STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255275	A. Building B. Wing	02/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Magnolia Senior Care, LLC	3701 Peter Quinn Drive Jackson, MS 39213

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 0656 Level of Harm - Actual harm 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. 48669 Based on facility policy review, interviews, and record reviews, the facility failed to ensure Certified Nursing Assistants (CNAs) followed the comprehensive plan of care for manual assistance for two (2) of four (4) sampled residents. Resident #1 and Resident #2. Findings include: A record review of the facility policy on Comprehensive Care Plans, revealed, It is the policy of this facility to develop and implement a comprehensive person-centered care plan for each resident, consistent with the residents rights, that include measurable objectives and time frames to meet a resident's medical, nursing, and mental psychosocial needs that are identified in the residents comprehensive assessment. Resident #1 A record review of the Comprehensive Care Plan, with a target date of 3/3/2025 revealed, Focus: She requires limited to extensive assist with some of her daily care .Interventions .Provide Extensive Assist of Two With Her Manual Transfers . Record review of the the Visual/Bedside Kardex Report with a printed date of 2/10/2025 revealed . Transferring .Provide extensive assist of two with her manual transfers . Record review of a facility reported investigation (FRI) revealed on 2/2/25, Resident # 1 sustained a fall with injury. At around 5 AM the Director of Nursing (DON) was informed by the Licensed Practical Nurse (LPN) on duty that a Certified Nursing Assistant (CNA) had dropped a resident from the lift while attempting to transfer her to a wheelchair. The resident suffered a laceration to the back of the head and was rushed to the hospital. During an interview on 2/10/25 at 7:21 AM, CNA #2, who is currently working the 11-7 shift and is frequently assigned to Resident # 1, revealed that staff are trained to use two people at all times when using any lift in the building. Additionally, she explained that, for as long as she can remember, Resident #1 requires a manual two-person assist when transferring out of bed, and that the use of a lift is not necessary. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255275	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/10/2025
NAME OF PROVIDER OR SUPPLIER Magnolia Senior Care, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 3701 Peter Quinn Drive Jackson, MS 39213	

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 0656 Level of Harm - Actual harm Residents Affected - Few	During an interview at 9:34 AM, on 2/10/25, the Minimum Data Set (MDS) Nurse she explained that the purpose of the care plan is to inform staff of the residents' needs, so they know how to care for them. The MDS Nurse confirmed that when the care plan is not followed it can put residents at risk for harm. She stated that all staff must follow the care plan and not deviate from it. If staff believe changes are needed regarding lift or transfer status, they should notify her before deviating from it. A record review of the Admission Record revealed the facility admitted the resident on 1/16/2019 with diagnoses including Hemiplegia and Hemiparesis following Cerebral Infarction Affecting Right Dominant Side and Cognitive Communication Deficit. A record review of the quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 12/11/24 reveals a Brief Interview for Mental Status (BIMS) of 01 indicating the resident could not participate in the interview. Resident #2 A record review of the Comprehensive Care Plan with a revision date of 2/7/24 revealed Focus: He is at risk for falls .Interventions: Two Person Assist With All Manual Transfers. On 2/10/25 at 12:17 PM, the State Agency (SA) observed CNA #3 exiting Resident #2's room alone after transferring the resident from his wheelchair to the bed. During an interview on 2/10/25 at 12:19 PM, Resident #2 confirmed that CNA #3 had just brought him back to his room. He revealed that CNA #3 transferred him from his chair to his bed alone, meaning no one assisted him. On 2/10/25 at 12:26 PM, in an interview with CNA #3, the State Agency (SA) asked what type of transfer assistance is required for Resident #2. CNA #3 confidently responded that his Kardex instructs him to provide a manual assist with two people, but that only applies when it's two females. He stated that because he is a man, he does not need any additional help and can transfer the resident without assistance. On 2/10/25 at 12:49 PM, the Director of Nursing (DON) confirmed that CNA #1 dropped Resident #1 during an attempted lift transfer of Resident #1 from the bed to her chair. She stated that all CNAs are required to follow the plan of care listed on the Kardex, which specifies the assistance each resident needs and includes directions on the proper way to transfer residents. A record review of the Admission Record revealed the facility admitted the resident on 8/9/22 with diagnoses including Hemiplegia and Hemiparesis following Cerebral Infarction Affecting Right Dominant Side and Nontraumatic Intracerebral Hemorrhage in Hemisphere Subcortical. A record review of the quarterly Minimum Data Set (MDS) with Assessment Reference Date (ARD) of 11/21/24 revealed a BIMS of 15 indicating Resident #2 was cognitively intact.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255275	A. Building B. Wing	02/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Magnolia Senior Care, LLC	3701 Peter Quinn Drive Jackson, MS 39213

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 0689 Level of Harm - Actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. 48669 Based on observation, interviews, record review and facility policy review, the facility failed to ensure a resident was free from accident hazards, causing harm, when Resident #1 was dropped from a lift. Resident #2 had the possibility of an accident hazard when staff transferred the resident using one person assistance, instead of the assessed two (2) person assistance for (2) of four (4) resident sampled for accidents and hazards. Resident #1 and Resident #2. Findings include: A review of the facility, Lift Program Policy,, undated, revealed, Policy: It is the policy of the facility to help lift residents who are unable to be lifted manually, promote comfort and to maintain good body alignment while the resident is being moved .Procedure 1. The portable lift requires (2) trained person to perform the procedure each time it is used . Resident #1 Record review of a facility reported investigation (FRI) revealed on 2/2/25, Resident # 1 sustained a fall with injury. At around 5 AM the Director of Nursing (DON) was informed by the Licensed Practical Nurse (LPN) on duty that a Certified Nursing Assistant (CNA) had dropped a resident from the lift while attempting to transfer her to a wheelchair. The resident suffered a laceration to the back of the head and was rushed to the hospital. Record review of a CT (Computed Tomography Scan) Head without Contrast dated 2/2/2025, from the local hospital revealed EXAM: CT HEAD .HISTORY: fall, ams (altered mental status) scalp contusion . On 2/10/25 at 7:21 AM, during an interview, CNA #2, who is currently working the 11-7 shift and is frequently assigned to Resident # 1, revealed that staff are trained to use two people at all times when using any lift in the building. Additionally, she explained that, for as long as she can remember, Resident #1 requires a manual two-person assist when transferring out of bed, and that the use of a lift is not necessary. On 2/10/25 at 9:34 AM, in an interview with the Minimum Data Set (MDS) Nurse, she revealed the only reason a CNA should use a lift for Resident #1 is if she has fallen on the floor. On 2/10/25 at 12:49 PM, the Director of Nursing (DON) confirmed that CNA #1 dropped Resident #1 during an attempted lift transfer of Resident #1 from the bed to her chair. She stated that all CNAs are required to follow the plan of care listed on the Kardex, which specifies the assistance each resident needs and includes directions on the proper way to transfer residents. On 2/10/25 at 1:12 PM, in a final interview the DON, clarified that Resident #1 suffered a laceration to her head as result of the improper transfer by CNA #1. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255275	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Magnolia Senior Care, LLC	3701 Peter Quinn Drive Jackson, MS 39213

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 0689 Level of Harm - Actual harm Residents Affected - Few	A record review of the Admission Record revealed the facility admitted the resident on 1/16/2019 with diagnoses including Hemiplegia and Hemiparesis following Cerebral Infarction Affecting Right Dominant Side and Cognitive Communication Deficit. A record review of the quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 12/11/24 reveals a Brief Interview for Mental Status (BIMS) of 01 indicating the resident could not participate in the interview. Resident #2 On 2/10/25 at 12:17 PM, the SA observed CNA #3 exiting Resident #2's room alone after transferring the resident from his wheelchair to the bed. On 2/10/25 at 12:19 PM, on Resident #2 confirmed in an interview that CNA #3 had just brought him back to his room. He revealed that the CNA transferred him from his chair to his bed alone, meaning no one assisted him. On 2/10/25 at 12:26 PM, in an interview with CNA #3, the State Agency (SA) asked what type of transfer assistance is required for Resident #2. CNA #3 confidently responded that his Kardex instructs him to provide a manual assist with two people, but that only applies when it's two females. He stated that because he is a man, he does not need any additional help and can transfer the resident without assistance. A record review of the Admission Record reveals the facility admitted the resident on 8/9/22 with diagnoses including Hemiplegia and Hemiparesis following Cerebral Infarction Affecting Right Dominant Side and Nontraumatic Intracerebral Hemorrhage in Hemisphere Subcortical. A record review of the quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 11/21/24 reveals a BIMS of 15 indicating the resident was cognitively intact.