Mississippi State Department of Health

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING<br>B. WING | (X3) DATE SURVEY COMPLETED<br>**10/07/2026** |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| **WEST POINT COMMUNITY LIVING CENTER** | **2056 N ESHMAN AVENUE , WEST POINT, Mississippi, 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) COMPLETION DATE |
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| M0000 | Initial Comments<br><br>The State Agency (SA) conducted an Annual Re-licensure survey along with a Complaint Investigation (CI MS#3714679) at facility from 10/05/26 through 10/07/26. During the survey, the SA determined the facility was not in compliance with the Minimum Standards for Institutions for the Aged or Infirm, state licensure requirements and cited M500 and M1570. The SA investigated CI#3714679, and no deficiencies were cited related to this complaint. The census at the time of the survey was 58 and the facility held a license for 100 beds. | M0000 | | |
| M0500 | 45.17.2 Residents' Rights<br><br>Residents' Rights. The residents' rights policies and procedures ensure that each resident admitted to the facility:<br><br>1. is fully informed, as evidenced by the resident's written acknowledgment, prior to or at the time of admission and during stay, of these rights and is given a statement of the facility's rules and regulations and an explanation of the resident's responsibility to obey all reasonable regulations of the facility and to respect the personal rights and private property of other residents;<br><br>2. is fully informed, and is given a written statement prior to or at time of admission and during stay, of services available in the facility, and of related charges including any charges for services covered by the facility's basic per diem rate;<br><br>3. is assured of adequate and appropriate medical care, is fully informed by a physician or nurse practitioner/physician assistant of his medical conditions unless medically contraindicated (as documented by a physician or nurse practitioner/physician assistant in his medical record), is afforded the opportunity to participate in the planning of his medical treatment, to not be limited in his/her choice of a pharmacy or pharmacist provider in accordance with state law, as referenced in House Bill 1439, which states that the facility shall not limit a resident ' s choice of | M0500 | | |



| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| M0500 | Continued from page 1<br>pharmacy or pharmacy provider if that provider meets the same standards of dispensing guidelines required of long term care facilities, to refuse to participate in experimental research, and to refuse medication and treatment after fully informed of and understanding the consequences of such action;<br><br>4. is transferred or discharged only for medical reasons, or for his welfare or that of other residents, or for nonpayment for his stay (except as prohibited by sources of third-party payment), and is given a two weeks advance notice in writing to ensure orderly transfer or discharge. A copy of this notice is maintained in his medical record;<br><br>5. is encouraged and assisted, throughout his period of stay, to exercise his rights as a resident and as a citizen, and to this end may voice grievances, has a right of action for damages or other relief for deprivations or infringements of his right to adequate and proper treatment and care established by an applicable statute, rule, regulation or contract, and to recommend changes in policies and services to facility staff and/or to outside representatives of his choice, free from restraint, interference, coercion, discrimination, or reprisal;<br><br>6. may manage his personal financial affairs, or is given at least a quarterly accounting of financial transactions made on his behalf should the facility accept his written delegation of this responsibility to the facility for any period of time in conformance with State law;<br><br>7. is free from mental and physical abuse;<br><br>8. is free from restraint except by order of a physician or nurse practitioner/physician assistant, or unless it is determined that the resident is a threat to himself or to others. Physical and chemical restraints shall be used for medical conditions that warrant the use of a restraint. Restraint is not to be used for discipline or staff convenience. The facility must have policies and procedures addressing the use and monitoring of restraint. A physician order for restraint must be countersigned within 24 hours of the emergency application of the restraint;<br><br>9. is assured security in storing personal possessions and confidential treatment of his personal and medical records, and may approve or refuse their release to any individual outside the | M0500 | | |

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| M0500 | Continued from page 2<br>facility, except, in the case of his transfer to another health care institution, or as required by law of third-party payment contract;<br><br>10. is treated with consideration, respect, and full recognition of his dignity and individuality, including privacy in treatment and in care for his personal needs;<br><br>11. is not required to perform services for the facility that are not included for therapeutic purposes in his plan of care;<br><br>12. may associate and communicate privately with persons of his choice, may join with other residents or individuals within or outside of the facility to work for improvements in resident care, and send and receive his personal mail unopened, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record);<br><br>13. may meet with, and participate in activities of, social, religious and community groups at his discretion, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record);<br><br>14. may retain and use his personal clothing and possessions as space permits, unless to do so would infringe upon rights of other residents, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record);<br><br>15. if married, is assured privacy for visits by his/her spouse; if both are inpatients in the facility, they are permitted to share a room, unless medically contraindicated (as documented by the attending physician or nurse practitioner/physician assistant in the medical record); and<br><br>16. is assured of exercising his civil and religious liberties including the right to independent personal decisions and knowledge of available choice. The facility shall encourage and assist in the fullest exercise of these rights. | M0500 | | |

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| M0500 | Continued from page 3<br>This LICENSURE REQUIREMENT is NOT MET as evidenced by:<br><br>Level IIBased on observation, interviews, record review, and facility policy review, the facility failed to ensure a resident's complaint about nighttime noise was communicated to appropriate staff, investigated, and promptly addressed for one (1) of 10 (ten) residents reviewed for council meeting. Resident #24<br><br>Findings include:<br><br>Review of the facility policy titled "Residents Rights and Quality of Life Policy and Procedure" revealed under, "Policy: ... A resident has the right: ... To file grievances without discrimination or reprisal; and be provided with a reasonable outcome..."<br><br>Review of the facility policy titled "Grievance Policy and Procedure" revealed the following under "Purpose: … To ensure each resident grievance will be followed up by prompt efforts to resolve grievance that the resident may have, including those with respect to the behavior of other residents...Policy: All grievances will be investigated thoroughly, and appropriate corrective action taken..."<br><br>On 10/05/26 at 10:32 AM, an observation and interview with Resident #24 revealed he was in his room reading his Bible. He reported that his roommate played the television (TV) or radio loudly at night, preventing him from sleeping. He stated he had told staff several times and had recently told the Nurse Practitioner (NP), but nothing had been done. During the observation, the roommate was absent from the room, but the roommate's TV was on and could be heard loudly before you entered the room. A bedside radio could also be heard on the roommate's nightstand.<br><br>Record review of the psychiatric Nurse Practitioner's (NP) "Progress Notes" dated 10/01/26 revealed the following under "Subjective: ...Reports feeling that others are "putting me down on purpose" which affects his mood, environmental stressor of radio/television staying on all night causing sleep disturbance, severe persistent insomnia." The note also revealed under, "Assessment: Patient reports significant sleep disturbance due to environmental factors (radio/television staying on all night) which exacerbates underlying psychiatric condition and contributes to mood instability and irritability." The NP documented under, "Plan: Consider environmental modifications to reduce nighttime noise disturbances (TV/radio)." | M0500 | | |

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| M0500 | Continued from page 4<br><br>An interview with the Administrator on 10/06/26 at 4:18 PM, confirmed that a grievance had not been filed for Resident #24's complaint about noise.<br><br>On 10/07/26 at 8:38 AM, an interview with Social Services (SS) revealed she was unaware that the nighttime noise was interfering with Resident #24's sleep. She knew his roommate played the TV at night but did not know it was keeping him awake. SS confirmed the NP had not notified her of his concern.<br><br>An interview on 10/07/26 at 11:19 AM with the Director of Nursing (DON) revealed that the psychiatric NP usually stopped by after visiting residents to notify her or the Assistant Director of Nursing (ADON) of new orders. The DON stated she was off the day the NP visited. She confirmed that the NP should have communicated Resident #24's concern to staff so it could be addressed promptly.<br><br>On 10/07/26 at 11:30 AM, an interview with the ADON confirmed that the NP had not communicated Resident #24's concerns about noise and sleep to her. She stated, "I wound have immediately addressed it and we could have moved him to another room or spoken to the roommate." She confirmed that the information should have been relayed to staff immediately. She acknowledged that the environmental noise could contribute to increased insomnia and irritability and affect Resident #24's mental illness.<br><br>Record review of the "Admission Record" revealed the facility admitted Resident #24 on 10/03/16 with diagnoses that included Schizoaffective Disorder and Insomnia due to another Mental Disorder.<br><br>Record review of the "Progress Notes" dated 07/13/26 revealed a Brief Interview for Mental Status (BIMS) score of 11, indicating moderate cognitive impairment. | M0500 | | |
| M1570 | 48.58.1 Infection Control<br><br>The following infection control standards shall be met:<br><br>1. The facility must maintain and document an effective infection control program that protects patients, families, visitors, and facility personnel by preventing and controlling infections and communicable diseases. | M1570 | | |

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| M1570 | Continued from page 5<br><br>2. The facility must have an active surveillance program that includes specific measures for prevention, early detection, control, education, and investigation of infections and communicable diseases in the facility. There must be a mechanism to evaluate the effectiveness of the program(s) and take corrective action when necessary. The program must include implementation of nationally recognized systems of infection control guidelines to avoid sources and transmission of infections and communicable diseases.<br><br>3. The facility must follow accepted standards of practice to prevent the transmission of infections and communicable diseases, including the use of standard precautions.<br><br>This LICENSURE REQUIREMENT is NOT MET as evidenced by:<br><br>Level IIBased on observation, interview, record review and facility policy review, the facility failed to ensure staff followed Enhanced Barrier Precautions (EBP) by wearing protective gowns during care for one (1) of three (3) residents observed receiving catheter care. (Resident #1)<br><br>Findings include:<br><br>A review of the facility's policy titled, "Isolation Policy and Procedure," with no revision date, under the section titled "Enhanced Barrier Precautions (EBP)," revealed, "2. PPE (Gloves and gown prior to the high-contact care activity) is to be utilized for these residents during high-contact resident activities...g. Device care or use…urinary catheter…"<br><br>A record review of Resident #1's Order Summary Report with active orders as of 10/06/2026 revealed Resident #1 had a suprapubic catheter.<br><br>During an observation on 10/06/2026 at 3:10 PM, Licensed Practical Nurse (LPN)#1 and Certified Nursing Assistant (CNA) #1 were observed providing catheter care to Resident #1, who had a suprapubic catheter. Both staff members were observed leaning over the resident and touching him while providing catheter care without wearing protective gowns.<br><br>During an interview on 10/06/2026 at 3:15 PM, LPN #1 and CNA #1, stated they were aware that gowns were required during catheter care but were nervous and forgot to put them on. Both staff members stated gowns were required to decrease the risk of | M1570 | | |

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| M1570 | Continued from page 6<br>spreading bacteria to other residents.<br><br>During an interview on 10/07/2026 at 11:00 AM with the Administrator, he stated the facility's expectation was for staff to wear gowns when providing care to residents requiring Enhanced Barrier Precautions to prevent the spread of infections.<br><br>Record review of Resident #1's Admission Record revealed the resident was admitted to the facility on 5/22/2026 with diagnoses that included Hemiplegia and Hemiparesis following Cerebral Infarction.<br><br>Record review of Resident #1's Minimum Data Set (MDS) assessment with an Assessment Reference Date (ARD) of 8/26/2026 revealed Resident #1 had a Brief Interview for Mental Status (BIMS) score of 6 which indicated severe cognitive impairment. | M1570 | | |