

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255305	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/30/2024
NAME OF PROVIDER OR SUPPLIER River Place Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1126 Earl Frye Boulevard, South Amory, MS 38821	

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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46013</p> <p>Based on resident and staff interviews, record review, and facility policy review the facility failed to document a summary of the resident's repeated grievances regarding showers and any corrective actions and follow-up for the grievances for one (1) of 14 sampled residents. Resident #39.</p> <p>Findings include:</p> <p>Review of the facility policy titled, Resident and Family Grievances, with a review date of 2/3/2023 revealed, Prompt efforts to resolve include facility acknowledgment of a complaint/grievance and actively working toward resolution of that complaint/grievance. D .The Grievance official will take steps to resolve the grievance, and record information about the grievance, and those actions, on the grievance form.</p> <p>An interview on 5/28/24 at 10:35 AM, Resident #39 revealed he is supposed to get his showers on Tuesday, Thursday, and Saturday but is lucky if he gets a shower two times a week. He revealed, I didn't get one this past Saturday and usually don't get them if Certified Nurse Aide (CNA) #3 is not here. CNA#3 is the shower aide but misses a lot because of her sick child. I've been telling the Social Services Director/Grievance Officer and Registered Nurse (RN) #2 but nobody has come to discuss this with me. I complain about it all the time to everyone, they know it's a problem.</p> <p>An interview on 5/29/24 at 12:45 PM, Resident #39 revealed, that he has talked with the Administrator (ADM) and the Social Worker/Grievance Officer multiple times about not getting his showers as scheduled.</p> <p>During an interview on 5/29/24 at 2:10 PM, RN #1 revealed she developed a sign-off sheet for showers and confirmed through review of the documented sign-off sheets that Resident #39 did not always get his three showers a week.</p> <p>During an interview on 5/29/24 at 3:15 PM, CNA #1 and CNA #2 both confirmed Resident #39 had complained about not getting his showers in the past. CNA #1 and CNA #2 confirmed if Resident #39 told you he didn't get a shower Saturday or was only getting showers two times a week then he was being truthful with you and stated, He shoots it straight.</p> <p>In an interview on 5/29/24 at 3:20 PM, the Social Services Director revealed she is also the Grievance</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
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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Officer and revealed Resident #39 has voiced not getting showers many times. She confirmed that she did not fill out a formal grievance form and therefore it was not followed up on and validated therefore was no resolution to his grievance.</p> <p>During an interview on 5/29/24 at 3:30 PM, RN #2 stated, I don't think there's a soul in this building that Resident #39 hasn't told about not getting his showers.</p> <p>An interview on 5/29/24 at 4:05 PM, the Director of Nurses (DON) revealed she was unaware that Resident #39 was making specific complaints about his showers and confirmed if he was specifically complaining to staff about his lack of showers then he should have had a grievance filled out so his concerns could have been appropriately addressed and followed up on.</p> <p>During an interview on 5/29/24 at 4:25 PM, the Administrator revealed she was aware of the bathing concerns with Resident #39 and confirmed that it was not properly addressed through the grievance process and that there was no resolution or follow-up done for the complaint for Resident #39.</p> <p>Record review of the Face Sheet revealed Resident #39 was admitted to the facility on [DATE] with diagnoses that included Encephalopathy, Disorder of the skin and subcutaneous tissue, and Dementia.</p> <p>Record Review of Resident #39's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 5/21/24 revealed under Section C a Brief Interview for Mental Status (BIMS) score of 15, which indicated the resident is cognitively intact.</p>		