STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255138	A. Building B. Wing	04/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ashland Health and Rehabilitation	16056 Boundry Drive Ashland, MS 38603

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. Based on observation, staff interview, record review, and facility policy review, the facility failed to ensure a resident's call light was readily accessible for one (1) of 49 residents observed during the initial tour. Resident #22.Findings Include: Review of the facility policy titled Call Light Standard revised 3/19, revealed under, Policy Explanation and Compliance Guidelines: . 5. With each interaction in the resident's room or bathroom, staff will ensure the call light is within reach of resident and secured, as needed. During the initial tour on 4/13/26 at 10:28 AM, Resident #22 was observed lying in bed, which was positioned against the wall on his right side. The call light was not visible or accessible to the resident. Further observation revealed the call light cord was wedged between the wall and the mattress, and the call light device was located on the floor under the bed, rendering it inaccessible to the resident. An interview with Certified Nurse Aide (CNA) #1 on 4/15/26 at 10:18 AM revealed that when staff made rounds to provide care, they were expected to ensure the call light was within the resident's reach. She stated that anything could happen and the resident should always have a way to contact staff for care needs. An interview with the Director of Nursing on 4/15/26 at 11:02 AM confirmed that staff were responsible for ensuring call lights were within reach so residents could summon assistance when needed. Record review of the admission Record revealed the facility admitted Resident #22 on 1/29/24 with medical diagnoses that included Moderate Intellectual Disabilities, Muscle Weakness, and Unsteadiness on Feet. Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 2/27/26 revealed under section C, a Brief Interview for Mental Status (BIMS) summary score of 12, which indicated Resident #22 was moderately cognitively impaired.

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 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.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observations, staff interviews, record reviews, and facility policy review, the facility failed to ensure medications were accurately labeled and corresponded with the physician's order for one (1) of three (3) residents observed during medication pass (Resident #47) Findings Include:Review of facility policy titled, Medication Order & Dispensing Variance Protocol dated 03/2026, revealed, .Procedures.1. a. Licensed nursing staff must verify that the medication label, physician's order, and Medication Administration Record (MAR) match prior to each medication administration.3. e. Ensure the physician's order and Medication Administration Record (MAR) are updated in Point Click Care (PCC) to accurately reflect the medication being dispensed and administered.An observation during medication administration on 4/15/2026 at 9:15 AM revealed an order on the electronic Medication Administration Record (EMAR) for Benztropine Mesylate Tablet 1 milligram (mg) with instructions to administer 0.5 mg tablet by mouth two times a day for mood disorder. Licensed Practical Nurse (LPN) #1 retrieved a pharmacy-prepared medication pack labeled Benztropine Mesylate 0.5 mg. LPN #1 acknowledged the discrepancy between the physician's order on the EMAR and the medication label, confirming the orders should match. She stated she did not notice the inconsistency at the time but was aware the resident was to receive 0.5 mg twice daily. During an observation and interview on 4/15/26 at 9:30 AM, the Director of Nursing (DON) confirmed the physician's order did not match the labeled medication, resulting in a discrepancy between the prescribed order and the pharmacy label for Resident #47. The DON revealed nursing staff are responsible for ensuring medication labels correspond with the physician's order and accurately reflect the medication to be administered.Record review of Resident #47's Medication Administration Record revealed an order with a start date of 12/16/2024 for Benztropine Mesylate Tablet 1 MG Give 0.5 tablet by mouth two times a day for mood disorder.Review of Resident #47's pharmacy-prepared medication pack revealed Benztropine Mesylate 0.5 mg.Record review of Resident #47's admission Record revealed the facility admitted the resident on 7/7/2016 with diagnoses including Undifferentiated Schizophrenia, and Major Depressive Disorder, Recurrent, Severe with Psychotic Symptoms. A record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 2/27/26 revealed under Section C, a Brief Interview for Mental Status (BIMS) summary score of 09 which indicated Resident #47 was moderately cognitively impaired.