

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255115	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/08/2024
NAME OF PROVIDER OR SUPPLIER Manhattan Nursing and Rehabilitation Center LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 4540 Manhattan Rd Jackson, MS 39206	

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)
<p>F 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice.</p> <p>42807</p> <p>Based on observation, interview, record review, and policy review, the facility failed to accommodate resident preferences for two (2) of seven (7) residents reviewed. Residents #3 and #4</p> <p>Findings include:</p> <p>Review of the facility policy titled A.M. Care, dated 10/09, revealed, A.M. Care will be given to residents daily . Procedure: . 11. Provide/assist with shaving (male and female) as needed .</p> <p>Review of the facility policy titled Hydration Cart, dated 2016, revealed, Water or other fluids shall be offered to all residents throughout the day. Fluids are typically offered during meals, snacks. A hydration cart or location may be used to enhance access and encouragement of fluids for residents. Procedure: 1. The Hydration Cart will be offered or refreshed each day at mid morning, mid afternoon, and bedtime .</p> <p>Resident #4</p> <p>On 11/06/24 at 3:30 PM, an observation and interview with Resident #4 and his Resident Representative (RR)revealed that water was only provided upon request, and then the resident had to wait for delivery. They stated they would rather the resident have water available at the bedside. An observation of the resident revealed the resident had a short, gray beard and mustache. The RR said that the resident preferred to be shaved daily, however, the resident's preference was not accommodated and she sometimes shaved the resident when she visited. The resident and RR indicated that their concern was not that the staff did not assist with shaving, but that the resident's preference of daily shaving was not accommodated.</p> <p>Record review of the Admission Record for Resident #4 revealed the facility admitted the resident on 12/14/22. The resident had diagnoses that included Parkinson's Disease and Alzheimer's Disease.</p> <p>Record review of the Annual Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 10/09/24, revealed Resident #4 had a Brief Interview for Mental Status (BIMS) score of 7, which indicated the resident had severe cognitive impairment.</p> <p>Resident #3</p> <p>(continued on next page)</p>

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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<p>F 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 11/06/24 at 4:10 PM, an observation and interview with Resident #3 revealed she did not have water at the bedside. The resident stated that sometimes when she requests water, she has to wait. She stated that she would prefer to have a water pitcher, a glass or bottle of water at the bedside.</p> <p>Record review of the Admission Record for Resident #3 revealed the facility admitted the resident on 3/05/24. The resident had diagnoses that included Congestive Heart Failure, Type 2 Diabetes Mellitus, and Essential (Primary) Hypertension.</p> <p>Record review of the Quarterly MDS with an ARD of 8/21/24 for Resident #3, revealed the resident had a BIMS score of 13, which indicated the resident was cognitively intact.</p> <p>On 11/08/24 at 5:10 PM, during an interview, the acting Administrator confirmed that he expected staff to accommodate resident preferences to the extent possible considering the resident's physical condition, care plan and care instructions based on assessment of needs and abilities.</p>		

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<p>F 0800</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide each resident with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs.</p> <p>42807</p> <p>Based on interview, record review, and policy review, the facility failed to ensure residents received a diet that was according to the resident preferences for one (1) of seven (7) sampled residents. Resident #1</p> <p>Findings include:</p> <p>Review of the Facility policy titled Resident Interview and Foot Preferences, dated 2016, revealed, Resident food preferences will be recorded and consistently utilized .</p> <p>On 11/07/24 at 2:30 PM, in an interview with Resident #1, she stated that she hated oatmeal and dietary services put oatmeal on her tray multiple times weekly. Resident #1 stated that she had made staff aware of preferences multiple times.</p> <p>On 11/08/24 at 2:52 PM, an interview with the facility Dietician, she stated that she had stressed the importance of resident food preference to dietary staff and cooks. The Dietician stated she had been made aware that Resident #1 had complained that she did not like oatmeal, and that she had continued to receive oatmeal on her breakfast trays.</p> <p>On 11/08/24 at 5:10 PM, during an interview, the acting Administrator confirmed that whenever possible, he expected dietary staff to accommodate resident food preferences.</p> <p>Record review of the Admission Record for Resident #1 revealed the facility admitted the resident on 9/05/24. The resident had diagnoses that included End Stage Renal Disease, Dependence on Renal Dialysis, and Type 2 Diabetes Mellitus.</p> <p>Record review of the Admission Minimum Data Set (MDS), with an Assessment Reference Date of (ARD) 9/04/24, revealed Resident #1 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated Resident #1 was cognitively intact.</p>		