STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255349	A. Building B. Wing	02/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pearl River CO Nursing Home	305 West Moody Street Poplarville, MS 39470

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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. 48181 Based on observation,interviews, facility policy review and record review, the facility failed to ensure residents had access to a call light while in bed for two (2) of 18 residents sampled (Residents #1 and #12). Findings include: A review of the facility's policy, Call Light, Use Of, revised on 05/22/2012, revealed: .position the call light conveniently for the resident to use . Be sure all call lights are placed on the bed at all times, never on the floor or bedside stand . A review of the facility's Resident Rights revealed The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside .the facility. Resident #1 On 02/24/2025 at 03:49 PM, an observation of Resident #1 revealed the resident calling for help from his room. The resident's call light was observed to be draped over the call light box located on the wall. The resident was observed to have an amputated leg. The resident stated he was unable to get out of bed to reach the call light from the call light box on the wall. The resident stated the call light was normally on his bed. On 02/24/2025 at 03:50 PM, an interview with Certified Nursing Assistant (CNA) #1 acknowledged the call light was draped over the call light box and was out of the resident's reach. CNA#1 noted that residents' call lights should always be accessible for their safety and stated everyone is responsible for making sure residents have their call lights within reach. A record review of the facility's Admission Record revealed the facility admitted Resident #1 on 07/16/2021, with diagnoses including Acquired Absence of Left Leg Below the Knee. A record review of the annual Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 02/07/2025 revealed Resident #1 had a Brief Interview for Mental Status (BIMS) score of 15, indicating the resident was cognitively intact. Resident #12 (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 02/24/2025 at 03:45 PM, observed Resident #12 calling out for help while in her room. The resident stated she was not able to use her call light because she could not see it. The resident explained that she cannot see very well. The resident's call light was observed on the floor under the head of her bed. The resident stated the call light is usually located on her bed within reach. On 02/24/2025 at 03:47 PM, an interview with Licensed Practical Nurse (LPN) #1, Charge Nurse, acknowledged that Resident #12's call light was out of reach and on the floor. LPN #1 noted that not only CNAs but floor nurses as well should assist in making checks to ensure residents' call lights are within reach. LPN #1 stated her expectation would be that residents' call lights should be within reach at all times. A record review of the Admission Record revealed that the facility admitted Resident #12 on 10/31/2024, with diagnoses including Unspecified Visual Loss. A record review of the quarterly MDS with an ARD of 12/20/2024 revealed Resident #12 had a BIMS score of 06, indicating severe cognitive decline. On 02/26/2025 at 01:50 PM, an interview with the Director of Nursing (DON) acknowledged that the call lights for Residents #1 and #12 were out of reach. The DON stated that call lights should always be within reach for every resident. She further stated that the entire nursing staff is responsible for ensuring residents have access to their call lights. The DON emphasized the importance of residents being able to access their call lights to call for assistance and stated the facility's expectation is that all call lights should be clipped to the bed and within reach. The DON noted that she plans to conduct rounds to ensure residents' call lights remain within reach. On 02/27/2025 at 02:13 PM, an interview with the Administrator acknowledged that the call lights for Residents #1 and #12 were out of reach. The Administrator emphasized the importance of residents having call lights within reach so they can call for help. The Administrator stated that he expects nursing staff to assist residents by ensuring their call lights remain accessible at all times.

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. 50921 Based on observations, interviews, record review and facility policy review, the facility failed to ensure Resident #74 had a safe, clean, and homelike environment for two (2) of four (4) days of facility observations. Findings include: A record review of the Resident Rights, in Section H revealed .1. The facility must provide a safe, clean, comfortable, and homelike environment .2. Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior . record review of the Seven-Step Deep Cleaning, revised 2/04/14 revealed that cleaning steps include: Disinfecting all surfaces . disinfecting all furniture . inspection of room . On 02/25/2025 at 02:41 PM, an observation of Resident #74 in bed revealed the bed frame, walls, curtains, and bed rails were stained. Resident #74's room had an odor. The resident stated that his room is cleaned daily. On 02/25/2025 at 02:45 PM, an interview with Certified Nurse Aide (CNA) #3 revealed that Environmental Services is responsible for keeping rooms clean, including wiping walls and bed frames. On 02/25/2025 at 02:50 PM, an interview with Environmental Services (EVS) Worker #1 revealed that staff clean rooms daily. Routine cleaning includes dusting furniture, cleaning the bathroom, taking out the trash, and wiping off bed frames when dirt and debris are visible. On 02/26/2025 at 08:42 AM, a phone interview with the EVS Manager revealed that resident rooms receive detailed cleaning three (3) times per week. Detailed cleaning includes walls cleaned, bed frames wiped off, mattresses wiped (if wipeable), furniture dusted, trash removed, bathrooms cleaned, and bed rails sanitized. The EVS Manager stated that deep or detailed cleaning can occur when residents are out of the room. On 02/26/2025 at 08:48 AM, an observation revealed Resident #74 was in bed. The bed frame, walls, curtains, and bed rails remained stained. On 02/26/2025 at 09:10 AM, an observation of Resident #74's room was made by the State Agency and the EVS Manager. This observation revealed a stained bed frame, walls, curtains, and bed rails. The EVS Manager acknowledged the brown stains on the bed frame, curtains, walls, and bed rails. The EVS Manager stated that she would contact laundering services to remove the curtains and clean them. On 02/27/2025 at 08:14 AM, a phone interview with the EVS Manager revealed that her expectation of EVS staff is to clean rooms according to policy. She stated that nursing staff should inform EVS staff when a resident's room is not clean or needs a deeper cleaning. The EVS Manager acknowledged the stains on the walls, bed rails, bed frame, and curtains and stated that she believed the stains were dried food on the walls, bed frame, curtains, and bed rails. (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 02/27/2025 at 01:33 PM, an interview with the Director of Nursing (DON) revealed that EVS staff are expected to clean resident rooms daily. The DON stated that if CNAs observe stains on residents' walls, bed frames, or bed rails, they should clean them between EVS daily cleanings.

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F 0809 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure meals and snacks are served at times in accordance with resident's needs, preferences, and requests. Suitable and nourishing alternative meals and snacks must be provided for residents who want to eat at non-traditional times or outside of scheduled meal times. 37415 Based on observation, interviews, record review, and facility policy review, the facility failed to serve meals within the 14-hour timeframe without providing a substantial snack for one (1) of four (4) days of survey. Findings included: A review of the facility's policy titled Resident Nutrition Services, revised in July 2017, revealed, Each resident is provided with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs, taking into consideration the preferences of each resident .7. Nourishing snacks are available to the residents 24 hours a day. The resident may request snacks as desired, or snacks may be scheduled between meals to accommodate the resident's typical eating patterns . A record review of the facility's Meal Serving Schedule, updated on 04/04/2023, revealed that dinner for Station Two (2) starts at 4:00 PM to 4:20 PM, and breakfast is served at 7:15 AM to 7:35 AM, resulting in 15 hours and 15 minutes between dinner and breakfast. The schedule also revealed that dinner for Station One starts at 4:20 PM to 4:40 PM, and breakfast is served at 7:35 AM to 7:55 AM, resulting in 15 hours and 10 minutes between dinner and breakfast. A record review of the facility's Cart Delivery Log, dated 02/25/2025 to 02/26/2025, revealed that Station Two received the dinner meal cart on the floor at 4:06 PM on 02/25/2025 and received the breakfast meal cart on 02/26/2025 at 7:28 AM, resulting in a 15-hour and 22-minute lapse between dinner and breakfast. The log also revealed that Station One received their dinner cart at 4:30 PM on 02/25/2025 and their breakfast meal cart at 7:55 AM on 02/26/2025, resulting in a 15-hour and 20-minute lapse between dinner and breakfast. ON 02/25/25 at 4:00 PM, in an observation, the dinner meal trays on 200 Hall at 4:04 PM. The first tray was served at 4:09 PM. The second dinner cart arrived at 4:16 PM and the diabetic nigh snacks were served in brown bags with resident room numbers on the front. Residents in the Dining Hall received their meal tray at 4:22 PM to residents in Dining Hall. On 02/25/2025 at 4:49 PM, during an interview, Dietary Staff #1 stated that the previous Administrator and Director of Nursing (DON) decided approximately six (6) to seven (7) months ago to stop the snack cart due to residents wanting snack options, such as soup, cereal, and sandwich, instead of chips, crackers, and snack cakes. Now the kitchen supplies the nurses' station with snacks, sandwiches with meat and bread, and residents can request these items. Dietary Staff #1 explained that diabetic residents receive snacks automatically with their dinner trays. Dietary Staff #1 defined a suitable snack as juice, a sandwich, graham crackers, a beverage, or soup. (continued on next page)

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F 0809 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 02/26/2025 at 7:38 AM, during an interview, Licensed Practical Nurse (LPN) #2 confirmed that there is no documentation indicating who receives a snack. LPN #2 explained that each non-diabetic resident must request a snack, whereas diabetic residents receive snacks automatically with their dinner meal. On 02/27/2025 at 1:23 PM, during an interview, Dietary Staff #2, the newly appointed Dietary Manager, stated that she did not know who set the mealtimes and was unaware that there were more than fourteen (14) hours between the dinner meal and the breakfast meal. She stated that she believed snacks were offered to all residents between 7:00 PM and 9:00 PM but was unaware that residents were not receiving a substantial snack. On 02/27/2025 at 1:31 PM, during an interview, Dietary Staff #3 stated that she was unaware that the meal schedule exceeded fourteen (14) hours between dinner and breakfast. She stated that the three meals served daily met residents' nutritional needs but was unaware that residents were not offered snacks at night. On 02/27/2025 at 1:44 PM, during an interview, the Director of Nursing (DON) stated that she did not know who set the mealtimes, but they had been in place since she started working at the facility. The DON stated she was unaware that residents waited longer than fourteen (14) hours between meals and that snacks were not routinely offered. She confirmed awareness of the resident council's decision to remove the snack cart but was unsure why the decision was made. On 02/27/2025 at 2:05 PM, during an interview, the Administrator stated that he was unaware that residents waited longer than fourteen (14) hours between dinner and breakfast and that residents were not offered snacks at night. The Administrator stated that he expected residents to be offered a substantial snack between meals.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 50921 Based on observation, interviews, record review and facility policy review, the facility failed to label and date food items in the refrigerator, freezer, and dry good rooms for one (1) of four (4) observations. Findings included: A review of the facility's Food Preparation policy, undated, revealed, .Discard foods that are not date marked ., TCS (Time/Temperature Control for Safety) foods that was opened or prepared seven (7) days prior . A review of the facility's Labeling policy, undated, revealed .Ensure all food items are labeled. Be especially cautious to label all food items that are not kept in their original containers . Ready -to-Eat TCS food . On 02/24/25 at 09:45 AM, during an observation and interview with the Dietary Manager (DM), there was (1) clear plastic bag of boiled eggs unlabeled without a used by or prepared date. In the freezer, there was an unlabeled box of assorted mini cheesecakes, (1) bag of hushpuppies opened, without product opened date. During tour of dry goods room, there was an opened, exposed, an unlabeled box of graham cracker crumbs, and two (2) sweet potatoes that shows deterioration. The DM confirmed the unlabeled items in the refrigerator, freezer, and dry goods room. On 2/27/25 at 2:56 PM, in an interview with the Administrator, confirmed he was had been informed of the findings in the kitchen.

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F 0868 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Have the Quality Assessment and Assurance group have the required members and meet at least quarterly 48181 Based on record review and facility policy review, the facility failed to have mandatory members of the Quality Assurance Performance Improvement (QAPI) Committee present for (4) four of 12 months reviewed. Findings include: A record review of the facility's QAPI sign in logs revealed the Infection Preventionist (IP) was not present for the meeting on 3/20/24, 5/15/24, 6/19/24, and 7/17/24. On 02/27/25 at 02:37 PM, an interview with Registered Nurse #1/Quality Assurance (QA) nurse revealed the IP was not present for four (4) QAPI meetings in 2024. The QA nurse revealed the purpose of having all required disciplines present is that all ideas can be heard and that the department that is affected by a topic can provide input or receive information. The QA nurse stated the nursing home has had a lot of turnover of staff and going forward she expects all required disciplines to be present. On 02/27/25 at 02:59 PM, during an interview with the Administrator, he acknowledged the IP nurse was not present for four (4) QAPI meetings in 2024. The Administrator revealed the purpose of having all required disciplines present is to provide correct communication between the disciplines regarding patient care issues. The Administrator stated that going forward he expects all required disciplines to be present at the QAPI meetings.