

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445465	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/01/2026
NAME OF PROVIDER OR SUPPLIER Magnolia Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1410 Trotwood Avenue Columbia, TN 38401	

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, medical record review, observation and interview the facility failed to ensure the environment was free from accident hazards when sharps were found unattended and unsecured in the shared room of 2 of 82 (Residents #30 and #65) sampled residents observed. 1. Review of the facility's policy titled, Regulated [Biohazard] Medical Waste, dated 6/11/2025, revealed .It is the policy of this facility to ensure that regulated medical waste is managed, handled, stored, and transported as per Federal, State, and local guidance and regulations.Examples of regulated medical waste include.sharp items.Contaminated sharps will be placed in appropriate sharps containers located at the point of use. 2. Review of the medical record revealed Resident #30 was admitted to the facility on [DATE], with diagnoses including Chronic Obstructive Pulmonary Disease, Heart Failure, Depression, and Hypertension. ^ ^ Review of the annual Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #30 scored a 15 on the Brief Interview for Mental Status (BIMS) assessment, which indicated he was cognitively intact. Resident #30 required set-up assistance of staff with bathing. Review of the Resident #30's Care Plan dated 11/20/2024, revealed .The resident is on antiplatelet therapy. 3. Review of the medical record revealed Resident #65 was admitted to the facility on [DATE], with diagnoses including Deep Vein Thrombosis (a blood clot), Pneumonia, Malnutrition, and Asthma. ^ Review of the admission MDS assessment dated [DATE], revealed Resident #65 scored a 15 on the BIMS assessment, which indicated he was cognitively intact. Resident #65 required set-up assistance of staff to perform personal hygiene. Review of Physician's Order dated 2/28/2026, revealed Apixaban [used as a blood thinner to prevent blood clots] Oral Tablet 5 MG [milligram] Give 1 tablet by mouth every 12 hours. Observations in Residents #30 and #65's shared room on 3/30/2026 at 11:28 AM, 12:24 PM, and at 2:54 PM, revealed 3 navy disposable razors on the back of the shared pedestal sink.^ During an observation and interview in Resident #30 and #65's shared room on 3/30/2026 at 3:18 PM, Licensed Practical Nurse (LPN) G was asked if the 3 razors should be left unsecure and unattended in the Residents' room. LPN G stated, No. During an interview on 4/01/2026 at 9:59 AM, the Director of Nursing (DON) was asked if razors should be left unsecure and unattended in a resident's room. The DON stated, No, they should not.</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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, medical record review, and interview, the facility failed to ensure staff obtained daily weights for 1 of 6 (Resident #16) sampled residents reviewed for nutrition. The findings include:</p> <p>1. Review of the facility policy titled, Medication Administration, dated 4/9/2025, revealed .obtain and record vital signs.per physician orders. 2. Review of the medical record revealed Resident #16 was readmitted to the facility on [DATE], with diagnoses including Hemiplegia, Adult Failure to Thrive, and Abnormal Weight Loss. Review of the admission Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #16 scored a 6 on the Brief Interview for Mental Status (BIMS) assessment, which indicated she was severely cognitively impaired. Review of the Physician's Order dated 1/29/2026, revealed .Weigh patient daily at 0600 [6:00 AM] in the morning. Review of the Medication Administration Record (MAR) dated January 2026, revealed daily weights were not obtained as ordered by the physician on the following date: a. 1/31/2026 at 6:00 AM Review of the MAR dated February 2026, revealed daily weights were not obtained as ordered by the physician on the following date: a. 2/14/2026 at 6:00 AM Review of the MAR dated March 2026, revealed daily weights were not obtained as ordered by the physician on the following dates: a. 3/2/2026 at 6:00 AM b. 3/6/2026 at 6:00 AM c. 3/8/2026 at 6:00 AM d. 3/10/2026 at 6:00 AM e. 3/11/2026 at 6:00 AM f. 3/15/2026 at 6:00 AM g. 3/18/2026 at 6:00 AM h. 3/21/2026 at 6:00 AM During an interview on 4/1/2026 at 1:33 PM, the Director of Nursing (DON) was asked if the physician has given an order to weigh a patient daily should there be blanks on the MAR. The DON stated .there should not be blanks on the MAR .the weights should have been done daily.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, medical record review, observation, and interview, the facility failed to ensure medication was properly stored in 1 of 2 (South Short Hall) medication rooms and in 2 of 82 (Resident #8 and #24) sampled residents' rooms. The findings include: 1. Review of the facility policy titled, Medication Storage, dated 3/31/2025, revealed .It is the policy of this facility to ensure all medications housed on our premise will be stored.All drugs and biologicals will be stored in locked compartments (i.e., medication carts, cabinets, drawers, refrigerators, medication rooms).back -up stock of Schedule III, IV and V medications are stored under double-lock and key. 2. Observation and interview in the Medication Room on the South Short Hall on 4/1/2026 at 8:48 AM, revealed 1 open and 2 unopen vials of Lorazepam (a Schedule IV controlled substance medication used to treat anxiety) 20 mg [milligram]/10 ml [milliliter] in a clear unlocked/unsecured box in the refrigerator. Licensed Practical Nurse (LPN) C attempted to lock the unsecured box with multiple keys and the keys did not fit the lock. LPN C was asked should narcotics be double-locked and secured. LPN C stated, Yes . LPN C was asked if Lorazepam is a narcotic, should it be double-locked, and secured. LPN C stated, Yes, it is a narcotic and should be locked and secured. LPN C was asked should she have a key to narcotic lock box. LPN C stated, I should have one, I tried every key . During an observation and interview in the Medication Room on the South Short Hall on 4/1/2026 at 9:38 AM, revealed LPN D Unit Manager (UM) was shown the refrigerator with the unlocked/unsecured box with the Lorazepam inside. LPN D attempted to lock the clear narcotic box with LPN C's keys and was unable to lock the narcotic box. LPN D was asked should the narcotic box be locked and secured in the refrigerator. LPN D stated, Yes, I don't know why it's [narcotic box] not locked but I will have to ask if it should be secured . During an interview on 4/1/2026 at 1:34 PM, the Director of Nursing (DON) was asked if Lorazepam should be locked and secured in a narcotic box when in the refrigerator. The DON stated, Yes, it will be in a locked box and secured. The DON was asked how the box is secured she stated, not moveable. 3. Review of the medical record revealed Resident #8 was admitted to the facility on [DATE], with diagnoses including Anxiety, Depression, and Opioid Dependence. Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #8 scored a 15 on the Brief Interview for Mental Status (BIMS) assessment, which indicated she was cognitively intact and had no impairment in Range of Motion in the upper extremities. During an observation in Resident #8's room on 3/30/2026 at 10:34 AM and at 2:56 PM, revealed 3 tubes of (Brand Name) arthritis gel at the resident's bedside unsecured and unattended. During an interview on 3/30/2026 at 5:44 PM, LPN B was asked if a resident should have unsecured medications at bedside. LPN B stated, I saw that in her room and told her we will have to put that up. During an interview on 4/1/2026 at 1:32 PM, the DON was asked where a resident's medication should be stored. The DON stated, Should be in the med [medication] cart. The DON was asked if a resident should have medication at bedside. The DON stated, No, they should not. 4. Review of the medical record revealed Resident #24 was admitted to the facility on [DATE], with diagnoses including Paraplegia, Diabetes, and Neuromuscular Dysfunction of Bladder (nerve damage to bladder). Review of the quarterly MDS assessment dated [DATE], revealed Resident #24 scored a 15 on the BIMS assessment, which indicated he was cognitively intact and had no impairment in Range of Motion in Upper Extremities. Observation in Resident #24's room on 3/30/2026 at 11:34 AM and 4:30 PM, revealed 2 bottles of (Brand Name) wound cleanser was observed at bedside unsecured and unattended. During an observation and interview on 3/30/2026 at 4:34 PM, Registered Nurse (RN) C confirmed Resident #24 had 2 bottles of (Brand Name) wound cleanser at bedside. RN C was asked if it was acceptable for the wound cleanser to be at the bedside and unsecured. RN C stated, I have been here for just about a (continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>week and will get back to you. During an interview on 3/30/2026 at 4:47 PM, RN C stated, I was told it has to be left in the room since he is in isolation. RN C was asked should the wound cleanser be secured or left at beside. RN C stated, Secure. During an interview on 4/1/2026 at 1:32 PM, the DON was asked where should (Name Brand) wound cleanser be stored. The DON stated, .It should be put up in a cabinet or drawer.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, observation, and interview, the facility failed to ensure food was stored and prepared under sanitary conditions when unlabeled, undated, and expired food items were found stored, an empty soap dispenser was observed at the hand washing station, the inside of the microwave was splattered with dried food particles, the deep fryer had brown oil with food particles floating in it, there was a black build up on the floor, there was dried food particles on a metal pan, a layer of dust on a shelf of the drying rack, and the warming oven had a build up inside the doors. The facility had a census of 82 and 79 of the residents were served from the Kitchen. The findings include: Review of the facility policy titled, Food Safety Requirements, dated 3/26/2025, revealed .Food will also be stored, prepared, distributed, and served in accordance with professional standards for food service safety.Food safety practices shall be followed throughout the facility's entire food handling process.Elements of the process include the following.Equipment used the handling of food, including dishes.other equipment that comes in contact with food.Employee hygienic practices.Facility staff shall inspect all food, food products.for safe transport and quality upon delivery/receipt and ensure timely and proper storage.Follow contract/vendor procedures when food arrives damaged or concerns noted.Remove these foods from use.Labeling, dating and monitoring refrigerated food, including, but not limited to leftovers, so it is used by its use-by date, or frozen.discarded.Foods and beverages shall be distributed and served to residents in a manner to prevent contamination.Staff shall adhere to safe hygienic practices to prevent contamination of foods from hands or physical objects.Staff shall wash hands according to facility procedures.Staff shall not touch food with bare hands, exhibiting appropriate use of gloves, tongs. Review of the facility policy titled, Use and Storage of Food Brought in by Family or Visitors, dated 3/6/2025, revealed .All food items that are already prepared by the family or visitor brought in must be labeled with content and dated.The prepared food must be consumed by the resident within 3 days.If not consumed within 3 days food will be thrown away by facility staff. Review of the facility's undated policy titled, Hand Hygiene, revealed .All staff will perform proper hand hygiene procedures to prevent the spread of infection to other personnel, residents, and visitors. This applies to all staff working in all locations within the facility.Staff will perform hand hygiene hand hygiene when indicated, using proper technique consistent with accepted standards of practice. During an observation on the initial tour in the Kitchen on 3/30/2026 at 10:10 AM, the Dietary Manager (DM) was present in the Kitchen. The following items were observed:a. No hand soap in the dispenser at the hand-washing station. b. The microwave had dried food particles splattered on the inside of the microwave door and throughout the sides and top of the microwave.c. 18 cartons of milk dated 3/28/2026 in a black crate on top of the standing cooler.d. Deep fryer with dark brown oil and large amounts of food particles floating in the oil.e. The floor underneath the deep fryer had thick black build up. During an interview in the Kitchen on 3/30/2026 at 10:15 AM, the DM was asked where staff are expected to perform hand hygiene. The DM stated, This is the only hand-washing station in the Kitchen. The DM was asked if there should be soap available. The DM stated, Yes, Housekeeping usually changes it. The DM was asked, if the milk in the black crate on top of the standing cooler should be discarded. The DM stated, No, the distributor picks up all expired milk on Wednesdays. The DM was asked how staff know not to use and serve to residents. The DM stated, Because they [milk] are on the outside of the cooler. During an observation in the Kitchen on 3/30/2026 at 10:35 AM, the following food items were in the walk-in refrigerator:a. 2 opened and undated 16 ounce packages of margarine. b. 1-2 pack of tomatoes undatedc. 1- 4 pack of tomatoes undatedd. 1 gallon of apple juice concentrate with foam layer noted at the top of the juice, with a use by date 2/4/2026.e. 1 metal container of cooked spaghetti with a use by date of 3/27/2026.f. 1 plastic bag of boiled eggs with a used by date of 3/27/2026.g. 1 plastic bag of chopped cucumbers (continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>with a used by date of 3/27/2026 During an observation and interview in the Kitchen on 3/30/2026 at 10:46 AM, the DM was asked if the food items listed above in the walk-in refrigerator should be discarded. The DM stated, Yes, they should. During an observation in the Kitchen on 3/31/2026 at 8:34 AM, revealed the following: a. the microwave with splattered dried food particles on the inside of the microwave door and inside of the microwave. b. a metal muffin pan with dried food particles and thick dust build up on the bottom shelf of the drying rack. c. the warming oven with thick orange and brown build up on the inside of the oven doors. During an interview on 3/31/2026 at 9:03 AM, the DM was asked if the cookware on the drying rack was clean. The DM stated, Yes. The DM was asked if the metal muffin pan on the bottom shelf should have dried food particles and dust on it on if it is clean. The DM stated, No. We don't use it and we can throw it away. During an observation and interview in the Dry Storage Room on 3/31/2026 at 9:05 AM, the DM was asked what the process was for dented cans. The DM stated, I use them first. The DM was asked if she stored dented cans separately. The DM stated, I was told that it was ok to use them. During an observation in the Dry Storage Room on 3/31/2026 at 9:08 AM, revealed the following: a. 1 large box of bananas black in color with a white powdery substance growing on the bananas. b. 1 plastic bag of 10 biscuits with a green and white fuzzy substance on the biscuits, with a use by date of 3/13/2026. c. 2 boxes of undated croissants rolls. d. 1 opened and undated package of 6-inch flour tortillas. During an interview on 3/31/2026 at 9:10 AM, the DM was asked if food items in the Dry Storage should be discarded. The DM stated, Yes. The DM was asked who was responsible for checking food items for expiration. The DM stated, The cooks are responsible for checking them. During an interview on 3/31/2026 at 10:47 AM, the Registered Dietitian (RD) was asked what her role with the kitchen was. The RD stated, I have performed 1 audit with the Kitchen, and it was extensive and concerning. The RD was asked what the process for dented cans. The RD stated, Dented cans should be stored separately, labeled and placed for the distributor to pick up. The RD was asked if dented cans should be served. The RD stated, No. During an observation and interview on 3/31/2026 at 2:49 PM, Licensed Practical Nurse (LPN E) was asked if the following food items in the nutritional refrigerator should be labeled and dated. LPN E stated, Yes and should be discarded due to out of date or not labeled. a. 1 opened, undated and uncovered ice cream cake in the freezer. b. 1 box of [named fast food], unlabeled and undated. c. 1 plastic platter of toast, bacon, and a bowl of yellow substance, undated and unlabeled, from an outside restaurant. d. 1 swollen plastic container of salad, unlabeled and undated. e. 1 plastic container of pineapple, unlabeled and undated. f. 1 opened container of med pass (supplemental protein shake) dated 2/17/2026. g. 1 opened and undated bottle of water. During an interview on 3/31/2026 at 4:40 PM, the DM was asked how food items should be properly stored. The DM stated, Labeled with [an] opened date and [an] use by [date] 7 days later. The DM was asked when should cooked and prepared food items be discarded. The DM stated, Labeled and date use by 3 days later, and discarded by the use by date. The DM was asked when food items brought in by outside sources should be discarded. The DM stated, Within 3 days. The DM stated, No, ma'am. The Dietary Manager was asked if the microwave and oven should have thick orange-brown build up on the inside of the oven and dried food particles to the inside of the microwave. The DM stated, The oven has been like that since I came. The DM was asked if the floors underneath the deep fryer should have thick black build up. The DM stated, We will keep working on it until it comes up. The DM was asked if food items in the dry storage should be expired and have substances growing on them. The DM stated, There should be no expired, no molded, no dented cans, no opened and undated food items in the dry storage area. ^</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on policy review, observation, and interview, the facility failed to maintain the prevention and spread of infection during wound care, catheter care, and with Enhanced Barrier Precautions for 2 of 4 (Resident #16 and #24) sampled residents reviewed. The findings include: 1. Review of the facility policy titled, Infection Control Policy and Procedure, dated 2026, revealed .Require staff to follow hand hygiene practices consistent with accepted standards of practice.CMS [Centers for Medicare & Medicaid Services] recommends specialized training include the following.Principles of standard precautions.hand hygiene.use and care of indwelling urinary.catheters.wound management.The Facility shall develop and implement written policies and procedures for the provision of infection prevention and control.The use and care of urinary catheters.Wound care.Knowledge and skills pertaining to the IPSP's [Infection Prevention and Control Program] standards, policies and procedures are needed by all staff in order to follow proper infection control practices.Implementation of infection control practices for resident care such as but not limited to urinary catheter care, wound care.Staff must perform hand hygiene (even of gloves are used).Before performing an aseptic task.after removing.gloves.Gloves changed and hand hygiene before.during resident care.The Facility must prevent infections through indirect contact transmission. This requires.cleaning and/or disinfecting.resident equipment, medical devise, and the environment.Equipment or items in the resident environment likely to have been contaminated.must be handled in a manner so as to prevent transmission of infectious agents. Review of the undated facility policy titled, Hand Hygiene, revealed .The use of gloves does not replace hand hygiene. If your task requires gloves, perform hand hygiene prior to donning [putting on] gloves, and immediately after removing gloves . Review of the facility policy titled, Indwelling Catheter Use and Removal, dated 11/30/2025, revealed .If an indwelling catheter is in use, the facility will provided appropriate care for the catheter in accordance with current professional standards. Review of the facility policy titled, Catheter Care, dated 11/25/2025, revealed .It is the policy of this facility to ensure that residents with indwelling catheters receive appropriate catheter care. 2. Review of the medical record revealed Resident #16 was admitted to the facility on [DATE], with diagnoses including Hemiplegia (paralysis affecting one side of the body), Adult Failure to Thrive, and Stage 3 Pressure Ulcer to Sacrum. Review of the admission Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #16 scored a 6 on the Brief Interview for Mental Status (BIMS) assessment, which indicated she was severely cognitively impaired. Resident #16 was dependent on staff to perform activities of daily living (ADLs) and was assessed for a Stage 3 facility acquired pressure ulcer. Review of the Physician's Order dated 3/6/2026, revealed Cleanse Sacrum with Dakins [used to cleanse wounds to prevent infection], apply honey Alginate [used to promote healing of wounds], cover with foam dressing. Change every day and prn [as needed] soiling/dislodgement .for wound care. During an observation of wound care in the Resident room on 3/31/2026 at 10:16 AM, Licensed Practical Nurse (LPN) F did not perform hand hygiene before donning (putting on) a gown and gloves, prior to entering Resident #16's room. LPN F wiped the over the bed table with a Sani wipe, placed a barrier on the over the bed table, and set up wound care supplies. LPN F removed her gloves and donned a new pair of gloves without performing hand hygiene. LPN F removed the soiled dressing from Resident #16's sacrum and removed her gloves. LPN F donned a new pair of gloves, without performing hand hygiene, and cleansed the wound with Dakins solution and gauze. LPN F removed her gloves, donned a new pair of gloves without performing hand hygiene, applied the honey alginate dressing to the wound, then covered it with a foam dressing. LPN F gathered the trash and supplies and placed them into a biohazard bag, removed her gown and gloves, then left the room. LPN F performed hand hygiene after exiting the resident's room. During an interview on 3/31/2026 at 10:35 AM, LPN F was asked when should hand hygiene be performed. LPN F stated, .after patient care . During an interview on 4/1/2026 at 1:33 PM, the (continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Director of Nursing (DON) was asked when should hand hygiene be done during wound care. She stated .after every glove change . The DON was then asked if she expected her nurses to perform hand hygiene during wound care. She stated .yes .^ 3. Review of the medical record revealed Resident #24 was admitted to the facility on [DATE], with diagnoses including Paraplegia, Diabetes, and Neuromuscular Dysfunction of Bladder (nerve damage to bladder). Review of the quarterly MDS assessment dated [DATE], revealed Resident #24 scored a 15 on the BIMS assessment, which indicated he was cognitively intact. Random observations in the resident's room on 3/30/2026 at 11:34 AM, revealed Resident #24's indwelling urinary catheter bag lying on the floor. During an interview on 3/30/2026 at 11:42 AM, the DON was asked if the urinary catheter bag should be on the floor. The DON stated, No, it should not. Observation and interview in the resident's room, on 4/1/2026 at 8:36 AM, revealed Resident #24's indwelling urinary catheter lying on the floor. LPN F was asked upon entering the room if she saw any issues with Resident #8's indwelling catheter bag. LPN F stated, The bag is on the floor. LPN F was asked if the indwelling catheter bag should be on the floor. LPN F stated, No, it should be in the bag [privacy bag] on side of the bed.he has UTI's [Urinary Tract Infection] and being on the floor is a risk for infection. During an interview on 4/1/2026 at 1:32 PM, the DON was asked if she would expect her nurses to observe and be aware if a resident had an indwelling catheter to check if the bag was lying on the floor. The DON stated, Yes, we addressed that yesterday. The DON was asked since it was addressed yesterday, would you expect the indwelling catheter bag to be lying on the floor again this morning. The DON stated, .I will be doing in-service and rounding.it is unacceptable for foley bag to be lying in the floor. During a random observation and interview outside of the resident's room on 3/30/2026 at 10:14 AM, revealed LPN B removing the Southeast Long Hall Medication Cart from Resident #92's room. An Enhanced Barrier Precautions (EBP) sign and Personal Protective Equipment (PPE) were observed on Resident #92's door. LPN B was asked if Resident #92 was on EBP. LPN B stated, Yes, ma'am she is. LPN B was asked the reason for Resident #92 being on EBP. LPN B stated, because of her peg-tube and sacral pressure ulcer. LPN B was asked should the medication cart be in the resident room. LPN B stated, No, it should not have been in the resident room . During an interview on 3/30/2026 at 10:16 AM, outside of Resident #92's room, the DON was asked should the medication cart be in a resident room with EBP. The DON stated, Absolutely not, I caught that myself. The DON was asked where the medication cart should be placed. The DON stated, The medication cart should stay on the hall and not in the resident room .</p>		