STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25MA	A. BUILDING: ______ B. WING ______	C **11/08/2024**

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

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M 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, Quality of Life, Resident Rights and QOC/TX related to resident safety. 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 M500 related to CI MS #26846 and M855 related to CI MS #26955.	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:	M 500		12/18/24

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M 500	Continued From page 1	M 500		

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 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

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M 500	Continued From page 2 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 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;	M 500		

MSDH - Health Facilities Licensure and Certification

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M 500	Continued From page 3 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 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	M 500		

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M 500	Continued From page 4	M 500		

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, 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 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,

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 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.

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M 500	Continued From page 5 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 (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	M 500	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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M 500	Continued From page 6 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.	M 500		
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 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	M 855	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	12/18/24

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M 855	Continued From page 7 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 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	M 855	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 evaluated and recommendations for changes to the plan if indicated.	

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M 855	Continued From page 8 Brief Interview for Mental Status (BIMS) score of 15, which indicated Resident #1 was cognitively intact.	M 855		