STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	16WH	A. BUILDING: _____ B. WING _____	05/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LANDMARK OF COLLINS	1315 SOUTH FIR AVE COLLINS, MS 39428

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
M 000	Initial Comments The State Agency (SA) conducted an annual recertification survey and Complaint Investigation (CI), MS #24976, at the facility from 4/30/24 to 5/2/24. The complaint was investigated regarding pressure ulcers and there were no deficiencies cited. During the recertification survey, the SA determined the facility was not in compliance with the Minimum Standards for Institutions for the Aged or Infirm, state licensure requirements and cited M500, M815, M855, and M1570.	M 000		
M 500	45.17.2 Residents' Rights Residents' Rights. The residents' rights policies and procedures ensure that each resident admitted to the facility: 1. is fully informed, as evidenced by the resident's written acknowledgment, prior to or at the time of admission and during stay, of these rights and is given a statement of the facility's rules and regulations and an explanation of the resident's responsibility to obey all reasonable regulations of the facility and to respect the personal rights and private property of other residents; 2. is fully informed, and is given a written statement prior to or at time of admission and during stay, of services available in the facility, and of related charges including any charges for services covered by the facility's basic per diem rate; 3. is assured of adequate and appropriate medical care, is fully informed by a physician or nurse practitioner/physician assistant of his medical conditions unless medically contraindicated (as documented by a physician or nurse practitioner/physician assistant in his	M 500		6/14/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	16WH	A. BUILDING: _____ B. WING _____	05/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LANDMARK OF COLLINS	1315 SOUTH FIR AVE COLLINS, MS 39428

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
M 500	Continued From page 1 medical record), is afforded the opportunity to participate in the planning of his medical treatment, to not be limited in his/her choice of a pharmacy or pharmacist provider in accordance with state law, as referenced in House Bill 1439, which states that the facility shall not limit a resident ' s choice of pharmacy or pharmacy provider if that provider meets the same standards of dispensing guidelines required of long term care facilities, to refuse to participate in experimental research, and to refuse medication and treatment after fully informed of and understanding the consequences of such action; 4. is transferred or discharged only for medical reasons, or for his welfare or that of other residents, or for nonpayment for his stay (except as prohibited by sources of third-party payment), and is given a two weeks advance notice in writing to ensure orderly transfer or discharge. A copy of this notice is maintained in his medical record; 5. is encouraged and assisted, throughout his period of stay, to exercise his rights as a resident and as a citizen, and to this end may voice grievances, has a right of action for damages or other relief for deprivations or infringements of his right to adequate and proper treatment and care established by an applicable statute, rule, regulation or contract, and to recommend changes in policies and services to facility staff and/or to outside representatives of his choice, free from restraint, interference, coercion, discrimination, or reprisal; 6. may manage his personal financial affairs, or is given at least a quarterly accounting of financial transactions made on his behalf should the	M 500		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	16WH	A. BUILDING: _____ B. WING _____	05/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LANDMARK OF COLLINS	1315 SOUTH FIR AVE COLLINS, MS 39428

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
M 500	Continued From page 2 facility accept his written delegation of this responsibility to the facility for any period of time in conformance with State law; 7. is free from mental and physical abuse; 8. is free from restraint except by order of a physician or nurse practitioner/physician assistant, or unless it is determined that the resident is a threat to himself or to others. Physical and chemical restraints shall be used for medical conditions that warrant the use of a restraint. Restraint is not to be used for discipline or staff convenience. The facility must have policies and procedures addressing the use and monitoring of restraint. A physician order for restraint must be countersigned within 24 hours of the emergency application of the restraint; 9. is assured security in storing personal possessions and confidential treatment of his personal and medical records, and may approve or refuse their release to any individual outside the facility, except, in the case of his transfer to another health care institution, or as required by law of third-party payment contract; 10. is treated with consideration, respect, and full recognition of his dignity and individuality, including privacy in treatment and in care for his personal needs; 11. is not required to perform services for the facility that are not included for therapeutic purposes in his plan of care; 12. may associate and communicate privately with persons of his choice, may join with other residents or individuals within or outside of the facility to work for improvements in resident care, and send and receive his personal mail	M 500		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	16WH	A. BUILDING: _____ B. WING _____	05/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LANDMARK OF COLLINS	1315 SOUTH FIR AVE COLLINS, MS 39428

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
M 500	Continued From page 3 unopened, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 13. may meet with, and participate in activities of, social, religious and community groups at his discretion, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 14. may retain and use his personal clothing and possessions as space permits, unless to do so would infringe upon rights of other residents, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 15. if married, is assured privacy for visits by his/her spouse; if both are inpatients in the facility, they are permitted to share a room, unless medically contraindicated (as documented by the attending physician or nurse practitioner/physician assistant in the medical record); and 16. is assured of exercising his civil and religious liberties including the right to independent personal decisions and knowledge of available choice. The facility shall encourage and assist in the fullest exercise of these rights. This Statute is not met as evidenced by: Level II Based on observation, interviews, record review and facility policy review the facility failed to honor the resident's right for choices as evidenced by serving a meal that included a known dislike for	M 500	* Resident #4 was assessed by Director of Nursing on 4/30/2024 with no adverse findings noted. Resident #4's food likes and dislikes were reviewed and updated by Dietary Manager on 4/30/2024.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	16WH	A. BUILDING: _____ B. WING _____	05/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LANDMARK OF COLLINS	1315 SOUTH FIR AVE COLLINS, MS 39428

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
M 500	Continued From page 4 one (1) of (14) sampled residents. (Resident #4) Findings Include: Review of the facility's policy, "Dietary Services", revised 11/17, revealed, " ... Food likes, dislikes and eating habits are assessed by the Nursing and Dietary Departments. This information is recorded in the resident's Medical Record ..." During an observation and interview on 4/30/24 at 12:14 PM, Resident #4 was served spaghetti with meat sauce on her meal tray. Resident #4 stated that had told the staff and the Dietary Manager (DM) several times that she did not eat noodles or rice. The resident's meal consisted of spaghetti with meat sauce, lettuce and tomato salad, cornbread, and ice cream with tea and water. The resident ate her salad and did not eat any other items on the meal tray. Resident #4's sister brought her lunch from home. Record review of the "Lunch" meal tray ticket for Resident #4, dated 4/30/24, revealed, " ...Dislikes Buttered Biscuits ...eggs ...PASTA/NOODLE ...Rice ..." On 4/30/24 at 12:17 PM, the Director of Nursing (DON) confirmed Resident #4 received spaghetti with meat sauce on her meal tray. She also confirmed the dietary slip indicated Resident #4 had a dislike for noodles and rice. In an interview on 4/30/24 at 1:00 PM, with the Dietary Manager (DM), she confirmed Resident #4 received spaghetti with meat sauce and the alternate was rice, ham, and broccoli. The DM also confirmed Resident #4 did not eat noodles or rice. The DM stated that she could have fixed mashed potatoes to go with the ham and broccoli,	M 500	* All residents receiving meals from the facilities kitchen has the potential to be affected by this practice. * The facilities Dietary department was in serviced on Dietary Services on 5/2/2024 by the facilities dietary manager. The facility Medical Director reviewed the policy Dietary Services with no recommended changes to the policy on 5/2/2024. The facility Quality Assessment and Assurance Committee met on 5/2/2024 to review the plan of correction. * Beginning 5/17/2024 the facility Administrator will monitor dietary services three times a week for four weeks and then weekly for two months to ensure ongoing compliance and will report to the QA & A Committee for three months. The first QA & A meeting will be held on June 14, 2024.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	16WH	A. BUILDING: _____ B. WING _____	05/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LANDMARK OF COLLINS	1315 SOUTH FIR AVE COLLINS, MS 39428

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
M 500	Continued From page 5 however, it was not brought to her attention at that time that the resident did not eat noodles or rice and she did not look at the resident's dietary slip. The DM also stated that if the residents do not like what is on the menu or the alternate, the facility provided peanut butter and jelly sandwiches or pimento cheese sandwiches. During an interview on 4/30/24 at 2:00 PM, with the Administrator, he stated that he expected the kitchen staff to monitor the likes and dislikes of the residents so they will not be getting food that they do not like. During an interview on 5/2/24 at 3:00 PM with the Dietician, she stated she was unaware the kitchen staff were providing residents with foods that were on the meal tray card as a "dislike" and she expected the kitchen staff to follow the dietary slips and honoring the residents likes and dislikes. A record review of the "Face Sheet" revealed the facility admitted Resident #4 on 3/19/24 with current diagnoses including Dysphagia and Anorexia. A record review of the Admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 3/26/24 revealed Resident #4 had a Brief Interview for Mental Status (BIMS) score of 10, which indicated her cognition was moderately impaired.	M 500		
M 815	45.29.1 Safe Food Handling Procedures Safe Food Handling Procedures. Food shall be prepared, held, and served according to current Mississippi State Department of Health Food	M 815		6/14/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	16WH	A. BUILDING: _____ B. WING _____	05/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LANDMARK OF COLLINS	1315 SOUTH FIR AVE COLLINS, MS 39428

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
M 815	Continued From page 6 Code Regulations. This Statute is not met as evidenced by: Level II Based on observation, staff interview, and facility policy review, the facility failed to store food in accordance with professional standards for food service safety as evidenced by food items not dated and spoiled foods for two (2) of three (3) kitchen observations. Findings include: A review of the facility's policy, "Food Service Operational Standards for Purchasing, Cooking and Storage", revised 9/12, revealed, " ...The facility stores ...food under sanitary conditions to prevent the spread of food borne illness and to reduce those practices that result in food contamination and compromised food safety .... Procedure ...3. Storage ...f. Follow "First In first Out" (FIFO) ..." On 4/30/24 at 9:08 AM, an observation and interview with the Dietary Manager (DM) revealed the following: Refrigerator #1: One (1) unopened plastic bag of purple cabbage, one (1) unopened plastic bag of carrots strips, and six (6) unopened plastic wrapped heads of iceberg lettuce with no use-by or discard date. On 5/1/24 at 8:00 AM, an observation of a shelf located outside the pantry door, contained a plastic bin with 17 overly ripe onions with visible white and gray biological growth, and were soft to touch.	M 815	* Undated food and spoiled food were disposed of on 4/30/2024 and 5/1/2024 by the facility Dietary Manager. * All residents receiving meals from the facility's kitchen has the potential to be affected by this practice. * The facility's dietary department was in serviced on Food Service Operational Standards for Purchasing, Cooking and Storage by Dietary Manager on 5/2/2024. The facility Medical Director reviewed the policy Food Service Operational Standards for Purchasing, Cooking and Storage with no recommended changes to the policy on 5/2/2024. The facility Quality Assessment and Assurance Committee met on 5/2/2024 to review the plan of correction. * Beginning 5/17/2024, the facility Administrator will monitor dietary services for undated or expired food, three times a week for four weeks and then weekly for two months to ensure ongoing compliance and will report to the QA & A Committee for three months. The first QA & A meeting will be held on June 14, 2024.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	16WH	A. BUILDING: _____ B. WING _____	05/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LANDMARK OF COLLINS	1315 SOUTH FIR AVE COLLINS, MS 39428

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
M 815	Continued From page 7 The DM acknowledged the undated produce food items and the spoiled onions. The DM reported these incidences were unacceptable for the kitchen and explained it was her responsibility to inventory foods to ensure that outdated foods items were discarded. On 5/02/24 at 10:32 AM, an interview with the Cook revealed it was the responsibility of the DM to inventory food for expired foods. On 5/02/24 at 11:35 AM, an interview with the Administrator revealed he acknowledged he was aware of the food items not labeled and spoiled items in the kitchen. The Administrator reported it was the responsibility of the DM to inventory food for quality and to label foods.	M 815		
M 855	45.30.7 Food Preparation Food Preparation. Foods shall be prepared by methods that conserve optimum nutritive value, flavor, and appearance. Also, the food shall be acceptable to the individuals served. A file of tested recipes shall be maintained to assure uniform quantity and quality of products. This Statute is not met as evidenced by: Level II Based on observation, interviews, record review, and facility policy review, the facility failed to provide palatable meals for three (3) of 14 sampled residents reviewed. (Resident # 4, Resident #14, and Resident # 50) Findings include: A review of the facility's policy, "Food Service",	M 855	* Resident #4, #14 and #50 were assessed by Director of Nursing on 5/2/2024 with no adverse findings noted. * All residents receiving meals from the facilities kitchen has the potential to be affected by this practice. * The facilities dietary department was in serviced on Food Service by the Dietary Manager on 5/2/2024. The facility Medical	6/14/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	16WH	A. BUILDING: _____ B. WING _____	05/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LANDMARK OF COLLINS	1315 SOUTH FIR AVE COLLINS, MS 39428

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
M 855	Continued From page 8 revised 8/00 revealed "Purpose: To meet the nutritional needs of each resident. To provide a well-balanced, flavorful and varied food service program ..." Resident #4 On 04/30/24 at 12:14 PM, in an observation and interview, Resident #4 was eating lunch in the dining room. Resident #4 had refused to eat the spaghetti with meat sauce, corn bread and ice cream and had her sister to bring her lunch from home. The resident said the food was bland with no taste most of the time because the facility did not season the food. She stated she had complained to the nursing staff and the Dietary Manager (DM) several times. A record review of the "Face Sheet" revealed the facility admitted Resident #4 on 3/19/24 with current medical diagnoses including Dysphagia and Anorexia. A record review of the Admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 3/26/24 revealed Resident #4 had a Brief Interview of Mental Status (BIMS) score of 10, which indicated her cognition was moderately impaired. Resident #14 On 4/30/24 at 09:35 AM, during an interview, Resident #14 explained the food at the facility was not good because the food had no taste and was not seasoned. At 12:00 PM on 04/30/24, during an observation and interview, Resident #14 was eating lunch and was visited by family. Resident #14 explained the	M 855	Director reviewed the policy Food Service with no recommended changes to the policy on 5/2/2024. The facility Quality Assessment and Assurance Committee met on 5/2/2024 to review the plan of correction. * Beginning 5/17/2024, the facility Administrator will monitor Dietary Services for palatable meals three times a week for four weeks and then weekly for two months to ensure ongoing compliance and will report to the QA & A Committee for three months. The first QA & A meeeting will be held on June 14, 2024.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	16WH	A. BUILDING: _____ B. WING _____	05/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LANDMARK OF COLLINS	1315 SOUTH FIR AVE COLLINS, MS 39428

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
M 855	Continued From page 9	M 855		

spaghetti was not good today and had no seasoning in the sauce. Her daughter brought her a chicken sandwich. Resident #14 further explained the alternative meal of ham, rice, and broccoli was not any better. The family member reported that she brought lunch to the resident several times a week because she complained the food was not seasoned.

A record review of the "Face Sheet" revealed the facility admitted Resident #14 on 2/21/22 with current medical diagnoses including Type 2 Diabetes Mellitus.

A record review of the Annual MDS with an ARD of 2/14/24 revealed Resident #14 had a BIMS score of 15, which indicated she was cognitively intact.

Resident #50

On 4/30/24 at 10:17 AM, during an interview, Resident #50 complained the food tasted bad because it was not seasoned.

At 11:30 AM on 4/20/24, in an observation and interview, Resident #50 was eating in the dining room. He had salad, spaghetti, and pink applesauce served on his meal tray and he reported the spaghetti was bland without any taste, but he had to eat it because the alternate meal of ham, rice, and broccoli was worse.

At 12:25 PM on 4/30/24, during an interview with Certified Nurse Aide (CNA) #1, she explained the residents have complained in the past about the food not tasting good because it was not seasoned. She explained Resident #50 had complained about not liking the taste of the food, but he had snacks in his room and would eat the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	16WH	A. BUILDING: _____ B. WING _____	05/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LANDMARK OF COLLINS	1315 SOUTH FIR AVE COLLINS, MS 39428

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
M 855	Continued From page 10	M 855		

snacks more than the meals.

At 12:35 PM on 4/30/24, in an observation, Resident #50's completed his meal and had eaten the spaghetti and bread. Meal trays were observed after residents finished eating and there were plates with half or more of the spaghetti noted to be uneaten on the plates.

At 12:50 PM on 5/02/24, during an interview with Resident #50, he explained the lima beans had no seasoning and he could not eat them.

Record review of the "Face Sheet" revealed the facility admitted Resident #50 on 5/05/23 and he had current medical diagnoses including Type 2 Diabetes Mellitus.

Record review of the annual MDS with an ARD of 4/23/24 revealed Resident #50 had a BIMS score of 14, which indicated he was cognitively intact.

On 04/30/24 at 11:45 AM, during an observation in the dining room, after lunch, there were plates with over half of the spaghetti left on the plate and a few plates with dark green mushy broccoli that were not eaten by the residents.

During an interview on 4/30/24 at 12:17 PM, the Director of Nursing (DON) confirmed the residents have complained the food was bland with no seasoning. The DON stated the DM was new and had been at the facility for one (1) month.

During an interview on 4/30/24 at 1:00 PM, the DM confirmed the residents had been complaining that the food was bland and had no taste. The DM stated that several residents are on a "No added salt (NAS)" diet and it was hard

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	16WH	A. BUILDING: _____ B. WING _____	05/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LANDMARK OF COLLINS	1315 SOUTH FIR AVE COLLINS, MS 39428

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
M 855	Continued From page 11 to season the food with all the restrictions. The DM said if the residents do not like what is on the menu or the alternate menu, the facility provided sandwiches, such as peanut butter and jelly and pimento and cheese. During an interview on 4/30/24 at 2:00 PM, the Administrator confirmed the residents had complained the food was bland and had no taste and explained the DM had been in her position for one (1) month. The Administrator stated he frequently ate the facility's food, but he was not picky about what he ate. He expected the kitchen staff to provide palatable meals for the residents. On 5/02/24 12:38 PM, a lunch meal tray was sampled which consisted of fried chicken, cheesy corn casserole, lima beans, and banana pudding. The lima beans and fried chicken were not seasoned. During an interview on 5/2/24 at 3:00 PM, the facility's Registered Dietician (RD) confirmed the residents have complained that the food was bland and had no taste and did not have enough seasoning. The dietician explained that she had advised the DM that residents could have seasoned food even if they were on a no added salt (NAS) diet. The RD explained that she had conducted a satisfaction survey last month and found the residents did not like the taste of the food and over half of the residents were having food bought in by family members. The RD stated that she had talked with the DM and that something was going to have to be done so the residents would eat the food.	M 855		
M1570	48.58.1 Infection Control	M1570		6/14/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	16WH	A. BUILDING: _____ B. WING _____	05/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LANDMARK OF COLLINS	1315 SOUTH FIR AVE COLLINS, MS 39428

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
M1570	Continued From page 12 The following infection control standards shall be met: 1. The facility must maintain and document an effective infection control program that protects patients, families, visitors, and facility personnel by preventing and controlling infections and communicable diseases. 2. The facility must have an active surveillance program that includes specific measures for prevention, early detection, control, education, and investigation of infections and communicable diseases in the facility. There must be a mechanism to evaluate the effectiveness of the program(s) and take corrective action when necessary. The program must include implementation of nationally recognized systems of infection control guidelines to avoid sources and transmission of infections and communicable diseases. 3. The facility must follow accepted standards of practice to prevent the transmission of infections and communicable diseases, including the use of standard precautions. This Statute is not met as evidenced by: Level II Based on observation, staff interview, record review, and facility policy review the facility failed to prevent the possibility of the spread of infection, as evidenced by failure to clean a glucometer device according to manufacturer's guidelines for one (1) of two (2) observations. (Resident #32) Findings include:	M1570	* Resident #32 was assessed by the Director of Nursing on 4/30/2024 with no adverse findings noted. * All residents receiving Accuchecks have the potential to be affected by this practice. * The facilities nursing department was in serviced on Blood Glucose Quality Control by Director of Nursing on 4/30/2024. The facility Medical Director reviewed the	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	16WH	A. BUILDING: _____ B. WING _____	05/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LANDMARK OF COLLINS	1315 SOUTH FIR AVE COLLINS, MS 39428

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
M1570	Continued From page 13 Review of facility's policy," Blood Glucose Quality Control", revised 01/24, revealed, " ...Maintenance of Blood Glucose Monitoring Systems Always clean the meter after each use. Gently wipe and clean surface of the meter with a disinfectant wipe ..." Record review of the "General Guidelines for Use" for the Super Sani-Cloth Germicidal Disposable Wipe, dated 2021, revealed, " ...4. Allow treated surface to remain wet for two (2) minutes. Let air dry ..." On 5/1/24 at 10:47 AM, during an observation, Licensed Practical Nurse (LPN) #3 used a glucometer to perform an accucheck on Resident #32. After LPN #3 performed the accucheck, she returned to the medication cart, applied clean gloves, and obtained a Super Sani-cloth disposable wipe from the container. LPN #3 cleaned the glucometer for a few seconds and placed it on a barrier to dry. The surface of the glucometer did not remain wet for two minutes. On 5/1/24 at 11:01 AM, in an interview, LPN #3 confirmed she had cleaned the glucometer for about ten (10) seconds with the disposable wipe and placed it on a barrier to dry and stated that was the way she had been trained. LPN #3 said the disinfectant wipes were used to kill bacteria on the glucometer and confirmed she did not clean it long enough to kill the bacteria, which could cause other residents to acquire an infection. On 5/1/24 at 11:53 AM, in an interview with Director of Nursing (DON), she stated the nurse should clean the glucometer and let it dry for two (2) minutes. She said the facility must be interpreting the directions for use incorrectly and	M1570	policy Blood Glucose Quality Control with no recommended changes to the policy on 5/2/2024. The facility Quality Assessment and Assurance Committee met on 5/2/2024 to review the plan of correction. * Beginning 5/17/2024, the facility Director of Nursing will monitor accuchecks three times a week for four weeks and then weekly for two months to ensure ongoing compliance and will report to the QA & A Committee for three months. The first QA & A meeting will be held on June 14, 2024.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	16WH	A. BUILDING: _____ B. WING _____	05/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LANDMARK OF COLLINS	1315 SOUTH FIR AVE COLLINS, MS 39428

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
M1570	Continued From page 14 confirmed she had not trained the staff to ensure the glucometer remained wet for two minutes when cleaning after use. On 5/1/24 at 2:45 PM, in an interview, LPN #1/Infection Preventionist (IP) stated that cleaning the glucometer for 10 seconds would not kill any potential bacteria on the device and LPN #3 should have cleaned it longer. The IP said that if a glucometer device was not cleaned properly, bacteria could be transferred to other residents. Record review of the "Physician Orders" for the month of May 2024 revealed Resident #32 had a Physician's Order, dated 5/1/18, for "Accuchecks before meals and at night ..." Record review of the "Face Sheet" revealed the facility admitted Resident #32 on 10/5/16 with current diagnoses including Type 2 Diabetes Mellitus.	M1570		