STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255138	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 04/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASHLAND HEALTH AND REHABILITATION	**16056 BOUNDRY DRIVE , ASHLAND, Mississippi, 38603**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0000	INITIAL COMMENTS The State Agency (SA) conducted an annual re-certification survey at the facility from 4/13/26 through 4/15/26. During the survey, the SA determined the facility was not in compliance with Medicare and Medicaid requirements of participation and cited, F558 and F761. The census at the time of the survey was 49 and the facility is licensed for 60 beds.	F0000		
F0558 SS = D	Reasonable Accommodations Needs/Preferences CFR(s): 483.10(e)(3) §483.10(e)(3) The right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences except when to do so would endanger the health or safety of the resident or other residents. This REQUIREMENT is NOT MET as evidenced by: Based on observation, staff interview, record review, and facility policy review, the facility failed to ensure a resident's call light was readily accessible for one (1) of 49 residents observed during the initial tour. Resident #22. Findings Include: Review of the facility policy titled “Call Light Standard” revised 3/19, revealed under, “Policy Explanation and Compliance Guidelines: … 5. With each interaction in the resident’s room or bathroom, staff will ensure the call light is within reach of resident and secured, as needed.” During the initial tour on 4/13/26 at 10:28 AM, Resident #22 was observed lying in bed, which was positioned against the wall on his right side. The call light was not visible or accessible to the resident. Further observation revealed the call light cord was wedged between the wall and the mattress, and the call	F0558		

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 reverse for further 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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F0558 SS = D	Continued from page 1 light device was located on the floor under the bed, rendering it inaccessible to the resident. An interview with Certified Nurse Aide (CNA) #1 on 4/15/26 at 10:18 AM revealed that when staff made rounds to provide care, they were expected to ensure the call light was within the resident's reach. She stated that anything could happen and the resident should always have a way to contact staff for care needs. An interview with the Director of Nursing on 4/15/26 at 11:02 AM confirmed that staff were responsible for ensuring call lights were within reach so residents could summon assistance when needed. Record review of the "Admission Record" revealed the facility admitted Resident #22 on 1/29/24 with medical diagnoses that included Moderate Intellectual Disabilities, Muscle Weakness, and Unsteadiness on Feet. Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 2/27/26 revealed under section C, a Brief Interview for Mental Status (BIMS) summary score of 12, which indicated Resident #22 was moderately cognitively impaired.	F0558		
F0761 SS = D	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.	F0761		

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F0761 SS = D	Continued from page 2 §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is NOT MET as evidenced by: Based on observations, staff interviews, record reviews, and facility policy review, the facility failed to ensure medications were accurately labeled and corresponded with the physician's order for one (1) of three (3) residents observed during medication pass (Resident #47) Findings Include: Review of facility policy titled, “Medication Order & Dispensing Variance Protocol” dated 03/2026, revealed, “…Procedures…1. a. Licensed nursing staff must verify that the medication label, physician’s order, and Medication Administration Record (MAR) match prior to each medication administration. …3. e. Ensure the physician’s order and Medication Administration Record (MAR) are updated in Point Click Care (PCC) to accurately reflect the medication being dispensed and administered.” An observation during medication administration on 4/15/2026 at 9:15 AM revealed an order on the electronic Medication Administration Record (EMAR) for Benztropine Mesylate Tablet 1 milligram (mg) with instructions to administer 0.5 mg tablet by mouth two times a day for mood disorder. Licensed Practical Nurse (LPN) #1 retrieved a pharmacy-prepared medication pack labeled Benztropine Mesylate 0.5 mg. LPN #1 acknowledged the discrepancy between the physician’s order on the EMAR and the medication label, confirming the orders should match. She stated she did not notice the inconsistency at the time but was aware the resident was to receive 0.5 mg twice daily. During an observation and interview on 4/15/26 at 9:30 AM, the Director of Nursing (DON) confirmed the physician’s order did not match the labeled medication, resulting in a discrepancy between the prescribed order and the pharmacy label for Resident #47. The DON revealed nursing staff are responsible for ensuring medication labels correspond with the physician’s order and accurately reflect the medication to be	F0761		

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F0761 SS = D	Continued from page 3 administered. Record review of Resident #47's "Medication Administration Record" revealed an order with a start date of 12/16/2024 for "Benztropine Mesylate Tablet 1 MG Give 0.5 tablet by mouth two times a day for mood disorder." Review of Resident #47's pharmacy-prepared medication pack revealed “Benztropine Mesylate 0.5 mg.” Record review of Resident #47's "Admission Record" revealed the facility admitted the resident on 7/7/2016 with diagnoses including Undifferentiated Schizophrenia, and Major Depressive Disorder, Recurrent, Severe with Psychotic Symptoms. A record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 2/27/26 revealed under Section C, a Brief Interview for Mental Status (BIMS) summary score of 09 which indicated Resident #47 was moderately cognitively impaired.	F0761		