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 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

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F 000	INITIAL COMMENTS The State Agency (SA) conducted a Complaint Investigation (CI MS #21009) 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 Medicare and Medicaid Services and cited deficiencies at F657 at G level, F684 at G level, F725 at E level and F727 at E level. The census at the time of the survey was 64 with a bed capacity of 100.	F 000		
F 657 SS=G	Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii) §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff. (E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan. (F) Other appropriate staff or professionals in disciplines as determined by the resident's needs	F 657		4/21/23

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

Electronically Signed | 04/17/2023

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F 657	Continued From page 1 or as requested by the resident. (iii)Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments. This REQUIREMENT is not met as evidenced by: Based on staff interview, record review, and facility policy review, the facility failed to update and revise a care plan with the appropriate ordered wound care for one (1) of three (3) resident care plans reviewed. Resident #1 Findings include: Record review of facility policy titled, "Care Plan - Comprehensive," revealed, "It is the policy of this facility to develop comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and psychological needs." The policy also revealed, "2 The comprehensive care plan had been designed to: ...d. Reflect treatment goals and objectives in measurable outcomes that incorporate the resident's personal and cultural preferences and wishes." The policy also revealed, "Care plans are revised as changes in the resident's condition dictates." An observation of wound care for Resident #1 and an interview with the Registered Nurse Supervisor on 3/23/23 at 11:45 AM, revealed Resident #1 with an undated dressing on her right foot and ankle area. The dressing was removed by the Nursing supervisor. The Kerlix wrap was removed and a two inch by two inch blue foam like pad was noted covering the ankle area. The Nursing Supervisor stated, "That's not ordered for this resident." She gently tried to remove the pad,	F 657	1. Resident #1 care plan was updated on 3/23/23 to reflect most current treatment order of cleanse diabetic ulcer to right ankle with wound cleanser pat dry, apply betadine and maxsorb, and foam dressing daily. 2. All residents with wounds have the potential to be affected by the alleged deficient practice. Residents with wounds were identified on 4/13/23 by running an order listing report. 3. Care plans were checked on all residents with wounds to ensure treatments orders were correct and updated on care plans on 4/13/23. Nurses will be in serviced beginning 3/24/23 regarding updating care plans when they input any new orders by 4/21/2023. 4. Director of Nursing or Minmum Data Set Nurse will review new orders daily in clinical meeting starting 3/24/2023 and will update care plans to reflect new orders indefinitely. The Registered Nurse Supervisor will update care plans on the weekend starting 3/25/2023. Director of Nursing will present findings to Quality Assurance Program monthly beginning 4/21/2023 x 3 months and then as needed for review and revision.	

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F 657	Continued From page 2	F 657		

but it was adhered to the skin on the ankle area. She then moistened the area slightly with the Normal Saline (NS), and gently attempted to remove the blue pad that had adhered to the resident's skin. Upon removal, it was noted that an area of skin had come off as well as was stuck to the blue pad. The Nursing Supervisor cleansed the area with Normal Saline and dressed the site and stated she would notify the physician to receive a new order for wound care for the now opened area of skin to the right ankle. She stated this pad is called "Derma Blue Foam pad" and it adheres to the skin or wound. The Nursing Supervisor stated that the resident's wound had been healed, but the skin covering the site was extremely thin and fragile and that she had seen the wound on Monday, 3/20/23, and at that time it was closed.

Record review of Resident #1's Care Plan revealed an order dated on 9/21/22 and revised on 1/17/23 to clean with wound cleaner to right plantar area of right foot and pat dry, apply skin protectant to peri wound, apply hydrogel with derma blue and cover with ABD pad with bulked gauze daily.

An interview with the Corporate Nurse Consultant serving as the Director of Nursing (DON) on 3/23/23 at 5:40 PM, confirmed the facility failed to ensure the care plan was updated and revised to reflect the current wound care orders and that it was being followed at the time of survey and that it was not current with the Physician's Orders for a wound care treatment for a resident with a Diabetic Ulcer Wound. She confirmed the DON is responsible for ensuring care plans are up to date, and this care plan had not been done to reflect the care that was needed for the diabetic

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F 657	Continued From page 3 ulcer. An interview with the Administrator on 3/23/23 at 5:45 PM, confirmed the care plan for a Physician's Order for wound care for Resident #1 was not updated and revised on her care plan and the Administrator confirmed that this led to an incorrect treatment being done on this resident and caused an open wound area of skin to a previously healed skin tissue by utilizing the wrong treatment to the skin area. Record review of Physician's Order on the Treatment Assessment Record (TAR) dated 12/15/22 revealed an order to cleanse diabetic wound to right plantar with normal saline, pat dry, and paint with betadine, cover with ABD (abdominal) pad and wrap with a kerlix one time daily. Record review of face sheet for Resident #1 revealed she was admitted to the facility on 2/01/18. Diagnoses included Non-Pressure Chronic Ulcer of Right Ankle, Hemiplegia and Hemiparesis following Cerebral Infarction, Type 2 Diabetes Mellitus. Record review of Minimum Data Set (MDS) dated 1/16/23, revealed a Brief Interview for Mental Status (BIMS) score of 0, indicating several mental impairments.	F 657		
F 684 SS=G	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive	F 684		4/21/23

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F 684	Continued From page 4 assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on staff interviews, observations, record review, and facility policy review, the facility failed to promote healing of a wound and to prevent the worsening of a wound as evidenced by the physician's ordered treatment not being followed for one (1) of three (3) residents with skin issues reviewed. Resident #1 Findings include: Review of the facility policy titled, "Skin Care Process", dated 1/17/18, revealed, "It is the policy of this facility to provide care and services with the goal of maintaining the resident's skin integrity and to provide care and services that meet professional standards to treat the loss of skin integrity should it occur." The policy also revealed, "Licensed Practical Nurse - Provides treatment according to physician's orders." An observation of wound care and an interview with the Registered Nurse (RN) Supervisor on 3/23/23 at 11:45 AM, revealed Resident #1 with an undated dressing on her right foot and ankle area. The dressing was removed by the RN Supervisor and was observed as a Kerlix wrap with a two-inch-by-two-inch blue foam like pad observed that was covering the ankle area. The RN Supervisor stated, "That's not ordered for this resident," and she gently tried to remove the pad, but it was adhered to the skin that was surrounding the ankle area. She moistened the	F 684	1. Wound care was performed on Resident #1 on 3/23/23 with proper treatment and dressing applied. Physician notified with new treatment orders received on 3/23/23 for wound. 2. All residents with wounds have the potential to be affected by the alleged deficient practice. Residents with wounds were identified on 4/13/23 by pulling on order listing report. 3. Nurses were in serviced on 3/24/23 regarding following physician orders and wound care process. Treatment orders were reviewed on 100% of residents with wounds on 4/13/23 to ensure correct treatment orders were in place. Wound Nurse Consultant held inservice with nursing staff on 3/31/23 on the following: following MD orders, protocol of dressing changes, checking order prior to dressing applications, product identifications, how to use products and staging. Treatment orders were reviewed on 100% of residents with wounds on 3/23/23 to ensure correct treatment orders were in place. 4. Wound care orders will be reviewed daily by Director of Nursing or Registered Nurse for accuracy beginning 3/24/23.	

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F 684	Continued From page 5 area slightly with the Normal Saline, and gently attempted further to remove the pad. Upon removal, it was noted that an area of skin had come off and was adhered to the dressing that was removed. The RN Supervisor cleansed the area with normal saline and stated she would notify the physician to receive new orders for the now opened wound area to the resident's ankle. She confirmed that this pad is called "Derma Blue Foam" pad and it adheres to the skin or wound. She stated she had observed the wound on Monday, 3/20/23, and at that time it was closed. With fragile skin and the wrong wound treatment, the skin was damaged while removing the dressing. A phone interview with Licensed Practical Nurse (LPN) #1 on 3/23/23 at 4:40 PM, revealed she changed Resident #1's dressing on 3/22/23. She stated that the area on the resident's skin was already opened and she put the Derma Blue foam pad on the area. She confirmed that she did not look at the physician's order to see that it had changed and confirmed that she was not aware that this was a concern for the resident's skin. An interview with the Corporate Nurse Consultant serving as Director of Nursing on 3/23/23 at 5:40 PM, confirmed the facility failed to ensure that Resident #1 received the Physician's ordered treatment for Resident #1's wound. She confirmed that the resident's skin was damaged by the order not being properly treated by the facility staff. An interview with the Administrator on 3/23/23 at 5:45 PM confirmed the facility failed to provide ordered wound care for Resident #1 and this led to damage to skin that had previously healed.	F 684	Director of Nursing or Registered nurse will watch wound care performed twice a week x 2 months beginning 3/27/23. Director of Nursing will present findings to Quality Assurance Program monthly beginning 4/21/2023 x 3 months and then as needed for review and revision.	

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F 684	Continued From page 6 Record review of Resident #1's Weekly Non-Pressure Wound Record dated 3/23/23, revealed a Diabetic Ulcer to right ankle measuring 3.5 centimeters by 1.5 centimeters. The SA verified that this wound assessment and measurements were the measurements after the improper skin treatment was removed and the skin was removed along with the wound dressing. Record review of Face Sheet for Resident #1 revealed she was admitted to the facility on 2/01/18. Diagnoses included Non-Pressure Chronic Ulcer of Right Ankle, Hemiplegia and Hemiparesis following Cerebral Infarction, Type 2 Diabetes Mellitus. Record review of Minimum Data Set dated 1/16/23, revealed a Brief Interview for Mental Status of 0, indicating several mental impairment.	F 684		
F 725 SS=E	Sufficient Nursing Staff CFR(s): 483.35(a)(1)(2) §483.35(a) Sufficient Staff. The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e). §483.35(a)(1) The facility must provide services by sufficient numbers of each of the following	F 725		4/21/23

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F 725	Continued From page 7 types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans: (i) Except when waived under paragraph (e) of this section, licensed nurses; and (ii) Other nursing personnel, including but not limited to nurse aides. §483.35(a)(2) Except when waived under paragraph (e) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty. This REQUIREMENT 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. Findings included: 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." Interview with Certified Nurse Assistant (CNA) #1 on 3/22/23 at 9:30 AM, stated staffing has been a concern. New people will come in and some of them will not stay. Other people "quit and leave" the facility. She stated a lot of staff will work extra shifts, come in early, or stay late to make sure there are enough people working, but it is still short at times. Stated they just work together and "try to do everything that needs to be done as best we can". The residents "gotta be taken care	F 725	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 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	

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F 725	Continued From page 8 of". Interview on 3/22/23 at 9:40 AM, with the Resident in room 305B stated it sometimes takes a little while for staff to assist. Interview on 3/22/23 at 9:50 AM, with the Resident in room 306A stated the facility could use more staff, but they get the care even though it may sometimes take a while for staff to answer the light. She stated the facility has made some staffing changes and she and some of the other residents do not like it. She likes the staff that is familiar with her to be taking care of her. When new staff come in, it takes a while to get used to each other. She stated those that know her, know how she likes her care to be done. They know how she does her showers, and they know her other preferences and the other staff do not. She stated it's just not consistent and that has been a major problem. Interview with Certified Nursing Assistant (CNA) #2 on 3/22/23 at 10:20 AM, she tated they have had staff that have left their jobs at the facility and there are also call-ins, so they often work short. She stated there should be two (2) CNAs on each hall so that adequate care can be done, but they often work with less. They just work together and try to get everything done that the residents need, but it is a struggle. Interview with Licensed Practical Nurse (LPN) #2 on 3/22/23 at 10:20 AM, stated the shifts have been short and some of the staff have quit. They have to share staff with the Memory Unit. There should always be two (2) staff in that unit, but they are often pulled to help on other halls. It would be ideal to have three (3) LPNs working, but it is	F 725	and revision.	

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F 725	Continued From page 9	F 725		

usually only 2 and they have to pick up and give meds to those in the Memory Unit. The facility does not have agency staff. She stated they want the best care for the residents, so the nurses try to assist the CNAs with the resident care as needed.

Interview on 3/22/23 at 10:25 AM with the Nursing Supervisor, stated there have been some staffing concerns recently, but "we are doing the best we can". Stated they have not had a Director of Nursing (DON) for about a month, and she tried to fill in for about a week or so, but she was unable to do this, so she stepped down from the Assistant Director of Nursing (ADON) position and is now the RN supervisor and works PRN (as needed).

Interview with LPN #3 on 3/22/23 at 10:30 AM, stated she is normally on the 300 hall, but they are now rotating halls and this is not good for the staff or residents. Stated ideally, there are three (3) nurses and six (6) aids, but they have been working with less.

Interview on 3/22/23 at 10:45 AM with CNA #3. stated she was hired to work the 300 hall, but the staff are having to rotate so she is in the Memory Care Unit today. They have been short staffed and about a week ago they only had three (3) CNAs in the building for a period of time on the 3-11 shift. She works with other good aids and they make sure they work together to get the residents cared for, "but it is not always possible to do everything, so some things have to slide and that risks wounds and weight loss."

Interview with CNA #4 on 3/22/23 at 11:40 AM, stated they have had staff shortages on and off.

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F 725	Continued From page 10	F 725		

She stated when the facility is short staffed, the staff cannot do everything and "residents don't get the care they need and deserve."

Interview with CNA #5 on 3/22/23 at 11:55 AM, stated the facility is short staffed, with no Assistant Director of Nursing (ADON) or Director of Nursing (DON) and staff are leaving. She stated the remaining staff have been working extra hours to try to cover the shifts for the resident care. She worked 11-7 last night and now 7-3 today. A couple of weeks ago, the facility only had 3 aids and 2 nurses working for a little while. The staff pull together to try to meet the residents' needs. There was a shift she was by herself on the 200 hall until about 12 noon.

Interview with the Business Office Manager and Human Resources Director on 3/22/23 at 3:00 PM, stated the facility has had some low staffing due to several leaving their job. They have tried to hire some new staff to fill positions. She stated they have multiple listings for job openings on (Proper Name of website). This is for the ADON, DON, as well as for nurses and CNAs. She stated they still have openings including a transport driver.

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

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F 725	Continued From page 11 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 the facility failed to provide sufficient qualified nursing staff. These dates were 2/28/23, 3/4/23, 3/6/23, 3/8/23, 3/12/23, 3/18/23.	F 725		
F 727 SS=E	RN 8 Hrs/7 days/Wk, Full Time DON CFR(s): 483.35(b)(1)-(3) §483.35(b) Registered nurse §483.35(b)(1) Except when waived under paragraph (e) or (f) of this section, the facility must use the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week. §483.35(b)(2) Except when waived under paragraph (e) or (f) of this section, the facility must designate a registered nurse to serve as the director of nursing on a full time basis. §483.35(b)(3) The director of nursing may serve as a charge nurse only when the facility has an average daily occupancy of 60 or fewer residents. This REQUIREMENT is not met as evidenced by: Based on staff interviews, record review, and facility policy review, the facility failed to meet the requirement for a full time Director of Nurses	F 727	1.Regional Nurse Consultant is acting Director of Nursing for facility. The new Director of Nursing was hired on 3/29/23.	4/21/23

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 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

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F 727	Continued From page 12 (DON) and failed to meet the requirement for a Registered Nurse (RN) working in the facility for eight (8) hours a day, seven (7) days a week for 4 (four) of 24 days reviewed for staffing. Findings included: 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." During an interview on 3/23/23 at 5:00 PM, the Corporate Director confirmed the facility had not maintained the required staffing numbers. He confirmed the previous DON left the end of February without a notice and the Assistant Director of Nursing tried to step into that position, but after a week or two, she chose to step down and work as a Nursing Supervisor. He stated the Corporate Nurse is filling in until a DON replacement can be hired, but she only works three (3) days each week. He confirmed that from 2/27/23 through 3/22/23, there were four (4) dates that the facility was without Registered Nurse (RN) coverage for the 24 hour period of the day. These dates were 2/28/23, 3/6/23, 3/8/23, and 3/18/23. He confirmed that the lack of a full time DON and the lack of daily RN coverage could affect the resident's care in a negative way. An interview with the Administrator on 3/23/23 at 5:45 PM, confirmed the facility failed to provide a full time Director of Nursing and a Registered Nurse for eight (8) hours a day/ seven (7) days a week and this could interfere with adequate	F 727	Administrator oversaw schedule beginning 3/23/24 to ensure a Registered Nurse was scheduled every day for 8 hours. 2.All residents have the potential to be affected by the alleged deficient practice. 3.Administrator was in serviced by Regional Director of Operations on 3/23/23 regarding regulation on requirement for a full time Director of Nursing. Administrator and Director of Nursing will review schedule every morning beginning 3/24/23 in daily meeting to ensure Registered Nurse coverage is met. 4. Administrator took over schedule to ensure Registered Nurse was scheduled 8 hours every day beginning 3/24/23 until 3/29/23. Director of Nursing will oversee scheduling beginning 3/29/23 and will ensure Registered Nurse is scheduled every day for 8 hours a day. 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.	

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F 727	Continued From page 13 resident care. Record review of Staffing Grid and Employee Time Cards revealed on 2/28/23, 3/6/23, 3/8/23, and 3/18/23, there was no RN coverage for a 24 hour period of the day.	F 727		