

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 12/18/2024
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)
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41680</p> <p>Based on interviews, record review, and facility policy review, the facility failed to ensure a comprehensive care plan was developed to include a resident's diagnosis of Dementia, to provide information related to treatment and appropriate interventions for one (1) of 14 care plans reviewed. Resident #9</p> <p>Findings Include:</p> <p>A review of the facility's policy titles, Comprehensive Care Plans, dated 10/23, revealed, It is the policy of this facility to develop and implement a comprehensive person-centered care plan for each resident, consistent with resident rights, that includes measurable objectives and time frames to meet a resident's medical, nursing, and mental and psychological needs that are identified in the resident's comprehensive assessment .</p> <p>A record review of Resident #9's Comprehensive Care Plan revealed it does not have a focus, with goals and interventions related to a Dementia diagnosis.</p> <p>On 12/18/24 at 11:22 AM, during an interview with Registered Nurse (RN) #1/ Minimum Data Set (MDS) Nurse , she stated care plans are updated with new physician orders, new diagnoses, and falls. She stated Resident #9's diagnosis of Dementia should have been in the comprehensive care plan, if the resident is taking medication for the diagnosis. RN #1 stated the care plan is used by all staff to ensure residents received appropriate care.</p> <p>On 12/18/24 at 11:38 AM, in an interview with the Director of Nursing (DON), she confirmed a diagnosis of Dementia should have been included in Resident' #9's care plan, to ensure that staff know how to provide care. The DON stated the care plans are used by all staff providing direct care to residents and her expectations is that all care plans should be individualized and kept up to date.</p> <p>A record review of Resident #9 Admission Record revealed Resident #9 was admitted to the facility on [DATE]. The resident's diagnoses included Unspecified Dementia, Unspecified Severity without Behavioral Disturbance, Psychotic Disturbance, Mood Disturbance or Anxiety, with an onset date of 6/1/23.</p> <p>A record review of Resident #9's Order Summary Report, with active orders as of 12/18/24, revealed an order to give 1 (one) tablet of Aricept 10 mg (milligrams) by mouth to be given at bedtime related to Unspecified Dementia.</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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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 10/8/24 revealed a Brief Interview for Mental Status (BIMS) score of 15, which indicated the resident was cognitively intact.		

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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>48669</p> <p>Based on resident and staff interview, record review, and facility policy review, the facility failed to ensure dietary staff supported and respected a resident's right to make choices about his or her meal preferences for one (1) of (14) sampled residents. Resident #46.</p> <p>Findings Include:</p> <p>A review of the facility policy titled, Residents Rights, (undated), revealed, . Freedom to Choose . We will accommodate as much as possible individuals needs and preferences in daily routines and activities. Self-determination and reasonable accommodations of individual choices are an important part of residents' rights .</p> <p>On 12/15/24 at 12:25 PM, during an interview with Resident #46, he mentioned that sometimes he likes the food, but he does not have alternative options available and would sometimes prefer to choose different foods instead of eating what is provided to him. He also noted that he is unaware of what is on the menu because there is not one in his room, and the staff do not inform him of the daily menu choices.</p> <p>On 12/16/24 at 10:19 AM, in a follow-up interview with Resident #46, he revealed that no one has come into his room to ask about his menu options today. He added that no one ever comes for that purpose and feels that he must eat what is brought to him. He stated that he would like to have different options available but has not been made aware that he has a choice.</p> <p>On 12/16/24 at 10:30 AM, in an interview with the Dietary Manager, she revealed that the menus are posted in the halls and the dining area. She stated that, at this point, no one from her team retrieves meal choices from residents who are unable to leave their rooms. From her understanding, it is the Certified Nurse Aides (CNA's) responsibility to do so.</p> <p>On 12/16/24 at 10:55 AM, in an interview with the Activities Director, she said she thinks it is the dietary aide who goes out to ask residents their food preferences if they are not able to leave the room to view menus.</p> <p>On 12/16/24 at 11:06 AM, in an interview with CNA #1, she revealed that she has worked in the facility for the last twenty years and has occasionally cared for Resident #46 during her shifts. She acknowledged that he is unable to leave his room to view the menu. While she indicated that it is not her assigned task to ask bed-bound residents about their lunch preferences, she said that if they ask her while she is in their room, she will check the menu for them and report back on their options.</p> <p>On 12/17/24 at 8:15 AM, in an interview with the Director of Nursing (DON), she revealed the facility does not currently have a way of ensuring that residents residents who are unable to walk out of their rooms are able to see the menu. She acknowledged that residents should have access to the menus to ensure they can make choices about their food preferences, as this aligns with resident rights and acknowledges that this is their home.</p> <p>(continued on next page)</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>A record review of the Admission Record revealed the facility admitted the Resident #46 on 3/18/24, with diagnoses that included Weakness, Unsteadiness on feet, and Muscle Wasting and Atrophy, not Elsewhere Classified, Multiple Sites.</p> <p>A record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 11/25/24, revealed a Brief Interview for Mental Status (BIMS) score of 15, which indicated the resident was cognitively intact.</p>		