| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 115124 | A. Building<br>B. Wing | 08/29/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Magnolia Manor of Columbus Nursing Center - East | 2010 Warm Springs Rd<br>Columbus, GA 31904 |

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) |
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| F 0610<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Respond appropriately to all alleged violations.<br><br>(continued on next page) |

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 |
|---|---|---|
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| F 0610<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews, document review, and facility policy review, the facility failed to conduct thorough investigations for five of 19 sampled residents (R) (R1, R2, R3, R5, and R6). Failure to conduct a thorough investigation could result in further incidents occurring due to unknown factors.Findings included:A review of the facility's policy titled, Abuse Prohibition/Reporting and Investigation, dated 10/2016, revealed, . Once a complaint or situation is identified involving alleged mistreatment, neglect, or abuse, including injuries of unknown source/origins and misappropriation of resident property, the following investigation and reporting procedures will be followed . An Interview will be conducted with all pertinent parties. Statements will be gathered from the suspect, the person making accusations, the resident involved, reliable residents who may have witnessed the incident, and any other persons who may have some information.1. A review of R1's undated Face Sheet, located in the electronic medical record (EMR) under the Face Sheet tab, indicated R1 was admitted to the facility on [DATE], and discharged [DATE], with diagnoses that included parkinsonism, obesity, urinary tract infection, ascites, abnormal weight loss, transient ischemia attack (TIA), and cerebral infarction.A review of R1's admission Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 6/24/2024 and located in the EMR under the MDS tab revealed R1 had a Brief Interview of Mental Status (BIMS) score of 10 out of 15, which indicated R1 was moderately cognitively impaired. R1 was assessed as not exhibiting any behavior.A review of R1's FRI, dated 8/15/2024 and provided by the facility, revealed, [R1] said a girl snatched her arm. Further review of the FRI revealed that although R1, her roommate, and staff were interviewed, there were no additional residents who were interviewed or assessed for injuries.2. A review of R2's undated Face Sheet, located in the EMR under the Face Sheet tab, indicated R2 was admitted to the facility on [DATE] with diagnoses that included hemiplegia and hemiparesis following cerebral infarction affecting the non-dominant side, full incontinence of feces, urinary incontinence, personal history of urinary tract infections, and dementia with mood disturbance.A review of R2's annual MDS, with an ARD of 5/27/2025 and located in the EMR under the MDS tab, revealed R2 had a BIMS score of five out of 15, which indicated R2 was severely cognitively impaired. It was recorded R2 did not have any behaviors.A review of R2's FRI, dated 10/3/2025 and provided by the facility, revealed, . Email received by responsible party (RP) that [R2] has bruises to arms. Due to injury of unknown origin, investigation initiated and pending. Further review of the FRI revealed that although R2 and staff were interviewed, there were no additional residents who were interviewed or assessed for injuries.3. A review of R3's undated Face Sheet, located in EMR under the Face Sheet Tab, indicated R3 was admitted to the facility on [DATE], and discharged on 4/13/2025, with diagnoses that included disease of the spinal cord, rheumatoid arthritis, and spondylosis with myelopathy, cervical region.A review of R3's quarterly MDS, with an ARD of 2/27/2025 and located in the EMR under the MDS tab, revealed R3 had a BIMS score of six out of 15, which indicated the resident was severely cognitively impaired. R3 was assessed as not exhibiting any behaviors and was dependent on staff for toileting hygiene, shower/bathing, lower body dressing, and personal hygiene. It was recorded that R3 required substantial/maximal assistance from staff for rolling left and right and from lying to sitting on the side of the bed, and had not sustained a fall since admission.A review of R3's FRI, dated 3/25/2025 and provided by the facility, revealed, [R3] fell, causing an injury, specifically a hematoma and laceration, while receiving care . Further review of the FRI revealed that although R3 and staff were interviewed, there were no additional residents who were interviewed or assessed for injuries.4. A review of R5's undated Face Sheet, located in the EMR under the Face Sheet tab, indicated R5 was readmitted from the hospital on 7/10/2025 after falling with injuries. Diagnoses included traumatic subarachnoid hemorrhage with fracture of the base of the skull and fracture of the vault of the skull.A review of R5's significant change MDS, with an ARD of 7/18/2025 and located in the EMR under the MDS tab, revealed R5 was unable to complete the BIMS. Staff assessment of cognitive skills for daily decision making revealed R5 was moderately impaired. It was recorded R5 was independent with all activities of daily living and mobility.A review of R5's FRI, dated 7/08/2025 and provided by the facility, revealed, . Nurse on duty was notified by another staff member that [R5] was on the floor in the hallway . noted to have decreased level of consciousness with hematoma to left posterior portion of head . R5 was admitted to hospital for post follow-up diagnostics. Review of the five-day follow-up it was revealed that . another resident was in the vicinity stating, this is what you get for coming into my room. Due to the lack of witnesses to the event, it is undetermined whether this resident contributed to |

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| F 0656<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few | Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews, record review, and facility document review, the facility failed to implement the care plan for one of three residents (R) (R3) reviewed for falls. R3's care plan instructed staff to use two people for bed mobility. Certified Nurse Aide (CNA)1 provided care alone, and as a result, R3 fell from the bed during care, sustaining a hematoma and laceration from the fall.Findings included:A review of the facility's policy titled Care Planning-Interdisciplinary Team, revised October 2016, revealed, A comprehensive person-centered care plan shall be developed and implemented for each resident that includes measurable objectives and time frames that meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.A review of the electronic medical record EMR) revealed that R3 was admitted to the facility on [DATE]with diagnoses that included disease of the spinal cord, rheumatoid arthritis, and spondylosis with myelopathy, cervical region.A review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed R3 had a Brief Interview for Mental Status (BIMS) score of six out of 15, which indicated the resident was severely cognitively impaired; that R3 was assessed as being dependent on staff for toileting hygiene, shower/bathing, lower body dressing, and personal hygiene and requiring substantial/maximal assistance from staff for rolling left and right and from lying to sitting on side of bed. It was recorded that R3 had not sustained a fall since admission.A review of the Care Plan dated 2/18/2025 revealed that R3 required assistance with her activities of daily living (ADL) care due to polyneuropathy and chronic pain in her knees. Approaches included assisting R3 to turn/reposition with routine rounds; R3 could assist herself with two-person assistance; and bed mobility: two-person extensive assistance was required.A review of R3's Facility Reportable Incident (FRI), dated 3/25/2025 and provided by the facility, revealed, . [R3] sustained a fall during care on 3/24/2025 and sustained hematoma and a laceration to the right side of the head. [R3] was transferred to the emergency room for further evaluation. The CNA assigned to care for the resident stated she provided ADL care to the resident without any additional assistance as noted in [R3]'s plan of care .An attempt to contact CNA1 for an interview on 8/27/2025 at 2:30 pm revealed that CNA1's phone number was no longer in service.A review of CNA1's Written Statement, located in the FRI investigative folder and provided by the facility, revealed that CNA1 completed a written statement on 3/24/2025. The statement recorded that CNA1 was providing care to R3. During the care, CNA1 pulled R3 towards her to turn R3 onto her left side. As CNA1 was cleaning R3's backside, she rolled off the bed. It was recorded that there was no staff partner assisting with R3's care.During an interview on 8/27/2025 at 2:40 pm, Registered Nurse (RN)1 was asked if CNA1 had asked anyone for assistance with R3's care. RN1 stated No. RN1 stated that CNA1 did not ask for help until after the resident fell. RN1 confirmed that R3 was a two-person assist with all ADLs.During an interview on 8/27/2025 at 9:48 am, the Director of Nursing (DON) stated she expected that staff follow the residents' care plan for those who require extensive assistance.During an interview on 8/29/2025 at 2:46 pm, the Administrator stated he expected CNA1 to follow R3's care plan, but also to look at residents' changes in care. |

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| F 0689<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few | Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.<br><br>(continued on next page) |

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| F 0689<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few | **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews, record review, facility document review, and policy review, the facility failed to ensure one of 19 sampled residents (R) (R3) was safe from accidents and hazards resulting in injuries. Harm was identified as having occurred on 3/24/2025, when Certified Nurse Aide (CNA)1 failed to follow the plan of care for R3, resulting in R3 falling from the bed and sustaining a hematoma and laceration from the fall.Findings included:A review of the facility's policy titled, Fall Management, updated 9/2014, revealed, It is the intent of Magnolia Manor facilities to provide an environment which remains as free of hazards as possible. This facility utilizes previous evaluation and current data to assist staff in identification of residents' specific risks and causes in an effort to identify appropriate interventions to reduce the likelihood of the resident falling and to try to minimize complications from falling .A review of R3's undated Face Sheet, located in the electronic medical record (EMR) under the Face Sheet tab, indicated that R3 was admitted to the facility on [DATE] with diagnoses that included disease of the spinal cord, rheumatoid arthritis, and spondylosis with myelopathy, cervical region. It was recorded that R3 was discharged from the facility on 4/13/2025.A review of R3's Physician Order, dated 10/21/2024 and located in the EMR under the Orders tab, revealed, . Groom/ADL set- up assist upper body; Dress total assist with two persons, Hoyer lift with two-person assist . turn and reposition with two-person assist .A review of R3's Care Plan, updated 2/18/2025 and located in the EMR under the Care Plan tab, revealed, . [R3] requires assistance with her activities of daily living due to polyneuropathy and chronic pain to her knees . Approaches included, . Assist to turn/reposition with routine rounds and as needed. [R3] can assist herself with two-person assistance. Bed mobility: two-person extensive assistance. Two-person assist with the use of a bedpan as she desires .A review of R3's quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 2/27/2025 and located in the EMR under the MDS tab, revealed R3 had a Brief Interview for Mental Status (BIMS) score of six out of 15, which indicated the resident was severely cognitively impaired. It was recorded that R3 was dependent on staff for toileting hygiene, shower/bathing, lower body dressing, and personal hygiene. It was recorded that R3 required substantial/maximal assistance from staff for rolling left and right and from lying to sitting on the side of the bed. It was recorded that R3 had not sustained a fall since admission.A review of R3's Facility Reportable Incident (FRI), dated 3/25/2025 and provided by the facility, revealed, . [R3] sustained a fall during care on 3/24/2025 and sustained hematoma and a laceration to right side of head. [R3] was transferred to the emergency room for further evaluation. The CNA assigned to care for the resident stated she provided ADL care to the resident without any additional assistance as noted in [R3]'s plan of care .A review of CNA1's Written Statement, located in the FRI investigative folder and provided by the facility, revealed CNA1 completed a written statement on 3/24/2025. The statement recorded that CNA1 was providing care to R3. During the care, CNA1 pulled R3 towards her to turn R3 onto her left side. As CNA1 was cleaning R3's backside, she rolled off the bed. It was recorded that there was no staff partner assisting with R3's care.An attempt to contact CNA1 for an interview on 8/27/2025 at 2:30 pm revealed that CNA1's phone number was no longer in service.During an interview on 8/27/2025 at 2:40 pm, Registered Nurse (RN)1 was asked if CNA1 had asked anyone for assistance with R3's care. RN1 stated No. RN1 stated that CNA1 did not ask for help until after the resident fell. RN1 confirmed that R3 was a two-person assist with all ADLs.During an interview on 8/27/2025 at 9:48 am, the Director of Nursing (DON) was asked what her expectations were for providing care for residents requiring extensive assistance. The DON stated she expected that staff follow the residents' care plan for those who require extensive assistance.During an interview on 8/29/2025 at 2:46 pm, the Administrator was asked what his expectation was related to the incident with R3. The Administrator stated he expected CNA1 to follow R3's care plan, but also to look at residents' changes in care. |

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| F 0925<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Many | Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.<br><br>Based on observation, interviews, and record review, the facility failed to maintain a facility-wide effective pest control program for the current facility population of 89 residents. This failure had the potential to lead to further pest infestation in the facility and feelings of discomfort or spread of infection among the residents. Findings included:A review of the facility's policy titled, Pest Control dated 12/2012, revealed, . It is the intent of (name of facility) to ensure that all facilities have an effective Pest Control Program .A review of the facility's Resident Council Minutes for the past year, provided by the facility, revealed:2/11/2025 - One resident's family complained of rodents in the facility. The facility's response was to schedule an exterminator monthly.2/20/2025 - List of old business: Exterminator for bugs and rodents.7/18/2025 - under list of old business (resolved): Pest control-resolved and on-going.A review of the facility's Pest Control Checklist revealed the following pest/rodent sightings:3/27/2025- three residents' rooms on South 2 unit. Mice. 4/3/2025- one resident's room on South 2 unit. Mice.4/9/2025- one resident's room on South 2 unit. Mice. 4/24/2025- one resident's room on South 2 unit. Mice.4/29/2025- one resident's room on South 2 unit. Mice. 5/15/2025- two residents' rooms on South 2 unit. Mice.6/9/2025-one resident's room on North 2 unit. Roaches.6/10/2025-one resident's room on South 2 unit. Mice.6/13/2025- one resident's room on South 2 unit. Mice.7/1/2025- two residents' rooms on South 1 unit. Roaches.7/4/2025- one resident's room on South 2 unit. Mice.7/7/2025- two residents' rooms on North 2 unit. Bugs.7/22/2025- one resident's room on South 2 unit. Mice.A group interview was conducted on 8/28/2025 at 3:37 pm with the [NAME] President of Physical Plant, Director of Maintenance, Maintenance Administrative Assistant, and Maintenance staff. The group confirmed the facility had been experiencing an infestation of field mice. The group confirmed the facility had changed pest control/extermination contractors approximately three months ago and had an intensive six-week eradication conducted. The group confirmed the facility continues with service twice monthly, and anytime there is a spotting, the company is on-call for treatment. The infestation was elevated to the quality assurance committee before changing contractors. Monitoring was initiated throughout the building, and training was held with staff and residents concerning eliminating food and environmental issues that attract mice.During a tour of the facility on 8/28/2025 at 3:45 pm, R10 and R11, residents who have witnessed mice in their rooms, reported that it had been a couple of weeks since they had spotted any mice or heard any other residents mention mice. There were no mice observed during the survey dates of 8/26/2025, 8/27/2025, 8/28/2025, and 8/29/2025. |