STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255252	A. Building B. Wing	06/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MS Care Center of Greenville	1221 East Union Street Greenville, MS 38703

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)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47158 Based on resident and staff interview, record review and facility policy review the facility failed to report an allegation of abuse when a resident reported that a Certified Nursing Assistant (CNA) balled up her fist, placed her knuckles into the resident's thigh and twisted for one (1) of eight (8) residents reviewed for abuse. Resident #1. Findings include: Record review of the facility policy, titled Freedom from Abuse, Neglect and Exploitation revealed, It is the policy of the facility to provide services based on the following requirement .Reporting of Alleged Violations . The facility will ensure that all alleged violations involving abuse .are reported immediately, but not later that 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury . to the Administrator of the facility and State Survey Agency, Adult Protective Services and local law enforcement in accordance with state law . A record review of the facility Resident Incident Report for Resident #1, dated 5/26/24 and completed by Licensed Practical Nurse (LPN) #1, revealed that on 5/26/24, Resident #1 reported that CNA #2, who changed her on the previous shift balled up her fist and placed her knuckles into her thigh and twisted, and pointed at her left thigh. A record review of a witness statement from CNA #1, dated and timed 5/26/24 at 1:10 AM, revealed that Resident #1 told her that on 5/26/24 at 10:30 PM, the CNA took her knuckle and pushed it into the back of her left thigh. In an interview with Resident #1 on 6/3/24 at 2:06 PM, stated that she could not remember the day but when CNA #2 was turning her to clean her up it felt like she was pushing her in the thigh with her fist. During a telephone interview with LPN #1 on 6/3/24 at 2:45 PM, she confirmed that on 5/26/25 around 1:15 AM, CNA #1 informed her that Resident #1 stated that on the previous shift CNA #2 balled up her fist and placed her knuckles into her thigh and twisted. (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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	LPN #1 stated that she followed-up with Resident #1 and the resident verified that CNA #2 balled up her fist, placed her knuckles into her thigh and twisted. She stated that she was concerned about the report from the resident and notified the on-call Registered Nurse (RN) because it was an allegation of abuse. In an interview with RN #1 on 6/3/24 at 3:15 PM, she verified that she was the on-call RN on 5/26/24. She stated she received notification from LPN #1 on 5/26/24, of Resident #1's allegation of CNA #2 balling up her fist, placing her knuckles into her thigh and twisting. She stated that on 5/26/24 at 6:00 AM, Resident #1 told her that CNA #2 had come into the room to clean her up and asked her to grab the rail and hold herself. Resident #1 then told RN #1 that she felt CNA #2's fist smash into her left thigh. RN #1 stated that she notified the Administrator and Director of Nursing (DON) immediately because Resident #1's statement was an allegation of abuse. On 6/3/24 at 3:25 PM, during an interview with the DON, she verified that she received a report of Resident #1's allegation from RN #1 on 5/26/24. She stated that the facility did not report Resident #1's complaint of CNA #2 balling up her fist, placing her knuckles into her thigh and twisting because the resident has a history of making false accusations and on completion of their investigation, they could not validate the incident occurred. The DON agreed that Resident #1's complaint should have been considered an allegation of abuse and should have been reported as such. In an interview with the Administrator on 6/3/24 at 4:30 PM, she stated that Resident #1's complaint was not reported because they did not feel it was an allegation of abuse. A record review of the Face Sheet for Resident #1 revealed that the facility admitted the resident on 1/23/2017 with a diagnosis of Flaccid Hemiplegia affecting left non-dominant side. A record review of Resident #1's Quarterly Minimum Data Set (MDS), dated [DATE], revealed a Brief Interview for Mental Status (BIMS) score of 14, indicating Resident #1 was cognitively intact.