Mississippi State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(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
M0000	Initial Comments The State Agency (SA) conducted an annual re-certification survey at facility from 4/13/26 through 4/15/26. During the survey, the SA determined the facility was not in compliance with the Minimum Standards for Institutions for the Aged or Infirm, state licensure requirements and cited, M715. The census at the time of the survey was 49 and the facility is licensed for 60 beds.	M0000		
M0715	45.24.4 Labeling of drugs Labeling of drugs. Each facility shall follow the Mississippi State Board of Pharmacy labeling requirements. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Level II 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	M0715		

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

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M0715	Continued from page 1 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 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.	M0715		