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 _____	06/23/2022

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 an annual recertification survey at the facility from 6/20/22 through 6/23/22. During the survey, the SA determined the facility was not in compliance with the Mississippi Regulations for Minimum Standards for Institution for the Aged or Infirm and cited M710 related to the Pharmacist not notifying the Physician of no stop date on an as needed psychotropic medication. The census at the time of the survey was 61 and the facility held a license for 100 beds.	M 000		
M 710	45.24.3 Consultation Consultation. Each facility shall obtain the services of a licensed pharmacist who will be responsible for: 1. Establishing a system of records of receipt and disposition of all controlled drugs and to determine that drug records are in order and that an account of all controlled drugs are maintained and reconciled; 2. Provide drugs regimen review in the facility on each resident every thirty (30) days by a licensed pharmacist; 3. Report any irregularities to the attending physician or nurse practitioner/physician assistant and the director or nursing; and 4. Records must reflect that the consultation pharmacist monthly report is acted upon. This Statute is not met as evidenced by: Level II Based on staff interviews and record review the facility failed to ensure that a stop date was ordered for an as needed (PRN) psychotropic medication for one (1) of five (5) residents	M 710	1. Resident #33's PRN (as needed) Ativan order was discontinued per doctors order on 6/23/2022. Resident #33 did not receive a dose of the PRN Ativan and has no record of behaviors since medication was ordered.	7/16/22

Mississippi State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		07/11/22

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M 710	Continued From page 1 reviewed for medications. Resident #33. Findings include: An interview with the Director of Nursing (DON) on 6/22/22 at 3:00 PM, revealed the resident had an episode in May where he was yelling out, and was out of control, and accusing the staff of taking his items. She revealed the Medical Provider was notified and an order for Ativan as needed (PRN) was given, but the resident calmed down and did not require any doses of the PRN medication. She confirmed the Ativan PRN medication, being a psychotropic medication, required a 14 day stop date, but a stop date was not given for the Ativan medication. An interview with the Administrator on 6/23/22 at 9:05 AM, revealed on 5/8/22, the resident was ordered Ativan PRN without a stop date. She confirmed psychotropic medications are to be used only when necessary and PRN use should be limited, and the facility failed to limit the PRN psychotropic medication with a 14 day stop date. The Administrator revealed the facility does not have a policy regarding stop dates on psychotropic medications. A phone interview with the Pharmacist on 6/23/22 at 10:45 AM, revealed the normal process to meet the regulations for PRN psychotropic medication use is to review the chart for medications each month and PRN psychotropic medications should have a 14 day stop date. He stated normally a recommendation would be sent from the Pharmacist to the provider for changes that could be made to meet the regulation guidelines. He stated Resident #33 was ordered PRN Ativan on 5/8/22, without a stop date. The Pharmacist confirmed he did a chart review May	M 710	2. Resident's with orders for PRN Psychotropic medications have the potential to be affected by this practice. 3. Registered Nurses and Licensed Practical Nurses were in-serviced on 6/23/2022 by Director of Nursing regarding PRN Psychotropic medications will be limited to 14 days and cannot be renewed unless the attending physician or prescribing provider documents the rationale for extended use. Nurses were also in-serviced that Antipsychotic PRN medications cannot be renewed after 14 days unless attending physician or prescribing provider evaluates resident for appropriateness. Orders will be checked daily by Director of Nursing or Medical Records Nurse during daily clinical meeting beginning 6/24/2022 to ensure PRN Psychotropic medications have a stop date of 14 days. 4. The Director of Nursing will report the results of the audit to the Quality Assurance Performance Improvement Committee monthly beginning 7/15/2022 x 2 months for review and revision.	

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M 710	Continued From page 2 30, 2022, and made no recommendations and this PRN medication order should have been addressed. He stated it was an "oversight" and he "missed that PRN med". Record review of the Order Summary Report revealed an order dated 5/8/22, for Ativan Solution two (2) milligram/milliliter (mg/ml) - Inject 0.5 mg intramuscularly every eight (8) hours as needed for anxiety. Record review of the Pharmacist's "Record of Medication Regimen and Chart Review" contained a list of patients with medical charts reviewed with no overt irregularities. Resident #33's medication record was reviewed on 5/30/22 and the pharmacist made no recommendations. Record review of Admission Record revealed the Resident #33 was admitted to the facility on 9/6/2019. Diagnoses included Sarcoidosis, Schizoaffective Disorder, Bipolar Type, Hydrocephalus, and Seizures. Record review of Resident #33's quarterly Minimum Data Set (MDS) dated 4/7/2022, revealed a Brief Interview for Mental Status (BIMS) score of 10, which indicated moderate cognitive impairment.	M 710		