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 _____	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

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F 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 that the facility was not in compliance with Medicare and Medicaid requirements of participation and cited F623 related to the requirement of notifying the ombudsman of resident transfer and F758 related to no stop date of a psychotropic medication ordered as needed. The census at the time of the survey was 61 and held a license for 100.	F 000		
F 623 SS=E	Notice Requirements Before Transfer/Discharge CFR(s): 483.15(c)(3)-(6)(8) §483.15(c)(3) Notice before transfer. Before a facility transfers or discharges a resident, the facility must- (i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman. (ii) Record the reasons for the transfer or discharge in the resident's medical record in accordance with paragraph (c)(2) of this section; and (iii) Include in the notice the items described in paragraph (c)(5) of this section. §483.15(c)(4) Timing of the notice. (i) Except as specified in paragraphs (c)(4)(ii) and (c)(8) of this section, the notice of transfer or discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged.	F 623		7/16/22

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

Electronically Signed | 07/11/2022

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(ii) Notice must be made as soon as practicable before transfer or discharge when-
(A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section;
(B) The health of individuals in the facility would be endangered, under paragraph (c)(1)(i)(D) of this section;
(C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section;
(D) An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (c)(1)(i)(A) of this section; or
(E) A resident has not resided in the facility for 30 days.

§483.15(c)(5) Contents of the notice. The written notice specified in paragraph (c)(3) of this section must include the following:
(i) The reason for transfer or discharge;
(ii) The effective date of transfer or discharge;
(iii) The location to which the resident is transferred or discharged;
(iv) A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request;
(v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman;
(vi) For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for

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F 623	Continued From page 2 the protection and advocacy of individuals with developmental disabilities established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402, codified at 42 U.S.C. 15001 et seq.); and (vii) For nursing facility residents with a mental disorder or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with a mental disorder established under the Protection and Advocacy for Mentally Ill Individuals Act. §483.15(c)(6) Changes to the notice. If the information in the notice changes prior to effecting the transfer or discharge, the facility must update the recipients of the notice as soon as practicable once the updated information becomes available. §483.15(c)(8) Notice in advance of facility closure In the case of facility closure, the individual who is the administrator of the facility must provide written notification prior to the impending closure to the State Survey Agency, the Office of the State Long-Term Care Ombudsman, residents of the facility, and the resident representatives, as well as the plan for the transfer and adequate relocation of the residents, as required at § 483.70(l). This REQUIREMENT is not met as evidenced by: Based on staff interviews, record review and facility policy review, the facility failed to notify the resident/resident representative and failed to notify the Ombudsman of transfers to the hospital in writing of a transfer/discharge for one (3) of three (3) residents reviewed. Residents #17, #33, and	F 623	1. Resident #17, Resident #33 and Resident #56 responsible parties received written notification of hospital transfer on 6/23/2022 by the facility's Social Services Director. On 6/30/2022, Social Services Director sent written notification to Ombudsman of Resident #17, Resident	

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F 623	Continued From page 3 #56. Findings include: Review of the facility policy titled "Documentation RE: Transfer/Discharge", dated 9/18/2017, revealed "It is the policy of this facility that when a resident is transferred or discharged his or her medical records be documented as to the reasons why such action was taken....5. Facility will notify the local ombudsman of the discharge and reason for discharge." Resident #33 An interview with Resident #33 on 6/20/2022 at 3:25 PM, revealed he had been in the hospital recently for pneumonia. An interview with the Social Worker (SW) on 6/22/22 at 8:22 AM, revealed she was unaware of the requirement to notify the ombudsman when a resident transfers to the hospital and this had not been done. She confirmed the resident had a hospitalization and the Ombudsman was not notified of the resident's transfer to the hospital. She did not know that she was supposed to send a list each month to the ombudsman regarding transfers and discharges. She confirmed that she had not been sending a monthly notice to the ombudsman. An interview with the Administrator on 6/23/22 at 9:05 AM, revealed the notification to the Ombudsman was not done when Resident #33 was transferred to the hospital. She stated she had been aware of this requirement during her training, but she had not thought about it not being done since she became administrator. The	F 623	#33 and Resident #56 transfers to the hospital. On 6/23/2022 the Social Services Director was in-serviced by Administrator regarding sending written notification to the Resident's responsible party when being transferred out to the hospital and sending a monthly log of hospital transfers and discharges to Ombudsman. 2. Residents being sent out of the facility to the emergency department have the potential to be affected by this practice. 3. Any resident sent out of the facility will have notification of transfer sent to their responsible party by the next business day following the transfer by the Social Services Director beginning 6/23/2022. The Social Services director will send a monthly log of transfers and discharges to the Ombudsman beginning 6/23/2022. An in-service was completed on 6/23/2022 by the Administrator with the Social Services Director on sending notification to the resident responsible party and monthly notification sent to Ombudsman. The Administrator/Business Office Manager will audit weekly for four weeks beginning 6/23/2022 to ensure notification has been sent. Findings will be corrected immediately. 4. The Administrator/Business Office Manager 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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Administrator confirmed the facility failed to notify the Ombudsman of the transfer to the hospital for this resident and this was needed for the Ombudsman to be informed of residents leaving the facility.

Record review of the Order Summary Report revealed an order dated 3/14/22 to send Resident #33 to the emergency room for an evaluation due to decreased oxygen saturation levels.

Record review of Resident #33's Admission Record revealed the resident was admitted to the facility on 9/6/2019. Diagnoses included, Sarcoidosis, Hydrocephalus, Hypertension, Benign Paroxysmal Vertigo, and Seizures.

Record review of resident's most recent quarterly Minimum Data Set (MDS) dated 4/7/2022, revealed a Brief Interview for Mental Status (BIMS) score of 10 which indicated Resident #33 had moderate cognitive impairment.

Resident # 17

Record review of the Order Summary Report revealed an order dated 5/29/22 to transfer Resident # 17 to the Emergency Room (ER) for suprapubic catheter re-insertion.

Record review revealed a written transfer/discharge notice was hand delivered to the resident's representative on 5/31/22.

Record review of the medical record revealed no notice had been sent to the Ombudsman regarding the resident's discharge to the hospital.

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Record review of the Admission Record revealed the resident was admitted to the facility on 5/2/18 with medical diagnoses that included Down Syndrome and Chronic Obstructive Pulmonary Disease (COPD).

Record review of Resident #17's MDS with an Assessment Reference Date (ARD) of 5/31/22 revealed a discharge assessment for discharge to an acute hospital.

Record review of the resident's MDS with an ARD of 3/25/22 revealed a BIMS of 05, which indicated Resident #17 has severe cognitive impairment.

Resident # 56

An interview on 6/23/22 at 10:52 AM, with the SW confirmed that she did not send a written notice of transfer/discharge to the Resident's Representative for Resident # 56 but should have.

Record review of Resident #56's Progress Notes revealed the resident was admitted to the facility on 4/14/22 after discharge from the hospital. The resident was discharged back to the hospital on 4/16/22 and did not return to the facility. This review revealed on 4/21//22 the resident's family called the facility and reported that the resident would not be returning to the facility.

Record review of the medical record revealed the facility did not notify the Ombudsman of the resident's transfer to the hospital on 4/16/22 or the discharge from the facility on 4/21/22.

Record review of the medical record revealed the

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F 623	Continued From page 6 facility did not notify the resident or resident representative in writing of the transfer/discharge. Record review of Resident #56's MDS with an ARD of 4/16/22 revealed a Discharge Assessment was completed. Record review of Resident #56's MDS with an ARD of 4/21/22 revealed a Discharge Assessment was completed. Record review of Resident' #56's MDS with an ARD of 4/16/22 revealed a BIMS score of 14, which indicated Resident #56 was cognitively intact.	F 623		
F 758 SS=D	Free from Unnec Psychotropic Meds/PRN Use CFR(s): 483.45(c)(3)(e)(1)-(5) §483.45(e) Psychotropic Drugs. §483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories: (i) Anti-psychotic; (ii) Anti-depressant; (iii) Anti-anxiety; and (iv) Hypnotic Based on a comprehensive assessment of a resident, the facility must ensure that--- §483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record;	F 758		7/16/22

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F 758	Continued From page 7 §483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs; §483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and §483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order. §483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication. This REQUIREMENT is not met as evidenced by: 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 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 of yelling at staff in May. She	F 758	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. 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	

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F 758	Continued From page 8 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 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	F 758	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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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.