as he feels there's little, he can do to change the situation. He just endures it, which adds to his sense of isolation and sorrow.A record review of the admission Record revealed the facility admitted Resident #18 on 1/25/21 with diagnoses including Orthostatic Hypotension.A record review of the MDS with an ARD of 2/15/26 revealed a BIMS score of 15 indicating the resident is cognitively intact.Resident #47 On 5/7/ 2026, at 8:30 AM, in an interview with Resident #47, who holds the position of [NAME] President of the Resident Council. During our discussion, she shared that multiple residents have voiced concerns about the way LPN #1 talks to them. She has witnessed this behavior in front of staff, which has led residents to believe that reporting her actions would be ineffective, as they feel no meaningful action will be taken to address the issue.A record review of the admission Record revealed the facility admitted Resident #47 on 2/2/19 with diagnoses including Hemiplegia and Hemiparesis Following Unspecified Cerebrovascular Disease Affecting the right dominant side.A record review of the MDS with an ARD of 3/29/26 revealed a BIMS score of 15 the resident is cognitively intact.During an interview on 5/6/26 at 3:41 PM, LPN #1 stated she ensures she treats residents with dignity and does not raise her voice. She stated some residents with behavioral concerns accuse her of yelling when she does not. She stated she is not aware of any resident or staff complaints that she has mistreated residents and denied any such complaints had been made. When discussing how she responds to Residents who refuse to take medications at the time indicated, LPN #1 mentioned that one resident comes to mind, Resident # 20. She indicates that he has a medication that he takes at 5 PM and other at 8 PM. She revealed that for this Resident, due to the importance of the medication, she does not allow him to take it later and that she stays in his room ensuring that he takes it before he leaves. She adds she only an hour after the scheduled medications before it is determined late, so she likes to make sure she stays within those parameters when giving medications to the Residents. However, with Resident #20 she could consider giving him his medications at the 8 PM medication pass time.During an interview on 5/7/26 at 10:15 AM, the Director of Nursing (DON) stated that when a resident reports that a nurse is rude or speaking to them in a demeaning manner, the social worker files a grievance, an investigation is initiated, and witness statements are obtained from both the nurse and the residents. She stated there is no minimum number of residents required to report a nurse before an investigation is begun, and that a nurse would not be allowed to remain in the building during such an investigation. She stated that (6) residents reporting a nurse as rude and speaking down to them is a very serious situation, and that this type of behavior is a violation of residents' dignity and respect.During an interview on 5/7/26 at 10:52 AM, the Administrator stated she had received prior reports regarding LPN #1 and had completed some corrective counseling but stated no residents had reported concerns about LPN #1's rudeness to her. She stated that when a resident reports a nurse is rude, her process is to interview the residents involved, in-service staff on abuse (continued on next page)

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	and neglect, and implement corrective counseling depending on the level of the allegation. She stated this type of behavior is a violation of residents' dignity, respect, and resident rights, and could cause mental anguish.

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F 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice. Based on interview, record review, and facility policy review, the facility failed to promote and facilitate resident self-determination by restricting residents' right to freely congregate in the activity room during evening hours for three (3) of eleven (11) residents who attended the Resident Council meeting on 5/5/26. Residents #2, #20 and #40.Findings include:A review of the facility policy, Resident Rights, revised October 2025, revealed, Policy Statement .Employees shall treat all residents with kindness, respect, and dignity .Policy Interpretation and Implementation. 1. Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the residents right to .exercise their rights as a resident of this facility .f.be supported by the facility in exercising their rights.A record review of the grievance logs for 2026 revealed no concerns documented related to restrictions on resident congregation.A record review of the Resident Council meeting minutes for 2026 revealed no documented concerns related to restrictions on resident congregation.During a Resident Council meeting on 5/5/26 at 2:00 PM, (11) residents were present, all with Brief Interview for Mental Status (BIMS) scores of 15, indicating each was cognitively intact.The residents expressed that they are not permitted to congregate in the activity room, which is also the dining area, to play cards, dominoes, or simply socialize after administrative staff leave the building during evening hours. They stated they would like to use the activity room around 8:00 PM to play dominoes, cards or to simply socialize but that the nurse on duty refuses to allow them in the area, stating there must be a staff member present to monitor them and that no staff are currently assigned to do so. They stated they had brought this concern to the Activity Director, who repeated that they must be monitored. They expressed that this is upsetting because they are adults, this is their home, and their ability to freely gather should not be restricted.Resident #2 On 5/5/26 at 3:14 PM, during an interview with Resident #2 in the Resident Council meeting, he indicated that he does not like interacting with Licensed Practical Nurse (LPN) #1, as she is rude and talks to him and the other Residents as if they were children when trying to sit in the dining area to play dominoes or socialize during the late evening. He said this upsets him because this place is his home, he is an adult and feels it is his right to be there anytime he wants.A record review of the admission record revealed the facility admitted Resident #2 on 10/14/24 with diagnoses including Chronic Obstructive Pulmonary Disease with Acute Exacerbation and Hypokalemia.A record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 4/12/26 revealed a Brief Interview for Mental Score (BIMS) score of (15), indicating the resident is cognitively intact.Resident #20 On 5/5/26, at 3:17 PM, during the Resident Council meeting, Resident #20 expressed his desire for the option to stay in the activity area to socialize with other residents in the evening. He stated that currently, staff require them to leave because they need supervision, and since no staff members are available to sit with them, they are unable to remain in the space. He feels this is unfair and believes it violates his rights as a resident of the facility.A record review of the admission record revealed the facility admitted Resident #20 on 7/1/24 with diagnoses including Abdominal Distension (Gaseous).A record review of the MDS with an ARD of 3/30/26 revealed a BIMS score of 15 indicating the resident is cognitively intact.Resident # 40 During the Resident Council meeting on 5/5/26 at approximately 3:28 PM, Resident #40 explained that he likes to play dominoes in the evening with some of the other Residents around 8:00 PM or later. The nurse on duty will say he and the other Residents are not allowed in there this late because no one is in there to sit with them. He states that this irritates him because he does not understand why he is not allowed in there, since this is where they usually do their activities during the day. He adds that he is an adult and would like the freedom to gather with other Residents in this area at any time of day.On 5/6/26 around 4:00 PM, the State Agency (SA) noticed Resident #40 looking pretty frustrated as he wheeled himself into his room with a box of dominoes in his lap. He shared that LPN #1 had just told him to leave the activity area with the (continued on next page)

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F 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	dominoes and head back to his room. Resident #40 was clearly annoyed, saying he was tired of talking to him like he was a kid and telling him what to do. He pointed out that it just wasn't right for her to treat him that way.A record review of the admission record revealed the facility admitted Resident #40 on 9/29/22 with diagnoses including Muscle Weakness (Generalized).A record review of the MDS with an ARD of 2/9/26 revealed a BIMS score of 15 indicating the resident is cognitively intact.During an interview on 5/6/26 at 10:15 AM, the Activities Director stated residents had told her they wanted to gather in the dining and activity room area. She stated she brought this to the Administrator, who responded that residents are not allowed in that area when staff is not present. She explained that residents expressed that they feel they are being treated as children and that it is their right to freely congregate adding, the Administrator has been consistent with this decision. She further stated residents are permitted to congregate in the day room area near the front of the building, but that it contains only one table and becomes crowded quickly depending on how many residents come up front.During an interview on 5/6/26 at 3:41 PM, LPN #1 stated she works evening shifts from time to time and acknowledged that residents are not allowed in the dining area in the evening around 8:00 PM to play dominoes or engage in other social activities. She stated the facility does not have available staff to sit with them in that area to ensure safety but acknowledged it is the residents' right to be able to congregate with or without a staff monitor present.During an interview on 5/7/26 at 10:29 AM, the Administrator stated there is currently no staff member assigned to monitor residents in the activity area during evening hours, and they are not permitted to congregate in the activity room unsupervised due to past allegations between the residents. She added that residents should be allowed to go anywhere in the building as a matter of resident rights.

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. Based on observation, interview, and record review, the facility failed to develop and implement a comprehensive person-centered care plan for two (2) of (16) sampled residents reviewed (Resident #7 and Resident #9).Findings include:A record review of the facility's Care Plans, Comprehensive Person-Centered with a revision date of March 2022 revealed, A comprehensive person-centered care plan that includes measurable, objective and timetables to meet the residents physical, psychosocial and functional needs is developed and implemented for each resident.Resident #7A record review of Resident #7's Care Plan Report revealed an intervention to maintain Enhanced Barrier Precautions (EBP) including washing hands, wearing a gown, wearing gloves, and other precautions when performing close contact care in the resident's room.During an observation on 5/6/26 at 9:20 AM, Licensed Practical Nurse (LPN) #1 was observed administering medication via Percutaneous Endoscopic Gastrostomy (peg) tube to Resident #7. Enhanced Barrier Precaution signage was posted on the door. LPN #1 did not put on a gown prior to administering medication via peg tube.During an interview on 5/6/26 at 9:54 AM, LPN #1 confirmed she did not wear a gown while administering medication via peg tube. She stated she forgot to put it on. She stated the purpose of the gown is to protect the nurse and resident from body secretions that may come from the abdomen, and that she placed the resident at risk for infection by not wearing a gown. She stated she did not follow the care plan.During an interview on 5/7/26 at 10:51 AM, Registered Nurse (RN) #1 stated the care plan provides a road map for resident care and that all staff are expected to be knowledgeable about and follow the individualized care plan. She stated all peg tube residents are care planned for EBP and that a sign is posted on the door.During an interview on 5/7/26 at 11:16 AM, the Director of Nursing (DON) stated LPN #1 should have worn a gown prior to care because the resident has a peg tube. She stated the peg tube is an opening into the resident's body and that the resident was placed at risk for possible infection. She stated her expectation is that staff wear a gown for all EBP residents and that LPN #1 did not follow the care plan.A record review of the admission Record revealed the facility admitted Resident #7 on 6/23/11 with diagnoses including Dysphagia Oropharyngeal Phase.A record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 3/2/26 revealed a Brief Interview for Mental Status (BIMS) score of 15, indicating the resident is cognitively intact.Resident #9A record review of Resident #9's Care Plan Report revealed a care plan with interventions that included .Clean stoma with soap and water, pat dry, wipe skin around the stoma with skin prep, and apply wafer with bag as needed. Clean suprapubic catheter with soap and water each shift.The position assigned was listed to Licensed Practical Nurse (LPN) and Registered Nurse (RN).During an interview on 5/5/26 at 2:00 PM, LPN #1 stated Resident #9 performs his own catheter care.During an interview and observation on 5/5/26 at 3:27 PM, Resident #9 stated he performs his own catheter care and colostomy care. He stated the 11-7 nurse brings his colostomy bag to his room around 3:00-4:00 AM daily. He stated he applies three pairs of gloves and removes one pair after each step of care, uses a wet soap towel for catheter care, and wipes from the insertion site downward. He stated a nurse had never observed him performing the care. A clean colostomy bag was observed on the bedside table.During an observation on 5/6/26 at 12:20 PM, a clean colostomy bag was observed on the table by Resident #9's bed.During an interview on 5/7/26 at 11:23 AM, the DON confirmed she was aware that Resident #9 performs his own colostomy and suprapubic catheter care. She stated the resident is at risk for infection and that there is no physician order or assessment in place for the resident to perform his own care. She stated she is aware that nurses have been signing the ETAR as if the care was completed per order. She stated staff did not follow physician orders.During an interview on 5/7/26 at 11:45 AM, RN #3 confirmed she is aware that Resident #9 performs his own colostomy and suprapubic catheter care and that she has been signing the ETAR. She stated she cuts the wafer and provides supplies, and the resident performs the care.A record review of the Order (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Summary Report revealed an order dated 8/1/24 Clean suprapubic catheter with soap and water per Certified Nursing Assistant (CNA) every shift and an order dated 9/13/24 Clean the stoma with soap and water, pat dry, wipe skin around stoma with skin prep, and apply wafer with bag as needed.A record review of the admission Record revealed the facility admitted Resident #9 on 3/5/24 with diagnoses including Urinary Tract Infection, Uninhibited Neuropathic Bladder Not Elsewhere Classified, Colostomy Complications Unspecified, and Other Retention of Urine.A record review of Resident #9's MDS with an ARD of 3/4/26 revealed a BIMS score of 15, indicating the resident is cognitively intact.A record review of Resident #9's Electronic Treatment Administration Record (ETAR) for April and May 2026 revealed the colostomy and suprapubic catheter care was signed off as completed by numerous nurses. RN #3 signed the ETAR on 5/7/26.

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate treatment and care according to orders, resident?s preferences and goals. Based on observations, interviews, record review and facility policy review the facility failed to implement physician orders related to colostomy care and suprapubic catheter care for one (1) of (1) care observations. Resident #9Findings Include:A record review of the facility's policy Compliance Risks--Resident Quality of Care and Quality of Life revised January 2025, revealed Compliance with the Medicare and Medicaid Requirements of Participation for resident quality of care and resident quality of life is consistent with the goals of the overall compliance and ethics program .On 5/5/26 at 2:00 PM, during an interview, Licensed Practical Nurse (LPN) #1 stated Resident #9 performs his own catheter care.On 5/5/26 at 3:27 PM, during an interview and observation with Resident #9 stated he performs his own catheter care and colostomy care. He stated the 11-7 nurse brings his colostomy bag to his room around 3:00-4:00 AM daily. He stated he applies three pairs of gloves and removes one pair after each step of care, uses a wet soap towel for catheter care, and wipes from the insertion site downward. He stated a nurse had never observed him performing the care. A clean colostomy bag was observed on the bedside table.On 5/6/26 at 12:20 PM, during an observation a clean colostomy bag was observed on the table by Resident #9's bed.During an interview on 5/7/26 at 11:23 AM, the Director of Nursing (DON) confirmed she was aware that Resident #9 performs his own colostomy and suprapubic catheter care. She stated the resident is at risk for infection and that there is no physician order or assessment in place for the resident to perform his own care. She stated she is aware that nurses have been signing off on the ETAR as if the care was completed by order. She stated they did not follow physician orders.During an interview on 5/7/26 at 11:45 AM, Registered Nurse (RN) #3 confirmed she is aware that Resident #9 performs his own colostomy and suprapubic catheter care and that she has been signing the ETAR. She stated she cuts the wafer and provides supplies, and the resident does the care.A record review of the admission Record revealed the facility admitted Resident #9 on 3/5/24 with diagnoses including Urinary Tract Infection, Uninhibited Neuropathic Bladder Not Elsewhere Classified, Colostomy complications unspecified, and Other Retention of Urine.A record review of Resident #9's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 3/4/26 revealed a Brief Interview for Mental Status (BIMS) score of 15, indicating the resident is cognitively intact.A record review of the Order Summary Report revealed an order dated 8/1/24, Clean suprapubic catheter with soap and water per Certified Nursing Assistant (CNA) every shift and an order dated 9/13/24 Clean the stoma with soap and water, pat dry, wipe skin around stoma with skin prep, and apply wafer with bag as needed.A record review of Resident #9's Electronic Treatment Administration Record (ETAR) for April and May 2026 revealed numerous signatures by nurses that the colostomy and suprapubic catheter care were being completed by nurses. RN #3 signed it on 5/7/26.

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F 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide safe, appropriate pain management for a resident who requires such services. Based on interview, record review and facility policy review, the facility failed to ensure pain management was provided consistent with professional standards of practice for one (1) of (1) sampled residents reviewed for pain management. (Resident #1).Findings include: A policy review of the Pain Management and Assessment policy no date, reveals, Purpose . The purposes of this procedure are to help the staff identify pain in the resident, develop interventions consistent with the resident's goals and needs, and address the underlying causes of pain .General guidelines. 1. Pain management is a multidisciplinary process that includes the following .monitoring for the effectiveness of interventions; and modifying approaches as necessary .During an interview on 5/4/26 at 1:00 PM, Resident #1 stated he has been experiencing consistent pain at a level of 6 for the last couple of years and that his current pain medication regimen is not strong enough. He stated he has reported this to his medication nurse and to the Nurse Practitioner (NP), who told him it will get better eventually, but it has not. He stated he walks around the building daily after lunch for exercise but fears this will eventually have to stop due to the increasing pain in his legs, feet, and back.During an interview on 5/4/26 at 1:09 PM, Licensed Practical Nurse (LPN) #1 who serves as the Minimum Data Set (MDS), acknowledged that Resident #1 walks around the building daily after lunch as part of his exercise routine.During an interview on 5/5/26 at 3:50 PM, Registered Nurse (RN) #2 stated standard nursing procedure is to notify the NP when a resident reports that their pain regimen is not working. She stated that once the NP is notified, it is up to the NP to adjust medications. She stated pain affects all aspects of a resident's daily life, including participation in day-to-day activities and eating habits, and that it is important to address any resident report of ineffective pain medication.During an interview on 5/6/26 at 11:20 AM, LPN #2 stated she has worked at the facility for the past two years with Resident #1 and that he has consistently reported his current pain medications are not enough, consistently indicating a pain level of 6, which she documents as required. She stated she reported this to the NP a couple of months ago, and the NP indicated there was nothing she could do. She stated she informed the resident of this response.During an interview on 5/7/26 at 9:24 AM, the NP stated her normal process when any resident reports frequent pain on more than two occasions is to evaluate them and order x-rays. She stated that if conservative medications are not working, she would change the medication regimen or refer the resident to Pain Management, particularly if the resident reports pain is affecting their daily activities. With regard to Resident #1, she stated she had evaluated him a few months ago because his nurse reported his complaints of pain, but she did not see a reason to adjust his medications at that time. Upon the State Agency's review of the Weight and Vitals summary reflecting consistent nursing documentation of Resident #1 reporting a pain level of 6 or higher from March 2026 through May 2026, the NP stated she drives three hours to the facility one time per week and is only in the building for two hours, does not get to see all residents, and that she missed the frequency of this resident's documented pain. She acknowledged it was her fault and stated she would reevaluate him while at the facility that day.During an interview on 5/7/26 at 2:32 PM, the Director of Nursing (DON) stated that following her discussion with the State Agency that day, the NP reported she had interviewed Resident #1 and that during that discussion he did not express concerns about his current pain medication regimen, stating only that he was constipated. The DON stated the NP did not adjust the pain regimen but provided medication for constipation. Following this interview, the State Agency interviewed Resident #1 with the DON and the Administrator present. Resident #1 restated he is currently experiencing pain in his legs, back, and feet and needs staff to do something to help him, confirming the concerns he expressed during the initial interview on 5/4/26.A record review of the admission Record revealed the facility admitted Resident #1 on 3/4/20 with diagnoses including Pain in Right Lower Leg, Pain in Left Lower Leg, Pain in Right Leg, Muscle Spasm of Back, Pain in Right Foot, Chronic Pain Syndrome, and Other Chronic Pain.A record review of Resident #1's Order Summary Report revealed (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255217	A. Building B. Wing	05/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
River Heights Healthcare Center	402 Arnold Avenue Greenville, MS 38701

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F 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	the following active pain-related medication orders: Acetaminophen Extra Strength Oral Tablet 500 milligrams (mg), give 2 tablets by mouth every 6 hours as needed for pain; Tizanidine HCl Oral Capsule 2 mg, give 2 mg by mouth two times a day related to Muscle Spasm of Back; Hydroxychloroquine Sulfate Oral Tablet 200 mg, give 1 tablet by mouth two times a day related to Other Chronic Pain; and Acetaminophen-Codeine Tablet 300-30 mg, give 1 tablet by mouth two times a day related to Pain in Leg, Unspecified.A record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 2/21/26 revealed a Brief Interview for Mental Status (BIMS) score of 15, indicating cognitively intact.A record review of the Weight and Vitals summary from March 2026 through May 2026 revealed consistent nursing documentation of Resident #1 reporting a pain level of 6 or higher.

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F 0851 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data. Based on interview, record review, and facility policy review the facility failed to ensure that complete and accurate direct care staffing information was electronically submitted to the Centers for Medicare & Medicaid Services (CMS) through the Payroll-Based Journal (PBJ) system within the required timeframe for one (1) of four (4) quarters reviewed, FY (Fiscal Year) Quarter 1 2026 (October 1-December 31).Findings Include:A review of the facility policy Reporting Direct Care Staffing Information (Payroll-Based Journal) with a revision date of August 2022 revealed, Direct care staffing information is reported electronically to CMS through the Payroll-Based Journal system. Policy Interpretation and Implementation 1. Complete and accurate direct care staffing information is reported electronically through the PBJ system in a uniform format specified by CMS .10. Staffing information is collected daily and reported for each fiscal quarter no later than 45 days after the end of the reporting quarter. Dates are as follows: Quarter 1 Submission Deadline - February 14th.During an interview on 05/04/2026 at 11:33 AM, the Administrator revealed that the person in charge of submitting Payroll-Based Journal (PBJ) data for the facility is the Chief Operating Officer (COO). She stated that she knew he had submitted the data and was therefore unsure why it did not appear as submitted and stated she was unaware that the submission had not been accepted.During an interview with the COO on 5/5/26 at 12:57 PM, he revealed that PBJ data is due to be reported to CMS within 45 days after the end of each quarter and is considered late on any date after that deadline. He noted that he was out of town during the week of the Quarter 1 PBJ submission for fiscal year 2026. He stated that he submitted it on Friday (Day 44) of that week and then did not recheck the submission on Saturday (Day 45) because he had never previously experienced any issues. He stated that upon returning to the office on Monday, he received fatal warnings from CMS regarding the submission. He then emailed CMS but was instructed that they were unable to assist him due to the volume of facilities they oversee. He acknowledged that this is the second facility under his oversight to experience this issue, noting that he submits PBJ data for all four facilities under his management simultaneously. He stated that he already has a plan of correction prepared.During a follow-up interview on 5/6/26 at 12:10 PM, the Administrator presented an email on her computer from the COO in which he explained that he was out of town during the week of the PBJ submission, that he submitted on Day 45, and that he subsequently received fatal warnings from CMS following that submission.During an interview with the Director of Nursing (DON) on 05/07/2026 at 8:43 AM, she revealed that the COO collects PBJ staffing data via emails from herself and Registered Nurse (RN) #1, which contains staffing numbers for each day. She stated the COO stores that data and utilizes it to submit the facility's PBJ report to CMS.During a follow-up interview with the Administrator on 5/7/26 at 12:45 PM, she noted that the importance of timely PBJ data submission is to ensure that facilities maintain adequate staffing numbers as required.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. Based on observation, interview, record review, and facility policy review the facility failed to ensure staff adhered to Enhanced Barrier Precaution (EBP) protocols during high-contact resident care activities for one (1) of (1) residents reviewed. (Resident #7)Findings include:A record review of the facility's Enhanced Barrier Precautions with a revision date of 12/2024 revealed Enhanced barrier precautions (EBP) are utilized to prevent the spread of multi-drug-resistant organisms (MDRO's) to residents .7. a. Gowns and gloves are applied prior to performing the high contact resident care activity (as opposed to before entering the room) .During an observation on 5/6/26 at 9:20 AM, Licensed Practical Nurse (LPN) #1 was observed administering medication via Percutaneous Endoscopic Gastrostomy (PEG) tube to Resident #7. EBP signage was posted on the door. LPN #1 entered the room but did not don (put on) a gown prior to administering medication via PEG tube, as required by the facility's EBP policy and the posted door signage.During an interview on 5/6/26 at 9:54 AM, LPN #1 confirmed she did not wear a gown while administering medication via PEG tube to Resident #7. She stated she forgot to put it on. She further stated that the purpose of the gown is to protect both the nurse and the resident from body secretions that may come from the abdomen and acknowledged that she placed the resident at risk for infection by not wearing a gown. During an interview on 5/7/26 at 10:21 AM, LPN #2/Infection Prevention Nurse stated that LPN #1 should have worn a gown and that not wearing one placed the resident at high risk of infection. She stated her expectation is that staff wear a gown when performing direct care for residents on EBP to prevent the spread of infection.

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F 0867 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action. Based on interview, facility policy review, and record review the facility's Quality Assurance and Performance Improvement (QAPI) committee failed to sustain corrective action to prevent recurrence of previously cited deficiencies, specifically, the facility was cited for failing to ensure infection control standards were adhered to related to proper use of Enhanced Barrier Precautions (EBP) during care in June 2025 and was again cited for the same deficient practice on the current survey, demonstrating that QAPI failed to sustain ongoing monitoring and oversight to prevent recurrence for one (1) of eight (8) deficiencies cited. F880. Findings included:Record review of the facility policy Quality Assurance and Performance Improvement Program revealed Policy Statement: The facility shall develop, implement, and maintain an ongoing, facility-wide, data-driven QAPI program that is focused on indicators of the outcomes of care and quality of life for our residents .Record review of the Centers for Medicare and Medicaid Services (CMS) Form 2567 (Statement of Deficiencies) dated 6/5/2025 revealed that the facility was cited in June 2025 for citation F880 - Failure to Ensure Infection Control Practices, specifically related to a Certified Nursing Assistant (CNA) performing catheter care without wearing appropriate Enhanced Barrier Precautions (EBP) personal protective equipment (gown). The current survey identified the same practice concern, demonstrating that the facility's QAPI interventions were insufficient to sustain long-term compliance and prevent a repeat deficiency.An interview with on 05/07/2026 at 1:40 PM, the Administrator revealed that the facility's QAPI committee meets monthly, although the regulatory requirement is at minimum quarterly. Committee members include department heads: the Administrator, Director of Nursing (DON), Activity Coordinator, Head CNA, Maintenance Supervisor, Medical Director, Social Worker, Dietary, Assistant Director of Nursing (ADON), Treatment Nurse, and Business Manager. The Administrator stated that new areas of focus are identified and discussed in QAPI meetings, followed by implementation of an evaluation plan via monthly or weekly audits. She further confirmed that the facility first discussed the results of the June 2025 annual survey during the July 2025 QAPI meeting. At that time, it was identified that the facility had received a citation for Infection Control (F880) related to a CNA performing catheter care without wearing appropriate EBP personal protective equipment. She confirmed that during the current survey cycle, the same concern was again identified. As part of the Plan of Correction from the 2025 survey, the facility initiated weekly audits of CNA staff compliance with EBP protocol for a period of 12 weeks. Once administration deemed staff compliant, monitoring was discontinued. The Administrator acknowledged that staff may have become complacent following the cessation of monitoring and subsequently failed to maintain appropriate EBP practices. She stated that to prevent recurrence, the facility may implement an extended monitoring period beyond the previously established 12-week timeframe. She noted that in addition to CNA education and monitoring, infection control audits are conducted monthly as agreed upon during QAPI, with the next audit scheduled for May 14, 2026. The Administrator explained that the purpose of QAPI is to discuss clinical performance each month, identify areas of concern, implement plans to resolve issues, address grievances, ensure compliance, maintain quality of care, and follow facility policy.