STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255111	A. BUILDING _____ B. WING _____	02/27/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WEST POINT COMMUNITY LIVING CENTER	1122 N ESHMAN AVENUE WEST POINT, MS 39773

(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
F 000	INITIAL COMMENTS The State Agency (SA) conducted an annual recertification survey and complaint surveys for CI MS #16576, CI MS #16577, and CI MS #16656 from 2/25/2020 to 2/27/2020. During the survey, the SA determined the facility was not in compliance with the requirements for participation in Medicare and Medicaid. The SA substantiated CI MS #16656 for lack of heat in the Rehabilitation Department and cited F584. The SA did not substantiate CI MS #16576 for medication not given and CI MS #16577 for pressure ulcer care, therefore no deficiencies were cited related to these complaints. The SA also cited F645 during the survey. The facility was licensed for 100 beds and had a census of 74 at the time of the survey.	F 000		
F 645 SS=E	PASARR Screening for MD & ID CFR(s): 483.20(k)(1)-(3) §483.20(k) Preadmission Screening for individuals with a mental disorder and individuals with intellectual disability. §483.20(k)(1) A nursing facility must not admit, on or after January 1, 1989, any new residents with: (i) Mental disorder as defined in paragraph (k)(3)(i) of this section, unless the State mental health authority has determined, based on an independent physical and mental evaluation performed by a person or entity other than the State mental health authority, prior to admission, (A) That, because of the physical and mental condition of the individual, the individual requires the level of services provided by a nursing facility; and (B) If the individual requires such level of	F 645		3/13/20

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

Electronically Signed | 04/17/2020

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.

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F 645	Continued From page 1	F 645		

services, whether the individual requires specialized services; or
(ii) Intellectual disability, as defined in paragraph (k)(3)(ii) of this section, unless the State intellectual disability or developmental disability authority has determined prior to admission-
(A) That, because of the physical and mental condition of the individual, the individual requires the level of services provided by a nursing facility; and
(B) If the individual requires such level of services, whether the individual requires specialized services for intellectual disability.

§483.20(k)(2) Exceptions. For purposes of this section-
(i)The preadmission screening program under paragraph(k)(1) of this section need not provide for determinations in the case of the readmission to a nursing facility of an individual who, after being admitted to the nursing facility, was transferred for care in a hospital.
(ii) The State may choose not to apply the preadmission screening program under paragraph (k)(1) of this section to the admission to a nursing facility of an individual-
(A) Who is admitted to the facility directly from a hospital after receiving acute inpatient care at the hospital,
(B) Who requires nursing facility services for the condition for which the individual received care in the hospital, and
(C) Whose attending physician has certified, before admission to the facility that the individual is likely to require less than 30 days of nursing facility services.

§483.20(k)(3) Definition. For purposes of this

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F 645	Continued From page 2 section- (i) An individual is considered to have a mental disorder if the individual has a serious mental disorder defined in 483.102(b)(1). (ii) An individual is considered to have an intellectual disability if the individual has an intellectual disability as defined in §483.102(b)(3) or is a person with a related condition as described in 435.1010 of this chapter. This REQUIREMENT is not met as evidenced by: Based on staff interview, record review and review of the Title 23: Division of Medicaid Part 207: Institutional Long Term Care Part 207: Chapter 1: Long Term Care Pre-Admission Screening, the facility failed to properly complete a Level I Pre-Admission Screen (PAS) and failed to obtain a Level 2 evaluation as indicated by the PAS, for two of three (2 of 3) residents reviewed for PASRR, for Resident #1 and Resident #21. Findings include: Review of the Title 23: Division of Medicaid Part 207: Institutional Long Term Care Part 207: Chapter 1: Long Term Care Pre-Admission Screening, revised on 6/01/2019, revealed B. If the PASRR Level 1 confirms that an individual has MI (Mental Illness), ID/DD (Intellectual Disability/Developmental Disability), and/or RC (Related Condition), of if specialized rehabilitation services or supplement services and supports are required then the individual must complete a PASRR Level II prior to admission to the NF (Nursing Facility). Refer to Miss. Admin. Code Part 206, Chapter 3. C. The PASRR Level I must be submitted to the Division of Medicaid via the (Name of Website) portal upon completion. The completed PASRR Level I must be faxed to the	F 645	1. Residents #1 and #21 had new Pre-admission Screen (PAS) submitted on 2/26/2020 with both residents requiring a Level II screening. Level II was completed on both residents with results of approval for nursing facility placement. Social Worker was in-serviced on 2/28/2020 on the regulations on Preadmission Screening and Resident Review (PASRR) requirements per regulations per the Administrator. 2. All residents have the potential to be affected by this deficient practice. 3. A complete audit of all residents preadmission screening (PAS) was completed on 3/3/2020 with sixteen(16) residents whom a new PAS was submitted with final reports being received from screening vendor with no issues with nursing home placement noted. 4. Social Worker will bring to daily morning meeting all residents PAS information to ensure correct data submission. Any problems noted and all Level II needs will be submitted to the	

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F 645	Continued From page 3 Division of Medicaid if the provider is not a Mississippi Medicaid provider. Resident #1 Review of Resident #1's Pre-Admission Screening (PAS) Application for Long Term Care Section IX - Level II Determination, Part B Level II Referral, dated 7/23/2010, revealed answers of "no" to the statements "person has a recent history of a mental illness" and "person takes, or has a history of taking psychotropic medication(s)." Further review of the PAS - Section C - Current Medications, revealed resident was receiving Seroquel 25 milligrams (mg) daily. Review of the Admission Record revealed Resident #1's initial admission date was 10/22/1998, with a recent admission date of 1/18/2018. The diagnoses included Unspecified Psychosis not due to a substance or known physiological condition, dated 6/18/2010, Mood Disorder due to known physiological condition, unspecified, dated 6/18/2010, and Anxiety Disorder, unspecified, dated 10/11/2019. Review of Resident #1's Order Summary Report, dated 2/27/2020 at 1:15 PM, revealed an order dated 6/7/2019 for Seroquel XR Extended Release 24 Hour 50 mg. tablet by mouth in the evening related to Mood Disorder, Due to known Physiological Condition, Unspecified. On 2/27/2020 at 8:35 AM, during an interview, Licensed Practical Nurse (LPN) #2/Medical Records Coordinator, stated the resident's PAS was completed incorrectly. LPN #2 stated with the admission diagnosis and medication, the	F 645	Quality Assurance (QA) Committee for three months for further assessment and evaluation. QA Committee will make recommendations for any needed improvements to ensure continued compliance.	

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F 645	Continued From page 4 Pre-Admission Screening and Resident Review (PASRR) Level II referral was indicated. LPN #2 stated the Social Worker was responsible for completing and submitting these. On 2/27/2020 at 8:50 AM, during an interview, the Social Worker (SW) stated she was responsible for completing and submitting the referral for the Level II. The SW stated the resident's admission diagnosis and medications indicated the Level II referral was needed and the facility failed to accurately complete the PAS, therefore, the Level II referral was not initiated. The SW stated PAS accuracy was important to ensure proper placement and care for the resident. On 02/27/2020 at 9:20 AM, during an interview, the Director of Nursing (DON) confirmed the facility failed to accurately complete the PAS, therefore, the resident was not referred for the Level II PASRR. The DON confirmed the Level II PASRR was needed to ensure the proper placement of the resident. Resident #21 Record review of Resident #21's PAS Summary and Physician Certification, dated 6/18/2019, revealed the Selected Active Medical Diagnoses included Anxiety Disorder, Depression (major) and Schizophrenia/other psychosis. The Part B Level II Referral Criteria was marked yes to the questions, "person has a diagnosis of a major mental illness" and person takes, or has a history of taking, psychotropic medication". The Electronic Attestation was checked for a Level II evaluation is not indicated at this time. Review of a medication order form, signed and	F 645		

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F 645	Continued From page 5 dated on 6/24/2019 by the Physician, revealed an order dated 6/17/2019 for Seroquel 50 mg. Give one tablet via PEG (Percutaneous Endoscopic Gastrostomy)-Tube one time a day related to Unspecified Behavioral Syndrome Associated with Psychological Disturbance and Physical Factors. On,2/26/2020 at 11:00 AM, an interview with LPN #2/Medical Records Coordinator, revealed a Level I PASRR was done, but a Level II was needed due to Resident #21 was admitted to the facility on Seroquel. LPN #2 said she would have to get with the Social Worker. An interview, on 2/26/2020 at 11:15 AM, revealed LPN #2 stated the Social Worker had submitted paperwork for Resident #21's Level II. On, 2/26/2020 at 1:30 PM, an interview with the Social Worker, revealed she stated she had talked with corporate and they do not have a policy regarding the PASRR, they just go by the Medicare and Medicaid rules. The Social Worker confirmed a Level II should have been done for Resident #21 according to the Medicaid PASRR rules. The Social Worker also reported she had already submitted it. On, 2/27/2020 at 10 AM, an interview revealed the Administrator stated there should have been a Level II done for Resident #21 and from now on staff was told to make sure there is one on every resident that is admitted.	F 645		

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	255111	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**02/27/2020**

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K 000	INITIAL COMMENTS 42 CFR 483.70(a) The facility meets the applicable provisions of the 2012 (existing) Edition of the Life Safety Code (LSC) of the National Fire Protection Association (NFPA). There were no LSC deficiencies cited during this survey.	K 000		

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E 000	Initial Comments ********** Survey conducted on 02/27/20 reveals the above facility meets all applicable Federal, State and local emergency preparedness requirements. No deficiencies were cited.	E 000		

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