

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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| <b>STATEMENT OF DEFICIENCIES<br/>AND PLAN OF CORRECTIONS</b>                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>255111</b> |  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING<br><br>B. WING                                                  |                                                                                                                          | (X3) DATE SURVEY COMPLETED<br><br><b>08/03/2026</b> |                            |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>WEST POINT COMMUNITY LIVING CENTER</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                            |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>2056 N ESHMAN AVENUE , WEST POINT, Mississippi, 39773</b> |                                                                                                                          |                                                     |                            |
| (X4) ID<br>PREFIX<br>TAG                                                      | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                            |  | ID<br>PREFIX<br>TAG                                                                                       | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE<br>APPROPRIATE DEFICIENCY) |                                                     | (X5)<br>COMPLETION<br>DATE |
| F0000                                                                         | INITIAL COMMENTS<br><br>The State Agency (SA) conducted two (2) Complaint Investigations (CI MS #3016184 and CI MS #3123757) at the facility on 8/3/26. During the survey, the SA determined that the facility was not in compliance with the requirements of participation in Medicare and Medicaid Services. The SA identified noncompliance related to CI MS #3123757 and cited F760 related to significant medication errors, F773 related to provider notification of laboratory results, and F842 related to accurate record keeping. There were no citations related to CI MS #3016184.<br><br>Census at the time of the survey was 59 with a bed capacity of 60 beds.                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                            |  | F0000                                                                                                     |                                                                                                                          |                                                     |                            |
| F0760<br>SS = D                                                               | Residents are Free of Significant Med Errors<br><br>CFR(s): 483.45(f)(2)<br><br>The facility must ensure that its-<br><br>§483.45(f)(2) Residents are free of any significant medication errors.<br><br>This REQUIREMENT is NOT MET as evidenced by:<br><br>Based on record review, staff interviews, and facility policy review, the facility failed to ensure that a resident was free of significant medication errors as evidence by failure to remove a Fentanyl 12 microgram per hour (MCG/HR) patch prior to applying the next dose for one (1) of three (3) residents reviewed. Resident #1<br><br>Findings include:<br><br>Record review of facility policy titled "Medication Administration-General Guidelines, Policy and Procedures" revealed, "Policy: Medications are administered as prescribed in accordance with good nursing principles and practices..."<br><br>Record review of facility policy titled "Controlled Substances Destruction Policy and Procedure" revealed "Policy: Controlled substances are subject to special handling, storage, disposal, and |                                                                            |  | F0760                                                                                                     |                                                                                                                          |                                                     |                            |

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE |  | TITLE | (X6) DATE |
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| F0760<br>SS = D                                                               | <p>Continued from page 1<br/>recordkeeping in the facility, in accordance with federal and state laws and regulations. Procedure...2. It must be witnessed by another nurse and placed in Sharp's container for disposal. 3. Disposal is to be documented on the narcotic record on the line representing that dose and signed by administering nurse and witness nurse..."</p> <p>In a telephone interview on 8/3/26 at 12:09 PM, with Licensed Practical Nurse (LPN) #1 she reported that on 7/09/26, when she went to apply the residents scheduled Fentanyl patch, Resident #1 had two (2) patches on. One was dated 7/03/26 and the other was dated 7/06/26. Both patches were initialed by Registered Nurse (RN) #1.</p> <p>Record review of July 2026 "Medication Administration Record" (MAR) for Resident #1 revealed an active physician's order dated 12/5/2025, for Fentanyl Transdermal 72-hour patch 12 MCG/HR, apply one (1) patch transdermally at bedtime every three (3) days for pain related to chest pain." Further record review of Resident #1's MAR revealed that on 7/03/26 and 7/06/26, the Fentanyl 12 MCG/HR patch was signed as applied by RN #1.</p> <p>Record review of the "Controlled Drug Receipt/Record/Disposition Form" for Resident #1 revealed that on 7/03/26 and 7/06/26, a Fentanyl 12 MCG/HR patch was signed as wasted by RN #1 and LPN #2.</p> <p>During an interview on 8/3/26 at 12:43 PM, LPN #2 acknowledged she signed as the witness for disposal on 7/6/26 of the 7/3/26 Fentanyl patch without actually observing removal of the patch from the resident or witnessing its disposal. She stated facility practice required the witnessing nurse to observe disposal to ensure the patch was not diverted. She acknowledged this process was not followed and failure to do so could cause the resident to have too much medication or diversion of the medication.</p> <p>Interview with the Director of Nursing (DON) on 8/3/26 at 1:00 PM, she confirmed that LPN #1 reported to her on 7/9/26 that Resident #1 had two (2) fentanyl patches on. She stated that she instructed LPN #1 to remove the patches and notify the physician. She further stated that she also notified the physician herself the next day. She verified that it was her expectation that the previous Fentanyl patch would be removed prior to the application of the new dose and that having on two patches was a significant error.</p> |                                                                            |  | F0760                                                                                                     |                                                                                                                          |                                                     |                            |

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| F0760<br>SS = D                                                               | Continued from page 2<br>Record review of the "Admission Record" revealed the facility admitted Resident #1 on 10/7/25 with diagnoses that included Acute on Chronic Right Heart Failure and Chronic Atrial Fibrillation.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | F0760                                                                      |                                                                                                                          |                                                                                                           |  |                                                     |  |
| F0773<br>SS = D                                                               | <p>Lab Srvc's Physician Order/Notify of Results</p> <p>CFR(s): 483.50(a)(2)(i)(ii)</p> <p>§483.50(a)(2) The facility must-</p> <p>(i) Provide or obtain laboratory services only when ordered by a physician; physician assistant; nurse practitioner or clinical nurse specialist in accordance with State law, including scope of practice laws.</p> <p>(ii) Promptly notify the ordering physician, physician assistant, nurse practitioner, or clinical nurse specialist of laboratory results that fall outside of clinical reference ranges in accordance with facility policies and procedures for notification of a practitioner or per the ordering physician's orders.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on record review, staff interviews, and facility policy review the facility failed to ensure the physician was notified of resident lab results which caused a delay of treatment for one (1) of three (3) sampled residents reviewed. Resident #1</p> <p>Findings include:</p> <p>Review of facility policy titled " Change In Condition Policy and Procedure," revealed "Purpose: To provide guidance to licensed nurses on follow-up documentation post-acute episode, antibiotic therapy, incident and accident, change in condition, hospital return, etc...Procedure...a. Acute episodes/Change in Condition/hospital return: i. Notify physician and document results of physician contact..."</p> <p>Record review of molecular urinalysis results for Resident #1 revealed a urine specimen was collected on 6/10/26 and laboratory results were received on 6/11/26, indicating that the resident had a urinary tract infection (UTI).</p> <p>Record review of a "Progress Note" dated 6/16/26, for Resident #1 revealed "new order per PA (Physician Assistant): cipro 500 mg (milligrams) po (by mouth) bid (two times a day) x (times) 10 days r/t (related to) UTI..."</p> <p>Record review of the June 2026 "Medication</p> | F0773                                                                      |                                                                                                                          |                                                                                                           |  |                                                     |  |

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| F0773<br>SS = D                                                               | Continued from page 3<br>Administration Record" (MAR) for Resident #1<br>revealed that the antibiotic Cipro 500 mg for UTI was<br>not administered until 6/17/26.<br><br>Interview with Assistant Director of Nursing (ADON)<br>on 08/03/26 at 2:30 PM, she explained that it was<br>the facility practice that laboratory results were<br>forwarded to her and it was her responsibility to<br>notify the physician. She verified that the molecular<br>urinalysis results for Resident #1 were received on<br>6/11/26, but she did not notify the physician of the<br>lab results until 6/16/26. The ADON was unsure<br>what caused the delay in notification but agreed that<br>treatment was delayed and that could lead to<br>worsening of the infection.<br><br>On 08/03/26 at 2:40 PM, interview with Director of<br>Nursing (DON) she agreed it was her expectation that<br>the laboratory results would be reported timely.<br><br>A record review of "Admission Record" revealed<br>that the facility admitted Resident #1 on 10/07/25<br>with diagnoses of acute on chronic right heart failure<br>and chronic atrial fibrillation. | F0773                                                                      |                                                                                                                          |                                                                                                           |  |                                                     |  |
| F0842<br>SS = D                                                               | Resident Records - Identifiable Information<br><br>CFR(s): 483.20(f)(5),483.70(h)(1)-(5)<br><br>§483.20(f)(5) Resident-identifiable information.<br><br>(i) A facility may not release information that is<br>resident-identifiable to the public.<br><br>(ii) The facility may release information that is<br>resident-identifiable to an agent only in accordance<br>with a contract under which the agent agrees not to<br>use or disclose the information except to the extent<br>the facility itself is permitted to do so.<br><br>§483.70(h) Medical records.<br><br>§483.70(h)(1) In accordance with accepted<br>professional standards and practices, the facility<br>must maintain medical records on each resident that<br>are-<br><br>(i) Complete;<br><br>(ii) Accurately documented;<br><br>(iii) Readily accessible; and<br><br>(iv) Systematically organized                                                                                                                                                                                                                                                                    | F0842                                                                      |                                                                                                                          |                                                                                                           |  |                                                     |  |

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| F0842<br>SS = D                                                               | <p>Continued from page 4</p> <p>§483.70(h)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is-</p> <p>(i) To the individual, or their resident representative where permitted by applicable law;</p> <p>(ii) Required by Law;</p> <p>(iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506;</p> <p>(iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.</p> <p>§483.70(h)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p> <p>§483.70(h)(4) Medical records must be retained for-</p> <p>(i) The period of time required by State law; or</p> <p>(ii) Five years from the date of discharge when there is no requirement in State law; or</p> <p>(iii) For a minor, 3 years after a resident reaches legal age under State law.</p> <p>§483.70(h)(5) The medical record must contain-</p> <p>(i) Sufficient information to identify the resident;</p> <p>(ii) A record of the resident's assessments;</p> <p>(iii) The comprehensive plan of care and services provided;</p> <p>(iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;</p> <p>(v) Physician's, nurse's, and other licensed</p> | F0842                                                                      |                                                                                                                          |                                                                                                           |  |                                                     |  |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>WEST POINT COMMUNITY LIVING CENTER</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                            |                                                                                                                          | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>2056 N ESHMAN AVENUE , WEST POINT, Mississippi, 39773</b> |  |                                                     |  |
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| F0842<br>SS = D                                                               | <p>Continued from page 5<br/>professional's progress notes; and</p> <p>(vi) Laboratory, radiology and other diagnostic<br/>services reports as required under §483.50.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on record review, staff interviews, and facility<br/>policy review the facility failed to ensure the clinical<br/>record was complete and accurately documented<br/>when a licensed nurse signed the Controlled Drug<br/>Receipt/Record/Disposition Form indicating she<br/>witnessed the removal and disposal of a Fentanyl 12<br/>microgram per hour (MCG/HR) patch when she did<br/>not observe the removal or disposal of the<br/>medication for one (1) of three (3) residents reviewed.<br/>Resident #1.</p> <p>Findings included:</p> <p>Record review of facility policy titled "Controlled<br/>Substances Destruction Policy and Procedure"<br/>revealed "Policy: Controlled substances are subject<br/>to special handling, storage, disposal, and<br/>recordkeeping in the facility, in accordance with<br/>federal and state laws and regulations.<br/>Procedure:...2. It must be witnessed by another<br/>nurse and placed in Sharp's container for disposal.<br/>3. Disposal is to be documented on the narcotic<br/>record on the line representing that dose and signed<br/>by administering nurse and witness nurse..."</p> <p>Record review of Resident #1's July 2026 Medication<br/>Administration Record (MAR) revealed that on<br/>7/03/26 and 7/06/26, the Fentanyl 12 MCG/HR<br/>patch was signed as applied by RN #1.</p> <p>Record review of the "Controlled Drug<br/>Receipt/Record/Disposition Form" for Resident #1<br/>revealed that on 7/03/26 and 7/06/26, a Fentanyl 12<br/>MCG/HR patch was signed as wasted by Registered<br/>Nurse (RN) #1 and Licensed Practical Nurse (LPN) #2.</p> <p>On 8/3/26 at 12:09 PM, in a telephone interview<br/>with LPN #1 she reported that on 7/09/26, when she<br/>went to apply the resident's scheduled Fentanyl<br/>patch, Resident #1 had two (2) patches on. One was<br/>dated 7/03/26 and the other was dated 7/06/26.<br/>Both patches were initialed by RN #1.</p> <p>During an interview on 8/3/26 at 12:43 PM, LPN #2<br/>she stated facility practice required the witnessing<br/>nurse to observe disposal to ensure the patch was<br/>not diverted. She verified she signed as the witness<br/>for disposal on 7/6/26 of the 7/3/26 Fentanyl patch<br/>without actually observing removal of the patch from</p> | F0842                                                                      |                                                                                                                          |                                                                                                           |  |                                                     |  |

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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| <b>STATEMENT OF DEFICIENCIES<br/>AND PLAN OF CORRECTIONS</b>                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>255111</b> |  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING<br><br>B. WING                                                  |                                                                                                                          | (X3) DATE SURVEY COMPLETED<br><br><b>08/03/2026</b> |                            |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>WEST POINT COMMUNITY LIVING CENTER</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                            |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>2056 N ESHMAN AVENUE , WEST POINT, Mississippi, 39773</b> |                                                                                                                          |                                                     |                            |
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| F0842<br>SS = D                                                               | <p>Continued from page 6<br/>the resident or witnessing its disposal and<br/>acknowledged this process was not followed.</p> <p>Interview with the Director of Nursing on 8/3/26 at<br/>1:05 PM she confirmed that the "Controlled Drug<br/>Receipt/Record/Disposition Form" for Resident #1<br/>was not accurate.</p> <p>Record review of the "Admission Record" revealed<br/>the facility admitted Resident #1 on 10/7/25 with<br/>diagnoses that included acute on chronic right heart<br/>failure and chronic atrial fibrillation.</p> |                                                                            |  | F0842                                                                                                     |                                                                                                                          |                                                     |                            |