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 _____	C 03/23/2023

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 a Complaint Investigation (CI) for MS00021009 related to staffing and quality of care at the facility from 03/22/23 through 03/23/23. During the survey, the SA determined that the facility was not in compliance with the requirements for participation in the Mississippi Regulations for Minimum Standards for Institutions for the Aged or Infirm and cited deficiencies at M225 related to staffing. The census at the time of the survey was 64 with a bed capacity of 100.	M 000		
M 225	45.4.1 Nursing Facility Nursing Facility. To be classified as a facility, the institution shall comply with the following staffing requirements: 1. Minimum requirements for nursing staff shall be based on the ratio of two and eight-tenths (2.80) hours of direct nursing care per resident per twenty-four (24) hours. Staffing requirements are based upon resident census. Based upon the physical layout of the nursing facility, the licensing agency may increase the nursing care per resident ratio. 2. Each facility shall have the following licensed personnel as a minimum: a. Seven (7) day coverage on the day shift by a registered nurse. b. A registered nurse designated as the Director of Nursing Services, who shall be employed on a full time (five [5] days per week) basis on the day shift and be responsible for all nursing services in the facility.	M 225		4/21/23

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M 225	Continued From page 1 c. Facilities of one-hundred eighty (180) beds or more shall have an assistant director of nursing services, who shall be a registered nurse. d. A registered nurse or licensed practical nurse shall serve as a charge nurse and be responsible for supervision of the total nursing activities in the facility during the 7:00 a.m. to 3:00 p.m. and 3:00 p.m. to 11:00 p.m. shift. The nurse assigned to the unit for the 11:00 p.m. to 7:00 a.m. shift may serve as both the charge nurse and medication/treatment nurse. A medication/treatment nurse for each nurses' station shall be required on all shifts. This shall be a registered nurse or licensed practical nurse. e. In facilities with sixty (60) beds or less, the director of nursing services may serve as charge nurse. f. In facilities with more than sixty (60) beds, the charge nurse may not be the director of nursing services or the medication/treatment nurse. 3. Non-Licensed Staff. The non-licensed staff shall be added to the total licensed staff, to complete the required staffing requirements. 4. There shall be at least two (2) employees in the facility at all times in the event of an emergency. This Statute is not met as evidenced by: Based on staff interviews, record reviews, and facility policy review the facility failed to maintain adequate staffing numbers to assist the residents in getting the care needed for six (6) of the 24 days reviewed for a 2.8% staffing ratio. Findings included:	M 225	1.Administrator was in serviced by Regional Director of Operations on 3/23/23 regarding regulations that the facility must have sufficient numbers of staff on a daily basis. 2.All residents have the potential to be	

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M 225	Continued From page 2 Review of facility policy titled, "Staffing", dated October 2017, revealed, "Our facility provides sufficient numbers of staff with the skills and competency necessary to provide care and services for all residents in accordance with the resident care plans and the facility assessment." An interview with the Corporate Director on 3/23/23 at 5:00 PM, confirmed the facility had concerns with adequately staffing the facility and for six (6) of the 24 days reviewed, the staff hours were not sufficient. He also confirmed this could lead to a lack of needed care of the residents. An interview with the Corporate Nurse serving as Director of Nursing (DON) on 3/23/23 at 5:40 PM, confirmed the facility failed to meet the minimum requirements for staffing and this could have a negative impact on resident care. An interview with the Administrator on 3/23/23 at 5:45 PM, revealed that due to being new to the facility, she was unaware there were so many days that the facility failed to provide adequate staffing for the care of the residents. She confirmed the facility failed to provide adequate staffing to ensure the residents' needs were met. Record review of Staffing Grid and the Employee Time Cards revealed from 2/27/23 through 3/22/22, there were six (6) days that did not meet the minimum requirement for staffing of 2.8%. These dates were 2/28/23, 3/4/23, 3/6/23, 3/8/23, 3/12/23, 3/18/23.	M 225	affected by the alleged deficient practice. 3.Staffing will be reviewed every morning beginning 3/24/23 by Administrator and/or Director of Nursing in daily morning meeting to ensure sufficient staffing is met for the day to continue indefinitely. Daily staffing numbers will be posted by Administrator or Director of Nursing beginning 3/24/23 in the designated area every morning. Registered nurse will review staffing on weekends beginning 3/25/23. 4.Administrator will present findings of daily staffing review to Quality Assurance Program monthly beginning 4/21/2023 x 3 months and then as needed for review and revision.	