MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13CI	A. BUILDING: _____ B. WING _____	05/18/2022

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) COMPLETE DATE
M 000	Initial Comments The State Agency (SA) conducted complaint survey on 05/17/22 through 05/18/22 for CI MS #18405 and CI MS #18739 along with a Focused Infection Control Survey. During the survey, the SA determined that the facility followed the Minimum Standards for the Institutions for the Aged or Infirm. CI MS #18405 related to misappropriation of property, visitation, injury of unknown origin, resident not treated with dignity and respect, improper incontinent care and services not performed per physician order and CI MS #18739 related to an anonymous complaint of quality of care/treatment, no pressure sore precautions taken by facility, water not offered to resident, Resident /Patient/ Client Neglect pressure sores and assess and monitor were not substantiated and there were no deficiencies cited. The facility was licensed for 123 beds and the census was 58 at the time of the survey.	M 000		

Mississippi State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		06/03/22