STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255275	A. BUILDING _____ B. WING _____	C 02/10/2025

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) COMPLETION DATE
F 000	INITIAL COMMENTS The State Agency (SA) conducted a Complaint Investigation (CI), MS #27841, at the facility on 2/10/25. CI MS # 27841 was investigated regarding accidents and resident safety. During the survey, the SA determined the facility was not in compliance with the requirements of participation in Medicare and Medicaid and cited F656 and F689. The facility had a census of 47 and was licensed for 60 beds.	F 000		
F 656 SS=G	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR	F 656		3/5/25

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

Electronically Signed | 02/26/2025

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F 656	Continued From page 1 recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv)In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. §483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (iii) Be culturally-competent and trauma-informed. This REQUIREMENT is not met as evidenced by: Based on facility policy review, interviews, and record reviews, the facility failed to ensure Certified Nursing Assistants (CNAs) followed the comprehensive plan of care for manual assistance for two (2) of four (4) sampled residents. Resident #1 and Resident #2. Findings include: A record review of the facility policy on "Comprehensive Care Plans," revealed, " It is the policy of this facility to develop and implement a comprehensive person-centered care plan for each resident, consistent with the residents rights, that include measurable objectives and time frames to meet a resident's medical,	F 656	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. Immediate action(s) taken for the resident(s) found to have been affected include: On 2/2/2025, Resident #1 was evaluated	

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F 656	Continued From page 2 nursing, and mental psychosocial needs that are identified in the residents comprehensive assessment." Resident #1 A record review of the Comprehensive Care Plan, with a target date of 3/3/2025 revealed, "Focus: She requires limited to extensive assist with some of her daily care ...Interventions ...Provide Extensive Assist of Two With Her Manual Transfers ..." Record review of the the "Visual/Bedside Kardex Report" with a printed date of 2/10/2025 revealed ... "Transferring ...Provide extensive assist of two with her manual transfers ..." Record review of a facility reported investigation (FRI) revealed on 2/2/25, Resident # 1 sustained a fall with injury. At around 5 AM the Director of Nursing (DON) was informed by the Licensed Practical Nurse (LPN) on duty that a Certified Nursing Assistant (CNA) had dropped a resident from the lift while attempting to transfer her to a wheelchair. The resident suffered a laceration to the back of the head and was rushed to the hospital. During an interview on 2/10/25 at 7:21 AM, CNA #2, who is currently working the 11-7 shift and is frequently assigned to Resident # 1, revealed that staff are trained to use two people at all times when using any lift in the building. Additionally, she explained that, for as long as she can remember, Resident #1 requires a manual two-person assist when transferring out of bed, and that the use of a lift is not necessary.	F 656	by the Charge Nurse on duty and first aid was rendered. She was sent to the emergency room and returned to the home with treatment orders for her scalp laceration. Certified Nursing Assistant (CNA) #1 was immediately suspended pending investigation and subsequently terminated by the Director of Nurses (DON) due to failure to follow facility policy. On 2/10/2025, Resident #2 was evaluated and a full body audit was done with no abnormal findings suspicious for injuries. CNA #3 was immediately removed from resident care and subsequently terminated that same day by the DON due to failure to follow facility policy. 2. Identification of other residents having the potential to be affected was accomplished by: A full review of the census done by the Minimum Data Set (MDS) Coordinator and DON 2/3/2025 revealed that all residents who require assistance with transfers have the potential to be affected. 3. Actions taken/systems put into place to reduce the risk of future occurrence include: Staff education for all CNAs on following the Kardex and Plan of Care began on 2/2/2025 by the Registered Nurse (RN) Charge nurse. The MDS Coordinator did a full audit on the care plans and Kardex to ensure that they matched on 2/3/2025. After the incident on 2/10/2025, education on following the resident's care plan along with a Kardex test requiring the CNAs to	

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F 656	Continued From page 3 During an interview at 9:34 AM, on 2/10/25, the Minimum Data Set (MDS) Nurse she explained that the purpose of the care plan is to inform staff of the residents' needs, so they know how to care for them. The MDS Nurse confirmed that when the care plan is not followed it can put residents at risk for harm. She stated that all staff must follow the care plan and not deviate from it. If staff believe changes are needed regarding lift or transfer status, they should notify her before deviating from it. A record review of the "Admission Record" revealed the facility admitted the resident on 1/16/2019 with diagnoses including Hemiplegia and Hemiparesis following Cerebral Infarction Affecting Right Dominant Side and Cognitive Communication Deficit. A record review of the quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 12/11/24 reveals a Brief Interview for Mental Status (BIMS) of 01 indicating the resident could not participate in the interview. Resident #2 A record review of the Comprehensive Care Plan with a revision date of 2/7/24 revealed Focus: He is at risk for falls ...Interventions: Two Person Assist With All Manual Transfers. On 2/10/25 at 12:17 PM, the State Agency (SA) observed CNA #3 exiting Resident #2's room alone after transferring the resident from his wheelchair to the bed. During an interview on 2/10/25 at 12:19 PM, Resident #2 confirmed that CNA #3 had just	F 656	show their competence with navigating the Kardex was implemented by the Staff Development Coordinator on 2/11/2025 and will be completed by 2/28/2025. Going forward on all new hires, a checkoff with return demonstration on use of the lift and mastery of the Kardex will be done. 4. How the corrective action(s) will be monitored to ensure the practice will not reoccur: The DON and Staff Development Coordinator initiated a Transfer/lift compliance audit tool on 2/5/2025, which monitors continuity of the Lift Assessment and Care Plan, and will continue to monitor on three residents weekly for four weeks, then monthly for three months, then quarterly for six months to ensure compliance. The results of these audits will be reviewed by the Quality Assurance/Performance Improvement committee on 3/4/2025 and then monthly for twelve months and changes will be made as needed to ensure substantial compliance.	

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F 656	Continued From page 4 brought him back to his room. He revealed that CNA #3 transferred him from his chair to his bed alone, meaning no one assisted him. On 2/10/25 at 12:26 PM, in an interview with CNA #3, the State Agency (SA) asked what type of transfer assistance is required for Resident #2. CNA #3 confidently responded that his Kardex instructs him to provide a manual assist with two people, but that only applies when it's two females. He stated that because he is a man, he does not need any additional help and can transfer the resident without assistance. On 2/10/25 at 12:49 PM, the Director of Nursing (DON) confirmed that CNA #1 dropped Resident #1 during an attempted lift transfer of Resident #1 from the bed to her chair. She stated that all CNAs are required to follow the plan of care listed on the Kardex, which specifies the assistance each resident needs and includes directions on the proper way to transfer residents. A record review of the "Admission Record" revealed the facility admitted the resident on 8/9/22 with diagnoses including Hemiplegia and Hemiparesis following Cerebral Infarction Affecting Right Dominant Side and Nontraumatic Intracerebral Hemorrhage in Hemisphere Subcortical. A record review of the quarterly Minimum Data Set (MDS) with Assessment Reference Date (ARD) of 11/21/24 revealed a BIMS of 15 indicating Resident #2 was cognitively intact.	F 656		
F 689 SS=G	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2)	F 689		3/5/25

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F 689	Continued From page 5 §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation, interviews, record review and facility policy review, the facility failed to ensure a resident was free from accident hazards, causing harm, when Resident #1 was dropped from a lift. Resident #2 had the possibility of an accident hazard when staff transferred the resident using one person assistance, instead of the assessed two (2) person assistance for (2) of four (4) resident sampled for accidents and hazards. Resident #1 and Resident #2. Findings include: A review of the facility, "Lift Program Policy,", undated, revealed, "Policy: It is the policy of the facility to help lift residents who are unable to be lifted manually, promote comfort and to maintain good body alignment while the resident is being moved...Procedure 1. The portable lift requires (2) trained person to perform the procedure each time it is used..." Resident #1 Record review of a facility reported investigation (FRI) revealed on 2/2/25, Resident # 1 sustained a fall with injury. At around 5 AM the Director of Nursing (DON) was informed by the Licensed	F 689	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. Immediate action(s) taken for the resident(s) found to have been affected include: On 2/2/2025, Resident #1 was evaluated by the Charge Nurse on duty and first aid was rendered. She was sent to the emergency room and returned to the home with treatment orders for her scalp laceration. Certified Nursing Assistant (CNA) #1 was immediately suspended pending investigation and subsequently terminated by the Director of Nurses (DON) due to failure to follow facility policy. On 2/10/2025, Resident #2 was evaluated and a full body audit was done with no abnormal findings suspicious for injuries. CNA #3 was immediately	

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F 689	Continued From page 6	F 689		

Practical Nurse (LPN) on duty that a Certified Nursing Assistant (CNA) had dropped a resident from the lift while attempting to transfer her to a wheelchair. The resident suffered a laceration to the back of the head and was rushed to the hospital.

Record review of a "CT (Computed Tomography Scan) Head without Contrast" dated 2/2/2025, from the local hospital revealed "EXAM: CT HEAD...HISTORY: fall, ams (altered mental status) scalp contusion..."

On 2/10/25 at 7:21 AM, during an interview, CNA #2, who is currently working the 11-7 shift and is frequently assigned to Resident # 1, revealed that staff are trained to use two people at all times when using any lift in the building. Additionally, she explained that, for as long as she can remember, Resident #1 requires a manual two-person assist when transferring out of bed, and that the use of a lift is not necessary.

On 2/10/25 at 9:34 AM, in an interview with the Minimum Data Set (MDS) Nurse, she revealed the only reason a CNA should use a lift for Resident #1 is if she has fallen on the floor.

On 2/10/25 at 12:49 PM, the Director of Nursing (DON) confirmed that CNA #1 dropped Resident #1 during an attempted lift transfer of Resident #1 from the bed to her chair. She stated that all CNAs are required to follow the plan of care listed on the Kardex, which specifies the assistance each resident needs and includes directions on the proper way to transfer residents.

On 2/10/25 at 1:12 PM, in a final interview the DON, clarified that Resident #1 suffered a

removed from resident care and subsequently terminated that same day by the DON due to failure to follow facility policy.

2. Identification of other residents having the potential to be affected was accomplished by:
A full review of the census done by the Minimum Data Set (MDS) Coordinator and DON 2/3/2025 revealed that all residents who require assistance with transfers have the potential to be affected.

3. Actions taken/systems put into place to reduce the risk of future occurrence include:
Staff education for all CNAs on following the Kardex and Plan of Care began on 2/2/2025 by the Registered Nurse (RN) Charge nurse. The MDS Coordinator did a full audit on the care plans and Kardex to ensure that they matched on 2/3/2025. After the incident on 2/10/2025, education on following the resident's care plan along with a Kardex test requiring the CNAs to show their competence with navigating the Kardex was implemented by the Staff Development Coordinator on 2/11/2025 and will be completed by 2/28/2025. Going forward on all new hires, a checkoff with return demonstration on use of the lift and mastery of the Kardex will be done.

4. How the corrective action(s) will be monitored to ensure the practice will not reoccur:
The DON and Staff Development Coordinator initiated a Transfer/lift

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F 689	Continued From page 7 laceration to her head as result of the improper transfer by CNA #1. A record review of the "Admission Record" revealed the facility admitted the resident on 1/16/2019 with diagnoses including Hemiplegia and Hemiparesis following Cerebral Infarction Affecting Right Dominant Side and Cognitive Communication Deficit. A record review of the quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 12/11/24 reveals a Brief Interview for Mental Status (BIMS) of 01 indicating the resident could not participate in the interview. Resident #2 On 2/10/25 at 12:17 PM, the SA observed CNA #3 exiting Resident #2's room alone after transferring the resident from his wheelchair to the bed. On 2/10/25 at 12:19 PM, on Resident #2 confirmed in an interview that CNA #3 had just brought him back to his room. He revealed that the CNA transferred him from his chair to his bed alone, meaning no one assisted him. On 2/10/25 at 12:26 PM, in an interview with CNA #3, the State Agency (SA) asked what type of transfer assistance is required for Resident #2. CNA #3 confidently responded that his Kardex instructs him to provide a manual assist with two people, but that only applies when it's two females. He stated that because he is a man, he does not need any additional help and can transfer the resident without assistance.	F 689	compliance audit tool on 2/5/2025, which monitors continuity of the Lift Assessment and Care Plan, and will continue to monitor on three residents weekly for four weeks, then monthly for three months, then quarterly for six months to ensure compliance. The results of these audits will be reviewed by the Quality Assurance/Performance Improvement committee on 3/4/2025 and then monthly for twelve months and changes will be made as needed to ensure substantial compliance.	

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F 689	Continued From page 8 A record review of the "Admission Record" reveals the facility admitted the resident on 8/9/22 with diagnoses including Hemiplegia and Hemiparesis following Cerebral Infarction Affecting Right Dominant Side and Nontraumatic Intracerebral Hemorrhage in Hemisphere Subcortical. A record review of the quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 11/21/24 reveals a BIMS of 15 indicating the resident was cognitively intact.	F 689		