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 11/08/2024

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

(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) COMPLETION DATE
F 000	INITIAL COMMENTS The State Agency (SA) conducted six (6) Complaint Investigations (CI) at the facility from 11/06/24 through 11/08/24 and was investigated as follows: CI MS #26846 for Quality of Care related to resident left wet, water not provided, Resident Neglect and Quality of Life (QOL). CI MS# 26887 for General related to death, Resident Neglect related to pressure sores, Infection Control and Quality of Care/Treatment (QOC/TX)-other. CI MS #26926 for Injury of Unknown Origin, Resident Neglect and QOC/TX related to resident safety. CI MS #26955 for Dietary Services, Resident Abuse, Resident Rights related to resident not treated with respect and dignity, and for QOC/TX related to resident safety. CI MS #26996 was investigated for resident abuse, and QOC/TX related to resident left wet/soiled for extended periods, call bell not answered in a timely manner, and other. CI MS#26998 for resident abuse, QOL, Resident Rights and QOC/TX related to resident safety. During the survey, the SA determined the facility was not in compliance with the requirements for participation in Medicare and Medicaid and cited, F561 related to CI MS #26846 and F800 related to CI MS #26955. The facility held a license for 180 beds, with a census of 169 residents.	F 000		
F 561 SS=D	Self-Determination CFR(s): 483.10(f)(1)-(3)(8) §483.10(f) Self-determination.	F 561		12/18/24

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

Electronically Signed | 11/26/2024

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.

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F 561	Continued From page 1 The resident has the right to and the facility must promote and facilitate resident self-determination through support of resident choice, including but not limited to the rights specified in paragraphs (f)(1) through (11) of this section. §483.10(f)(1) The resident has a right to choose activities, schedules (including sleeping and waking times), health care and providers of health care services consistent with his or her interests, assessments, and plan of care and other applicable provisions of this part. §483.10(f)(2) The resident has a right to make choices about aspects of his or her life in the facility that are significant to the resident. §483.10(f)(3) The resident has a right to interact with members of the community and participate in community activities both inside and outside the facility. §483.10(f)(8) The resident has a right to participate in other activities, including social, religious, and community activities that do not interfere with the rights of other residents in the facility. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and policy review, the facility failed to accommodate resident preferences for two (2) of seven (7) residents reviewed. Residents #3 and #4 Findings include: Review of the facility policy titled "A.M. Care," dated 10/09, revealed, "A.M. Care will be given to	F 561	1. Resident # 4 had water placed at the bedside starting 11/7/24 by facility staff per resident preference. Resident # 4 is being shaved on a daily basis starting 11/8/24 per resident preference. Resident # 3 had water placed at the bedside starting 11/7/24 by facility staff per resident preference. 2. All residents with oral diets excluding	

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F 561	Continued From page 2 residents daily ... Procedure: ... 11. Provide/assist with shaving (male and female) as needed ..." Review of the facility policy titled "Hydration Cart," dated 2016, revealed, "Water or other fluids shall be offered to all residents throughout the day. Fluids are typically offered during meals, snacks. A hydration cart or location may be used to enhance access and encouragement of fluids for residents. Procedure: 1. The Hydration Cart will be offered or refreshed each day at mid morning, mid afternoon, and bedtime ..." Resident #4 On 11/06/24 at 3:30 PM, an observation and interview with Resident #4 and his Resident Representative (RR)revealed that water was only provided upon request, and then the resident had to wait for delivery. They stated they would rather the resident have water available at the bedside. An observation of the resident revealed the resident had a short, gray beard and mustache. The RR said that the resident preferred to be shaved daily, however, the resident's preference was not accommodated and she sometimes shaved the resident when she visited. The resident and RR indicated that their concern was not that the staff did not assist with shaving, but that the resident's preference of daily shaving was not accommodated. Record review of the Admission Record for Resident #4 revealed the facility admitted the resident on 12/14/22. The resident had diagnoses that included Parkinson's Disease and Alzheimer's Disease. Record review of the Annual Minimum Data Set	F 561	tube feeders and nothing by mouth orders have the potential to be affected by the alleged deficient practice 3. Licensed Nursing staff and Certified Nursing Assistants have been inserviced starting 11/7/24 by the Director of Nursing and Registered Nurse supervisor regarding water placed at residents with oral diet bedside every shift by facility staff if applicable and residents are free of facial hair per residents preference. 4. A 100% residents hydration audit was completed with water at the bedside if applicable 11/20/24 by the unit manager licensed nurses. Hydration rounds are being completed on twenty residents five times a week times eight weeks to ensure water is at residents bedside on residents with oral diets starting 11/7/24 by the department heads. Facial hair rounds are being completed on twenty residents five times a week times eight weeks to ensure residents are free of facial hair per residents preference starting 11/21/24 by the department heads. Hydration rounds results and facial hair rounds results will be reviewed by the Director of Nursing with reports to the Quality Assurance Committee monthly starting 12/17/24 with the plan of correction reviewed and recommendations for change to the plan if indicated.	

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F 561	Continued From page 3 (MDS), with an Assessment Reference Date (ARD) of 10/09/24, revealed Resident #4 had a Brief Interview for Mental Status (BIMS) score of 7, which indicated the resident had severe cognitive impairment. Resident #3 On 11/06/24 at 4:10 PM, an observation and interview with Resident #3 revealed she did not have water at the bedside. The resident stated that sometimes when she requests water, she has to wait. She stated that she would prefer to have a water pitcher, a glass or bottle of water at the bedside. Record review of the Admission Record for Resident #3 revealed the facility admitted the resident on 3/05/24. The resident had diagnoses that included Congestive Heart Failure, Type 2 Diabetes Mellitus, and Essential (Primary) Hypertension. Record review of the Quarterly MDS with an ARD of 8/21/24 for Resident #3, revealed the resident had a BIMS score of 13, which indicated the resident was cognitively intact. On 11/08/24 at 5:10 PM, during an interview, the acting Administrator confirmed that he expected staff to accommodate resident preferences to the extent possible considering the resident's physical condition, care plan and care instructions based on assessment of needs and abilities.	F 561		
F 800 SS=D	Provided Diet Meets Needs of Each Resident CFR(s): 483.60 §483.60 Food and nutrition services.	F 800		12/18/24

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F 800	Continued From page 4 The facility must provide each resident with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs, taking into consideration the preferences of each resident. This REQUIREMENT is not met as evidenced by: Based on interview, record review, and policy review, the facility failed to ensure residents received a diet that was according to the resident preferences for one (1) of seven (7) sampled residents. Resident #1 Findings include: Review of the Facility policy titled "Resident Interview and Foot Preferences," dated 2016, revealed, "Resident food preferences will be recorded and consistently utilized ..." On 11/07/24 at 2:30 PM, in an interview with Resident #1, she stated that she hated oatmeal and dietary services put oatmeal on her tray multiple times weekly. Resident #1 stated that she had made staff aware of preferences multiple times. On 11/08/24 at 2:52 PM, an interview with the facility Dietician, she stated that she had stressed the importance of resident food preference to dietary staff and cooks. The Dietician stated she had been made aware that Resident #1 had complained that she did not like oatmeal, and that she had continued to receive oatmeal on her breakfast trays. On 11/08/24 at 5:10 PM, during an interview, the acting Administrator confirmed that whenever possible, he expected dietary staff to	F 800	1. Resident # 1 had food preferences reviewed and updated 11/22/24 by the registered dietitian. Resident # 1 is receiving meals per resident preference. 2. All residents with oral diets excluding tube feeders and nothing by mouth orders with food item preferences and food dislikes have the potential to be affected by the alleged deficient practice. 3. Dietary staff were inserviced starting 11/25/24 by the Dietary Manager regarding provision of food items on meal tray per residents" preferences by following residents' meal tray cards. The Registered Dietitian and Dietary Manager are completing a 100% residents food preferences audit with meal tray cards revisions made if indicated by 11/27/24. 4. Resident meal service observations verifying meal is provided per the residents tray card per resident preferences will be completed on twenty residents five times a week times eight weeks by the department heads and assistant administrator starting 11/26/24. Meal service observation rounds results will be reported to the Quality Assurance Committee monthly starting 12/17/24 by the Dietary Manager with the plan	

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F 800	Continued From page 5 accommodate resident food preferences. Record review of the "Admission Record" for Resident #1 revealed the facility admitted the resident on 9/05/24. The resident had diagnoses that included End Stage Renal Disease, Dependence on Renal Dialysis, and Type 2 Diabetes Mellitus. Record review of the Admission Minimum Data Set (MDS), with an Assessment Reference Date of (ARD) 9/04/24, revealed Resident #1 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated Resident #1 was cognitively intact.	F 800	evaluated and recommendations for changes to the plan if indicated.	