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	06/17/2026

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. Based on observation, staff interview, record review and facility policy review, the facility failed to ensure a Minimum Data Set (MDS) assessment accurately reflected the resident's use of a physical restraint, despite the facility's restraint assessment identifying the device as a restraint, for one (1) of (18) residents reviewed for MDS accuracy. (Resident #5).Findings include: A review of facility's policy titled, Comprehensive Assessments and the Care Delivery Process, with a revised date of December 2016, revealed, .Policy Interpretation and Implementation.Comprehensive assessments.involve collecting and analyzing information.Assessment and information collection (assessment).objective of the information collection.to obtain, organize, and subsequently analyze information.a.(1).Gather relevant information from multiple sources.A record review of the admission Record revealed Resident #5 was admitted by the facility on 4/21/22 with diagnoses including Vascular Dementia, Unspecified Severity, With Other Behavioral Disturbance, Hallucinations, Unspecified, Anxiety Disorder, Unspecified, and Restlessness and Agitation.A record review of the Treatment Administration Record (TAR) dated June 2026, revealed Resident #5 had a Physician's Order, dated 5/09/25 for Seat belt with alarm for use when up in wheelchair (w/c) for safety; Release and Reposition every 2 hours and PRN every shift.A record review of the Discharge Return Anticipated Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 5/16/26 for Resident #5 revealed no restraint was coded. Section P Restraints and Alarms, item #P0100, Physical Restraints, was coded 0, indicating the resident had not used a restraint during the look-back period.A record review of Resident #5's Restraint-Physical (Initial Evaluation) form with an effective date 5/09/2025 revealed Resident #5's seatbelt had been identified by the facility as a physical restraint and remained in use during the MDS assessment reference period for the Discharge Return Anticipated with an ARD of 5/16/26.On 06/15/2026 at 11:58 AM during an observation of Resident #5, he was observed sitting up in the wheelchair with a seatbelt latched around his waist.On 06/17/26 at 9:48 AM, during an observation and interview with Licensed Practical Nurse (LPN) #1, Resident #5 was asked to remove the seatbelt that was latched around his waist. The resident was unable to intentionally release the seatbelt upon request. LPN #1 stated Resident #5 frequently unbuckled the seatbelt throughout the day but believed the residents action was habitual rather than an intentional attempt to remove the device.On 06/17/26 at 9:51 AM, during an interview with the Director of Nursing (DON), she stated Resident #5 was unable to independently remove the seatbelt. She further reported the resident frequently fidgeted with the seatbelt throughout the day, causing the alarm to sound. The DON described the resident's action as habitual and not an intentional attempt by the resident to remove the seatbelt.On 06/17/26 at 10:06 AM, during an interview with the MDS Nurse, he stated he is responsible for coding the MDS. He confirmed Resident #5's seatbelt had not been coded as a restraint on the Discharge Return Anticipated MDS with an (ARD of 5/16/26. During the interview, the MDS Nurse reviewed the resident's medical record and confirmed there was no documentation supporting that Resident #5 was able to independently remove the seatbelt during the MDS look-back period. Based on the resident's inability to independently remove the seatbelt, the MDS Nurse confirmed the seatbelt should have been coded as a restraint on the MDS assessment with ARD of 5/16/26.On 06/17/26 at 10:19 AM, during an interview the DON, she stated that she (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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	expected the MDS to be coded accurately and in accordance with RAI guidelines.On 06/17/26 at 12:10 PM, during an interview with the Administrator, he stated that he expected that the MDS to be coded accurately.On 06/17/26 at 4:36 PM, during a follow-up interview with the DON, she stated that the use of restraints is communicated to the Interdisciplinary Team (IDT) verbally. She acknowledged that Resident #5's seatbelt was a restraint and confirmed that the Discharge Return Anticipated MDS with ARD of 5/16/26 was not coded to reflect the use of a restraint as required.

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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 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. Based on observation, staff interview, and facility policy review, the facility failed to discard spoiled food items for one (1) of four (4) days of survey. Findings include:A review of the facility's policy, Storing; Food and Equipment, Food Storage and Equipment, undated, revealed, .Team members must store food in a manner that ensures quality, freshness and safeguards against foodborne illness.On 6/15/26 at 9:43 AM, during an observation and interview with Dietary Manager (DM) #1, there was one (1) box of cucumbers that contained several molded and deteriorating cucumbers at the bottom of the box in Walk-in Refrigerator #1. DM #1acknowledged the cucumbers were deteriorated and removed the entire box from the refrigerator. There was three (3) bags of grapes stored inside a cardboard box that contained molded grapes. DM #1 removed the case, and reported dietary aides were responsible for inspecting fresh produce daily and removing deteriorating items. DM #1 further explained dietary aides were responsible for unloading produce deliveries and checking fresh produce every other day for deterioration.On 6/17/26 at 3:30 PM, in a follow up interview, DM #1 revealed expectations were for staff to remove all rotting, deteriorating, and moldy produce prior to serving. DM #1 reported corrective actions would include assigning staff responsibility for specific storage areas, conducting systematic inspections at the beginning and end of each shift, and ensuring no deteriorating food items remained. DM #1 acknowledged staff had not consistently completed the food storage checklist.On 06/17/2026 at 4:38 PM, in an interview, the Administrator stated that his expectation for the Dietary Department is to ensure staff routinely monitor all fresh produce and promptly remove any moldy, spoiled, or deteriorating produce from refrigerators when identified. He further stated that dietary staff are expected to inspect produce regularly to ensure only wholesome food is available for resident consumption.