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 _____	C 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 584 SS=E	Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7) §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss	F 584		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 584	Continued From page 1 or theft. §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior; §483.10(i)(3) Clean bed and bath linens that are in good condition; §483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv); §483.10(i)(5) Adequate and comfortable lighting levels in all areas; §483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and §483.10(i)(7) For the maintenance of comfortable sound levels. This REQUIREMENT is not met as evidenced by: Based on observation, resident and staff interview, record review and policy review, the facility failed to maintain a comfortable room temperature between 71 degrees Fahrenheit (F) and 81 degrees F in the Rehabilitation Therapy Department for two of three (2 of 3) days of survey. Findings include: Review of the facility policy titled, "Resident Rights", revised and implemented on November 28, 2016, revealed the facility must provide comfortable and safe temperature levels. Facilities initially certified after October 1, 1990	F 584	1. Therapy and maintenance staff were inserviced on 2/28/20 on regulated temperatures. Therapy was performed in the dayroom on 200 hall on 2/27/2020 and 2/28/2020. There were no further therapy treatments in the therapy room until 3/2/2020. On 3/2/2020 an alternate heat source was put into place, room was allowed time to warm and there were no additional days with temperature below 71 degrees. 2. There were 20 residents receiving therapy that had the potential to be affected by this deficient practice.	

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F 584	Continued From page 2 must maintain a temperature range of 71 to 81 degrees Fahrenheit. An observation, on 02/25/2020 at 11:00 AM, revealed residents and therapy staff in the Therapy Department wearing jackets. An observation, on 02/26/2020 at 8:30 AM of the thermostat in the Therapy Department revealed a setting of 78 degrees F, but the actual temperature in the room was 64 degrees F. An interview, on 02/26/2020 at 8:31 AM, with the Speech Therapist (ST), revealed there had been no heat in the Therapy Department since around late October as best she could remember. She stated the residents had complained about it being cold in therapy. She stated no measures had been taken by the facility to get heat in the Therapy Department. She stated the residents and staff had to put on extra clothes. The ST stated that since the heat stopped working, the coldest it has been on the register in the therapy room was 52 degrees F. An interview, on 02/26/2020 8:35 AM, with the Rehabilitation Director, revealed the heat had been out since before Thanksgiving. He stated they were told the facility was going to have someone come to work on the heat. He stated when they finally came the heat worked for part of a day. The Rehab Director stated he had spoken to maintenance and to the previous administrators concerning the lack of heat in the rehab area. He stated he was told by a previous interim administrator that this was a "sore" subject. He stated that on the days it was too cold they did rehab in one of the break rooms at the end of one of the floor halls. He confirmed the	F 584	3. Alternate heat source was put into place on 3/2/2020, therapy department temperatures were monitored per Administrator daily for four weeks with no temperatures below 71 degrees. Therapy department heat was repaired on 3/11/2020. 4. Maintenance will continue to check all heat, ventilation and air conditioning (HVAC) units per the maintenance schedule and as needed. Any issues with HVAC will be noted and submitted to Administrator for repair immediately. All HVAC maintenance checks and their findings will be brought to the Quality Assurance (QA)Committee for 3 months. QA Committee will make recommendations for improvements on any issues noted to ensure compliance.	

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F 584	Continued From page 3	F 584		

facility never offered them any other form of heat for the therapy room. He stated no other business is going to run their business in the winter with no heat.

An interview, on 2/26/2020 at 8:40 AM with the Occupational Therapist (OT) revealed she had asked a regional person if they could get some other kind of heat and she was told they were working on it and would get it as soon as they could.

During an interview, on 2/26/2020 at 3:20 PM, Resident #7, stated she was no longer receiving therapy, but when she was, it was cold in the therapy room and she had to wear her coat. Resident #7's Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 2/19/2020, revealed a Basic Interview for Mental Status (BIMS) score of 15, which indicated no cognitive impairment.

During an interview, on 02/26/2020 at 3:30 PM, revealed Resident #8 stated you have to wear a coat in the therapy room because they don't have any heat in there. Review of Resident #8's MDS, with an ARD of 12/3/2019, revealed a BIMS score of 5, which indicated severe cognitive impairment.

An interview, on 2/27/2020 at 1:25 PM, with Resident #1, revealed he thought it was too cold to use the therapy room. Resident #1's MDS, with an ARD of 2/10/2020, revealed a BIMS score of 15, which indicated no cognitive impairment.

An interview, on 2/27/2020 at 1:30 PM, with Resident #35, revealed it was cold in the therapy room and they need a heater in there. He stated he had to wear a thick coat. He stated that when

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it is really cold they go to the end of the hall for therapy, but it was still too cold when we do go up there. Resident #35's MDS, with an ARD of 1/10/2020, revealed a BIMS score of 10, which indicated moderate cognitive impairment.

An interview, on 2/27/2020 at 1:32 PM, with Registered Nurse (RN) #2, revealed the residents had complained to her about it being too cold in the therapy department.

An interview, on 2/26/2020 at 3:35 PM, with the Maintenance Director (MD) confirmed the heat had been out since the later part of November, but he did not have an exact date. He stated he had attempted to contact several companies, but they all said they were behind. The MD stated he did get someone to look at the heat and they were able to get it to work for a day. He stated that around the first of December management got someone to look at the heat and gave a quote on the job. He stated the company called again after the quote stating they needed to get the money. The MD stated he was told by the administrator, at that time, that they had approved it towards the end of January. The MD stated he then talked with the repair man on a Thursday or Friday and was told that they were busy but would get there as soon as he could. The MD provided a hand written list of the four heating and cooling companies he had contacted regarding the repair of the heat in the therapy room.

Record review of an Invoice for (Name of Heat and Cooling Company), dated 1/21/2020, revealed the job was located in the gym, and the Description was for the heat exchange had a hole in it and to replace it and the flame sensor heat exchanger. The cost was $3,210.00, and half of

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the money would need to be paid before the job and the other half when the job was finished.

Record review of a Maintenance Project Request, dated 12/6/2019, revealed there was no heat in the therapy gym. The form's line for NHA (Nursing Home Administrator) Approval was signed by the Administrator.

Review of the facility's Vendor ADD and Change Form revealed the (Name) Heat and Cooling was documented as the Vendor's name and the purchase was for "repair therapy heat". The form was requested by the Maintenance Director and approved by the previous Administrator. There was no date on the form, but there was a copy of an email, dated 12/6/2019 at 11:12 AM, from the facility's Business Office Manager to (Name of Corporate Office Administrator) stating, "Can you approve this new Vendor request from (Name of MD) and forward to (Person's Proper Name) if you approve it ?".

An interview, on 2/26/2020 at 3:50 PM, with the Administrator (ADM), revealed the previous administrator had told her that everything had been submitted. The ADM stated while she was at the corporate office, she asked about space heaters but, they stated they felt it was too high of a risk to the residents and they didn't want anyone to get burned and for rehab to relocate.

An observation and interview, on 2/27/2020 at 8:09 AM, with the Administrator, confirmed the temperature in the therapy room was 61 degrees F. The ADM confirmed that even when the temperature was at 66 degrees, this was not a comfortable temperature for the residents to be in. She stated the temperature should be

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between 72 and 80 degrees F. The ADM stated that as soon as she started at the facility, she notified a corporate person because she felt this was an urgent issue and should be a first priority. She stated there was no documentation of any monitoring of the temperatures in the rehab department during this time. The ADM confirmed there was no documentation that the heating issue had been discussed in the Quality Assurance meetings.

On 02/25/2020 at 2:15 PM, an interview with the District Maintenance Director revealed the heat in the Rehabilitation Department had not been working, but they are on the list to get it fixed. He further stated he did not know how long it had been down.

An observation, on 2/27/20 at 8:15 AM, revealed therapy staff moving equipment from the Therapy Department to the lobby area at the end of the 200 Hall. The thermostat in the Therapy Department at this time revealed the room temperature was 62 degrees F.

An interview, on 2/27/2020 at 8:20 AM, with the Occupational Therapist (OT), revealed they are moving equipment because it is too cold to treat the residents in the department.

An interview, on 2/27/2020 at 1:45 PM, with the Rehabilitation Director, revealed he did not feel any resident had been adversely affected as far as receiving adequate therapy.