MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25MH	A. BUILDING: _____ B. WING _____	12/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAGNOLIA SENIOR CARE, LLC	3701 PETER QUINN DRIVE JACKSON, MS 39213

(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 #26922), at the facility from 12/15/24 through 12/18/24. The SA investigated CI MS #26922 related to abuse, quality of care, and environment. There were no citations related to the complaint's investigations. During the 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 M855.	M 000		
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 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. Findings Include: 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	M 855	Preparation and/or execution of this plan does not constitute admission or agreement by the provider that a deficiency exists. This response is also not to be construed as an admission of fault by the facility, its employees, agents or other individuals who draft or may be discussed in this response and plan of correction. This plan of correction is submitted as the facility's credible allegation of compliance. 1. On 12/17/2024, the morning announcements were updated to include the main menu offer and the available alternate. The Activities Director was educated on 12/17/2024 by Administrator	1/15/25

Mississippi State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		01/06/25

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M 855	Continued From page 1 choices are an important part of residents' rights ..." 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. 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. 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. 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. 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	M 855	In Training (AIT) to change the morning announcement done by the resident volunteer to include this change. 2. All residents who are unable to leave their bedroom independently to inquire about the meal menu or alternative options have the potential to be affected. 3. On 12/19/2024 an audit was done by Director of Nursing (DON), Dietary Manager and Charge Registered Nurse of all residents to identify those who cannot independently leave their bedroom to be informed of meal options. Sixteen residents were identified in this audit. Education of Nursing and Dietary Departments began 12/19/2024 by the Registered Charge Nurse. Certified Nursing Assistant (CNA) and/or the Dietary Department will inform each resident of the menu prior to meal service along with alternative options and inform the dietary department. This action was further enhanced to include a "Meal Choice Form" tool for the CNA to communicate the resident's menu preferences to the Dietary Department on 12/30/2024. The menu will continue to be announced by overhead paging system daily to include the meal and alternate menu items by the resident volunteer or the RN supervisor. 4. The Dietary Manager will complete weekly interviews of three (3) residents for four (4) consecutive weeks beginning 12/31/2024; then monthly for three (3) consecutive months beginning	

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M 855	Continued From page 2 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. 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. 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. 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.	M 855	02/21/2025. Resident meal service satisfaction will continue to be discussed during monthly Resident Council meetings. Findings of interviews and observations will be reviewed with the quality assurance performance improvement committee beginning 1/14/25 and monthly for three (3) consecutive months to evaluate the effectiveness of the process and changes will be made as necessary to ensure substantial compliance.	