STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255115	A. BUILDING _____ B. WING _____	C 01/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANHATTAN NURSING AND REHABILITATION CENTER LLC	4540 MANHATTAN RD JACKSON, MS 39206

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F 000	INITIAL COMMENTS The State Agency (SA) conducted two (2) Complaint Investigations (CI MS #23812 and CI MS #23791), at the facility from 1/8/24 through 1/9/24. CI MS #23812 was investigated related to resident neglect regarding medication administration with no deficiencies cited. CI MS #23791 was investigated related to incontinent care, staffing, and resident neglect. During the survey, the SA determined the facility was not in compliance with the requirements for participation in Medicare and Medicaid as the facility was unable to resolve grievances related to CI MS #23791 in a manner to prevent them from reoccurring and cited F585.	F 000		
F 585 SS=E	Grievances CFR(s): 483.10(j)(1)-(4) §483.10(j) Grievances. §483.10(j)(1) The resident has the right to voice grievances to the facility or other agency or entity that hears grievances without discrimination or reprisal and without fear of discrimination or reprisal. Such grievances include those with respect to care and treatment which has been furnished as well as that which has not been furnished, the behavior of staff and of other residents, and other concerns regarding their LTC facility stay. §483.10(j)(2) The resident has the right to and the facility must make prompt efforts by the facility to resolve grievances the resident may have, in accordance with this paragraph. §483.10(j)(3) The facility must make information on how to file a grievance or complaint available to the resident.	F 585		2/27/24

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 02/02/2024

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F 585	Continued From page 1	F 585		

§483.10(j)(4) The facility must establish a grievance policy to ensure the prompt resolution of all grievances regarding the residents' rights contained in this paragraph. Upon request, the provider must give a copy of the grievance policy to the resident. The grievance policy must include:
(i) Notifying resident individually or through postings in prominent locations throughout the facility of the right to file grievances orally (meaning spoken) or in writing; the right to file grievances anonymously; the contact information of the grievance official with whom a grievance can be filed, that is, his or her name, business address (mailing and email) and business phone number; a reasonable expected time frame for completing the review of the grievance; the right to obtain a written decision regarding his or her grievance; and the contact information of independent entities with whom grievances may be filed, that is, the pertinent State agency, Quality Improvement Organization, State Survey Agency and State Long-Term Care Ombudsman program or protection and advocacy system;
(ii) Identifying a Grievance Official who is responsible for overseeing the grievance process, receiving and tracking grievances through to their conclusions; leading any necessary investigations by the facility; maintaining the confidentiality of all information associated with grievances, for example, the identity of the resident for those grievances submitted anonymously, issuing written grievance decisions to the resident; and coordinating with state and federal agencies as necessary in light of specific allegations;
(iii) As necessary, taking immediate action to prevent further potential violations of any resident

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F 585	Continued From page 2 right while the alleged violation is being investigated; (iv) Consistent with §483.12(c)(1), immediately reporting all alleged violations involving neglect, abuse, including injuries of unknown source, and/or misappropriation of resident property, by anyone furnishing services on behalf of the provider, to the administrator of the provider; and as required by State law; (v) Ensuring that all written grievance decisions include the date the grievance was received, a summary statement of the resident's grievance, the steps taken to investigate the grievance, a summary of the pertinent findings or conclusions regarding the resident's concerns(s), a statement as to whether the grievance was confirmed or not confirmed, any corrective action taken or to be taken by the facility as a result of the grievance, and the date the written decision was issued; (vi) Taking appropriate corrective action in accordance with State law if the alleged violation of the residents' rights is confirmed by the facility or if an outside entity having jurisdiction, such as the State Survey Agency, Quality Improvement Organization, or local law enforcement agency confirms a violation for any of these residents' rights within its area of responsibility; and (vii) Maintaining evidence demonstrating the result of all grievances for a period of no less than 3 years from the issuance of the grievance decision. This REQUIREMENT is not met as evidenced by: Based on facility grievance logs, in-service records, staff interviews, and facility policy review, the facility failed to resolve grievances in a manner that would prevent them from reoccurring as evidenced by four (4) out of six (6) months of resident grievance logs of documented residents'	F 585	Please consider this Plan of Correction as Manhattan Nursing and Rehabilitation, LLC credible allegation of compliance. This plan of correction constitutes a written allegation of substantial compliance under Federal Medicare &	

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F 585	Continued From page 3 grievances related to call lights not being answered and Certified Nurse Aides (CNAs) not making timely rounds to respond to resident needs. Findings include: Review of the facility's policy titled, "Complaint/Grievance Missing Property," undated, revealed, "All residents have the right to voice concerns or complaints, which affect their lives at this facility ... Complaint may be presented to any staff member; the staff member may resolve the issue immediately. If unable to resolve immediately, follow the Complaint Procedure ... The Grievance/Complaint/Missing Property Monthly Tracking Log will be completed by Executive Director on a monthly basis. Any trends, problems identified will be addressed and an action plan initiated." Review of the September Grievance Log revealed a grievance on 9/5/23, regarding call light not being answered timely and staff not making rounds every two (2) hours. Review of the Immediate Response section on the "Grievance Intake/Decision Form" revealed the ED (Education Director) and DON (Director of Nurses) were made aware of the concerns. Review of the section on Summary of Findings, revealed education was provided on customer service and call lights. Further review of the Grievance Log revealed a grievance on 9/18/23 regarding customer service and call lights. However, review of the "Grievance Intake/Decision Form," only addressed a resident's request for a shower. Review of the "Educational In-Service Record,"	F 585	Medicaid requirements. Submission of this plan of Correction is not an admission that a deficiency exists or that the facility agrees that they were cited correctly. This plan of correction reflects a desire to continuously enhance the quality of care and services provided to our residents and are submitted solely as a requirement of the provisions of Federal and State law. F585 1. Cognitive residents were immediately interviewed on January 9, 2024 by _Activities Director to assess for any concerns or grievances. A total of _72__ were interviewed and there were no grievances voiced or any concerns of unresolved grievances. No Resident had any ill effect from this deficient practice. 2. All Residents have the potential to be affected by this deficient practice. 3. An in-service was done by the Regional Clinical Operations Nurse on _1/09/2024_ for the Executive Director and Department Head on resolving grievances in a manner that would prevent them from reoccurring. 4. A 100% on audit all grievances within the last 3 months was completed on _1/09/2024_ by Executive Director. Any unresolved issues were immediately addressed. The Executive Director will review grievances 5x week x6 weeks beginning 01/09/24 to ensure that grievances are resolved in a manner to prevent them from reoccurring and a	

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F 585	Continued From page 4 dated 9/18/23, revealed an in-service was conducted on answering call lights and customer service. Review of the October Grievance Log revealed a grievance on 10/17/23, regarding a resident in bed, being left with BM (bowel movement) on her. Review of the "Grievance Intake/Decision Form" regarding the 10/17/23 grievance, revealed a resident in bed with BM on her and having to wait a while and having to ask for assistance twice. Review of the Immediate Response section revealed the CNA (certified nurse aide) eventually took care of the resident and the nurse was counseled to provide care if the aide is busy. The Summary of Findings section revealed the resident was soiled and needed incontinent care, the aide was assisting another resident, the nurse made the aide aware of the resident's needs, however, the nurse did not initiate care. The resident received care after the aide finished with the resident she was assisting. On 10/31/23, the Grievance Log revealed another grievance related to resident care, regarding ADL (activities of daily living) care. Review of the "Grievance Intake/Decision Form", dated 10/31/23, revealed a daughter stating that her mother was dirty/wearing a gown and the roommate of the resident complained that nobody checks on them. The Immediate response section, as well as the Summary of Findings sections revealed staff were in-serviced on ADL care. Review of the "Educational In-Service Record," dated 10/31/24, revealed an in-service was conducted on ADLs. Review of the November Grievance Log revealed a grievance on 11/6/23, related to ADL care and	F 585	follow up is completed for each. Any concerns will be immediately addressed. New interventions will be implemented for reoccurring grievances. Beginning 02/06/2024, Director of Nursing/Assistant Director of Nursing will conduct incontinent rounds on 5 residents 5 times per week for 3 weeks. On January 09, 2024, a 100% call light audit was completed. The Executive Director will begin call light audit 01/09/24, 5x week x3 weeks. The Executive Director will forward the results of the audits to the Quality Assurance Committee. The Quality Assurance Committee will monitor grievances and call lights for 3 months. The Quality Assurance Committee met on 01/22/2024. The next Quality Assurance Meeting will be held 02/27/24 to discuss findings. 5. Completed: February 27, 2024.	

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call lights. Review of the "Grievance Intake/Decision form" revealed the resident's family complained that the resident was not being changed timely. The family member stated that on a previous visit on 10/30/23, when she pressed the resident's call, a CNA came into the room, turned the light off and said they would get her CNA, and nobody came back. The Summary of Findings revealed an individual in-service was conducted with a CNA and the Corrective Action section revealed an in-service was conducted on staff making two (2) hour rounds on making rounds. The November Grievance Log also included a grievance, dated 11/14/23, in which a resident complained that her CNA did not check on her during the day. The "Grievance Intake/Decision Form," dated 11/14/23, revealed the resident complained that on 11/13/23, her assigned CNA did not see her much on her shift. The resident stated that her CNA brought in her dinner, and that as all. She stated that her bed was wet, and she was not going to beg for help. The Immediate Response section, as well as the Corrective Action sections revealed that the staff were in-serviced on rounding every two (2) hours and that the assigned Agency CNA would not be allowed to return.

Review of the "Education In-Service Record," dated 11/7/23, revealed an in-service was conducted that included call light response, being sure to answer call lights in a timely manner.

Review of December Grievance Log revealed a grievance dated, 12/18/23, related to call light not being answered. Review of the "Grievance Intake/Decision Form" revealed a resident and her family member complained that her CNA was rude and did not answer her call light timely and

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was not given water and a shower or bed bath when requested. The Immediate Response revealed that the nurse provided water for the resident and the resident told the Social Worker that she preferred a bed bath for now and was given one on the evening shift. The Corrective Action section revealed that an in-service was conducted on customer service and the CNA was reassigned.

Review of the "Educational In-Service Record," dated 12/20/23, revealed an in-service was conducted on customer service.

In an interview on 1/9/24 at 11:45 AM, with the Licensed Social Worker (LSW), she commented that resident grievances/complaints can be handled by any staff member, as the goal is to resolve the complaint as soon as possible. The Social Worker revealed that during the facility's monthly Quality Assurance (QA) meetings, the staff review the grievances, and the facility generally responds to grievances with in-services and counseling of employees as needed.

In an interview with the Administrator on 1/9/24 at 12:15 PM, she confirmed that she had reviewed the grievances related to call lights, asking for assistance, and residents not being checked on, and that each month, the same resolution was used, that included in-servicing and counseling of staff. The Administrator also confirmed that the grievances are reviewed each month in their QA meetings.