STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255172	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 03/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STARKVILLE MANOR HEALTH CARE AND REHABILITATION CENTER	**1001 HOSPITAL ROAD , STARKVILLE, Mississippi, 39759**

(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
F0000	INITIAL COMMENTS The State Agency (SA) conducted an Annual Recertification survey along with three (3) Complaint Investigations (CI MS #2733582, CI MS #2794631, and CI MS #2795031) at the facility from 3/3/26 - 3/5/26. During the survey, the SA determined the facility was not in compliance with Medicare and Medicaid requirements of participation. The SA identified non-compliance and cited F565 for CI MS # 2733582 and F689 for CI MS #2794631. There were no deficiencies cited for CI MS #2795031. The SA also cited F628 and F880 during the focus survey. The census at the time of the survey was 109 and the facility is licensed for 119 beds.	F0000		
F0565 SS = E	Resident/Family Group and Response CFR(s): 483.10(f)(5)(i)-(iv)(6)(7) §483.10(f)(5) The resident has a right to organize and participate in resident groups in the facility. (i) The facility must provide a resident or family group, if one exists, with private space; and take reasonable steps, with the approval of the group, to make residents and family members aware of upcoming meetings in a timely manner. (ii) Staff, visitors, or other guests may attend resident group or family group meetings only at the respective group's invitation. (iii) The facility must provide a designated staff person who is approved by the resident or family group and the facility and who is responsible for providing assistance and responding to written requests that result from group meetings. (iv) The facility must consider the views of a resident or family group and act promptly upon the grievances and recommendations of such groups concerning issues of resident care and life in the facility. (A) The facility must be able to demonstrate their response and rationale for such response.	F0565		

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 reverse for further 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.

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

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F0565 SS = E	Continued from page 1 (B) This should not be construed to mean that the facility must implement as recommended every request of the resident or family group. §483.10(f)(6) The resident has a right to participate in family groups. §483.10(f)(7) The resident has a right to have family member(s) or other resident representative(s) meet in the facility with the families or resident representative(s) of other residents in the facility. This REQUIREMENT is NOT MET as evidenced by: Based on observations, resident and staff interviews, record review, and facility policy review, the facility failed to ensure resident grievances related to food preferences and concerns were promptly addressed and resolved for 14 of the 29 sampled residents. (Residents #12, #13, #42, #46, #52, #53, #57, #63, #70, #72, #74, #94, #104, and #106) Findings Include: Review of the facility policy titled, "Resident and Family Grievances." with a revision date of 11/14/2025 revealed "It is the policy of this facility to support each resident's and family member's right to voice grievances without discrimination, reprisal or fear of discrimination or reprisal. Prompt efforts to resolve" include facility acknowledgment of a complaint/grievance and actively working toward resolution of that complaint/grievance. ...12. The facility will make prompt efforts to resolve grievances." On 03/04/26 at 2:00PM the State Agency (SA) held a resident council meeting with Resident #12, Resident #13, Resident #46, Resident #53, Resident #57, Resident #63, Resident #74, Resident #104 and Resident #106 were in attendance. They stated they felt like their grievances related to the food concerns are falling on deaf ears, and Resident #63 stated, "They aren't going to do anything about it." They voiced that the menus changed back last year, and they only get meat for breakfast maybe twice a week. They stated that they are served yogurt or cold cereal, and they have voiced their concerns to the Dietary Manager that they don't want that, that they want meat, but the concern has not	F0565		

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F0565 SS = E	Continued from page 2 been resolved yet. All in attendance agreed that food is their biggest concern and that they have told dietary, but it hasn't changed yet. Resident #53 stated, "We are depending on you to help make a change in this situation." Interview with the Activity Director on 03/04/26 at 3:10 PM confirmed that she was aware that the residents had grievances regarding the menus and the food choices being served but stated that she had not written the concerns down on the monthly resident council meeting notes because the residents were telling the Dietary Manager weekly, if not daily and were stopping her during their meal times to voice their grievance that they didn't like that they were not getting served meat for breakfast. Interview with the Dietary Manager on 03/04/26 at 3:30PM confirmed that the residents stop her weekly and tell her about their concerns with the food. She confirmed that the residents have been upset about the menus and stated that back in May the company chose a different tier level menu and those menus only allow meat to be served for breakfast a couple times a week and the protein intake comes from yogurt, peanut butter and the eggs that are served each morning. She stated that the residents have stopped her in the dining room since around November and voiced their concerns, but it is the menus the company chose and "We can't offer meat because we don't cook it every day, the menus don't call for it." Interview with the Administrator on 03/04/26 at 5:00 PM stated that she was aware that the grievances with the lack of meat for breakfast were a concern for the residents. She stated that they had discussed it and she had told the Dietary Manager to update the food preferences with the residents who wanted meat for breakfast but she was not aware that the residents were still not getting their preferences honored because the breakfast meats were not being cooked every day so there was no way for the residents preferences to be met. She confirmed that the residents' grievances were therefore not being resolved. Record review of Resident #12's "Admission Record" revealed she was admitted to the facility on 04/10/25 with diagnoses that included Heart Failure and Blindness.	F0565		

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F0565 SS = E	Continued from page 3 Record review of Resident #12's Minimum Data Set (MDS) Section C with Assessment Reference Date (ARD) of 01/30/26, revealed a Brief Interview for Mental Status (BIMS) of 12, which indicated the resident was moderately intact. Record review of Resident #13's "Admission Record" revealed he was admitted to the facility on 09/18/23 with diagnoses that included Major Depressive Disorder and Type 1 Diabetes. Record review of Resident #13's MDS Section C with ARD of 02/20/26, revealed a BIMS of 15, which indicated the resident was cognitively intact. Record review of Resident #46's "Admission Record" revealed she was admitted to the facility on 09/10/25 with diagnoses of Absence of right leg above knee. Record review of Resident #46's MDS Section C with ARD of 12/09/25, revealed a BIMS of 15, which indicated the resident was cognitively intact. Record review of Resident #53's "Admission Record" revealed he was admitted to the facility on 08/28/07 with diagnoses of Hemiplegia right side. Record review of Resident #53's MDS Section C with ARD of 02/16/26, revealed a BIMS of 15, which indicated the resident was cognitively intact. Record review of Resident #57's "Admission Record" revealed she was admitted to the facility on 05/05/23 with diagnoses that included Muscle Weakness and Type 2 Diabetes. Record review of Resident #57's MDS Section C with ARD of 10/14/25, revealed a BIMS of 15, which indicated the resident was cognitively intact. Record review of Resident #63's "Admission Record" revealed he was admitted to the facility on 07/14/25 with diagnoses that included Respiratory Failure and Morbid Obesity.	F0565		

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F0565 SS = E	Continued from page 4 Record review of Resident #63's MDS Section C with ARD of 12/10/25, revealed a BIMS of 15, which indicated the resident was cognitively intact. Record review of Resident #74's "Admission Record" revealed he was admitted to the facility on 06/19/25 with diagnoses that included chronic kidney disease and Hemiplegia left side. Record review of Resident #74's MDS Section C with ARD of 12/16/25, revealed a BIMS of 12, which indicated the resident was moderately intact. Record review of Resident #104's "Admission Record" revealed he was admitted to the facility on 03/20/25 with diagnoses that included Paraplegia. Record review of Resident #104's MDS Section C with ARD of 12/15/25, revealed a BIMS of 15, which indicated the resident was cognitively intact. Record review of Resident #106's "Admission Record" revealed he was admitted to the facility on 01/24/25 with diagnoses that included Absence of left leg below knee and Lack of coordination. Record review of Resident #106's MDS Section C with ARD of 01/28/26, revealed a BIMS of 15, which indicated the resident was cognitively intact. Resident #42 On 03/03/2026 at 10:35 AM, an interview with Resident #42 revealed the resident stated the food was not good and he did not feel like he had enough to eat. On 03/04/2026 at 2:00 PM, during an interview with the resident regarding meals, he stated he does not receive meat every day for breakfast and would like to have sausage or bacon with his breakfast. The resident stated he receives eggs every day but does not want eggs every day. He stated he receives a biscuit daily but would like meat with breakfast as well. The	F0565		

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F0565 SS = E	Continued from page 5 resident stated he asks for milk at meals to obtain protein. The resident stated the residents were only allowed meat approximately three times per week. The resident stated dietary staff were aware of his likes and dislikes and stated, “I don’t have a problem here except with the food.” Resident stated that he has told the lady in dietary many times, but nothing has been done about it, and it is still an on-going grievance. During an interview on 03/04/2026 at 3:40 PM with the Director of Nursing (DON) and Administrator, they revealed they were unaware the resident was unhappy with the food choices but stated several residents had expressed concerns about food. On 03/04/2026 at 4:00 PM, an interview with the Registered Dietitian (RD) revealed she was unaware the resident did not like the food but confirmed that many of the residents have had concerns about the lack of meat for breakfast. Record review of Resident #42’s Admission Record revealed the resident was admitted to the facility on 8/10/23 with diagnoses including Major Depressive Disorder. Record review of the MDS Section C with an ARD of 12/24/2025 revealed a BIMS score of 9, indicating the resident was moderately impaired. Resident #52 During an interview on 3/03/26 at 10:57 AM, Resident #52 expressed concerns regarding food portions and the reduction of breakfast meat at the facility. Resident #52 stated, "They ration our food. We used to get meat with our breakfast each morning. They told us they were cutting it back to three times a week, but sometimes we don't even get that." Resident #52 revealed that breakfast this morning consisted of a small portion of scrambled eggs, a biscuit, orange juice, and a little carton of milk. Resident #52 stated, "I've voiced my concerns regarding the food portions and lack of meat for breakfast, but the kitchen staff told me that it was due to the new corporation purchasing the facility." The record review of Resident #52's breakfast meal	F0565		

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F0565 SS = E	Continued from page 6 ticket dated 3/4/26 revealed that no meat was served. Meal consisted of scrambled eggs-1/2 cup, grits cereal 6 ounces, Biscuit, orange juice and milk. Record review of Resident #52's "Admission Record" revealed he was admitted to the facility on 12/28/23 with diagnoses that included Chronic Obstructive Pulmonary Disease and Type 2 Diabetes Mellitus without complications. Record review of Resident #52's MDS Section C with ARD of 12/9/25, revealed a BIMS of 15 which indicated the resident was cognitively intact. Resident #70 During an interview on 3/03/26 at 11:20 AM, Resident #70 revealed we do not get meat every morning for breakfast like we used to, we talk about this in Resident Council, but nothing ever gets changed. Resident #70 stated, "We used to have good food, but it has changed, and I believe the portion sizes are smaller as well." The record review of Resident #70's breakfast meal ticket dated 3/4/26 revealed that the meal consisted of a Biscuit, 3 ounces (oz) of sausage gravy, corn flakes-4 oz, hashbrown patty and 4 oz orange juice. Record review of Resident #70's "Admission Record" revealed he was admitted to the facility on 11/26/13 with diagnoses that included Demyelinating Disease of Central Nervous System, and Multiple Sclerosis. Record review of Resident #70's MDS Section C with ARD of 12/22/25, revealed a BIMS of 15, which indicated the resident was cognitively intact. Resident #72 During an interview on 3/3/26 at 10:10 AM, the Dietary Manager revealed multiple residents had voiced concerns and complaints about not receiving a breakfast meat each day. She stated the new menu only provided breakfast meats for two or three breakfast meals each week and the kitchen was unable to provide meats on the other days, even though many residents requested this.	F0565		

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F0565 SS = E	Continued from page 7 On 3/3/26 at 10:55 AM, an interview with Resident #72 revealed he preferred meat with each breakfast meal, and he did not receive this. During an interview on 3/4/26 at 11:45 AM, the resident revealed he received a biscuit and gravy and no meat for today's breakfast. He acknowledged he had asked the staff about this but was told the meat was not available for breakfast each day. An interview with the Administrator on 3/4/26 at 4:05 PM revealed the facility did not provide a meat with each breakfast meal and multiple residents had voiced their grievance concerning this. She acknowledged that each resident had the right for their food preferences to be honored and the facility failed to honor their preference and resolve the grievance in a timely manner. Record review of facility's four weeks rotation menus titled, "Week at a Glance" revealed for each of the four weeks, breakfast meats were only served on two days. Record review of Resident #72's breakfast meal ticket dated 3/4/26 revealed no meat was served. Record review of Resident #72's "Admission Record" revealed he was admitted by the facility on 3/11/22 with diagnoses included Type 2 Diabetes Mellitus and major depressive disorder. Record review of Resident #72's MDS Section C with ARD of 1/5/26, revealed a BIMS of 13 which indicated the resident was cognitively intact. Resident #94 During an interview on 3/03/26 at 3:05 PM, Resident #94 revealed, "I'm tired of this food around here. My breakfast has always consisted of bacon and toast; that's the same breakfast I've always eaten." Resident #94 stated, "This was my food choice, and it wasn't a problem until recently. The new corporation has said that we can't have meat every day for breakfast, so now I will only have toast. As much money as we pay to live in this home, it's sad we can't even have bacon for breakfast. We talk about the food all the time in our	F0565		

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F0565 SS = E	Continued from page 8 resident council meetings, and everyone knows my feelings on it, but it doesn't do any good at all. We used to have a choice of food, and it was good, but not anymore and nobody is doing anything to fix it." During an interview on 3/05/26 at 11:25 AM, the Administrator revealed she was not aware of concerns regarding the portion sizes being served to residents. The Administrator stated she was aware that the wording related to portion sizes had changed, but believed the residents were still receiving the same quantities as previously provided. The record review of Resident #94's breakfast meal ticket dated 3/4/26 revealed that no meat was served, and the meal consisted of a Biscuit, toast, jelly, margarine, and a 4-oz orange juice. Record review of Resident #94's "Admission Record" revealed she was admitted to the facility on 6/3/24 with diagnoses that included Vascular Dementia and Chronic Obstructive Pulmonary Disease. Record review of Resident #94's MDS Section C with ARD of 2/18/26, revealed a BIMS of 15, which indicated the resident was cognitively intact.	F0565		
F0628 SS = D	Discharge Process CFR(s): 483.15(c)(2)(iii)(3)-(6)(8)(d)(1)(2); 483.21(c)(2) §483.15(c)(2) Documentation. When the facility transfers or discharges a resident under any of the circumstances specified in paragraphs (c)(1)(i)(A) through (F) of this section, the facility must ensure that the transfer or discharge is documented in the resident's medical record and appropriate information is communicated to the receiving health care institution or provider. (iii) Information provided to the receiving provider must include a minimum of the following: (A) Contact information of the practitioner responsible for the care of the resident. (B) Resident representative information including contact information (C) Advance Directive information	F0628		

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F0628 SS = D	Continued from page 9 (D) All special instructions or precautions for ongoing care, as appropriate. (E) Comprehensive care plan goals; (F) All other necessary information, including a copy of the resident's discharge summary, consistent with §483.21(c)(2) as applicable, and any other documentation, as applicable, to ensure a safe and effective transition of care. §483.15(c)(3) Notice before transfer. Before a facility transfers or discharges a resident, the facility must- (i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman. (ii) Record the reasons for the transfer or discharge in the resident's medical record in accordance with paragraph (c)(2) of this section; and (iii) Include in the notice the items described in paragraph (c)(5) of this section. §483.15(c)(4) Timing of the notice. (i) Except as specified in paragraphs (c)(4)(ii) and (c)(8) of this section, the notice of transfer or discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged. (ii) Notice must be made as soon as practicable before transfer or discharge when- (A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section; (B) The health of individuals in the facility would be endangered, under paragraph (c)(1)(i)(D) of this section; (C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under	F0628		

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F0628 SS = D	Continued from page 10 paragraph (c)(1)(i)(B) of this section; (D) An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (c)(1)(i)(A) of this section; or (E) A resident has not resided in the facility for 30 days. §483.15(c)(5) Contents of the notice. The written notice specified in paragraph (c)(3) of this section must include the following: (i) The reason for transfer or discharge; (ii) The effective date of transfer or discharge; (iii) The location to which the resident is transferred or discharged; (iv) A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request; (v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman; (vi) For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402, codified at 42 U.S.C. 15001 et seq.); and (vii) For nursing facility residents with a mental disorder or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with a mental disorder established under the Protection and Advocacy for Mentally Ill Individuals Act. §483.15(c)(6) Changes to the notice. If the information in the notice changes prior to	F0628		

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F0628 SS = D	Continued from page 11 effecting the transfer or discharge, the facility must update the recipients of the notice as soon as practicable once the updated information becomes available. §483.15(c)(8) Notice in advance of facility closure In the case of facility closure, the individual who is the administrator of the facility must provide written notification prior to the impending closure to the State Survey Agency, the Office of the State Long-Term Care Ombudsman, residents of the facility, and the resident representatives, as well as the plan for the transfer and adequate relocation of the residents, as required at § 483.70(l). §483.15(d) Notice of bed-hold policy and return- §483.15(d)(1) Notice before transfer. Before a nursing facility transfers a resident to a hospital or the resident goes on therapeutic leave, the nursing facility must provide written information to the resident or resident representative that specifies- (i) The duration of the state bed-hold policy, if any, during which the resident is permitted to return and resume residence in the nursing facility; (ii) The reserve bed payment policy in the state plan, under § 447.40 of this chapter, if any; (iii) The nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (e)(1) of this section, permitting a resident to return; and (iv) The information specified in paragraph (e)(1) of this section. §483.15(d)(2) Bed-hold notice upon transfer. At the time of transfer of a resident for hospitalization or therapeutic leave, a nursing facility must provide to the resident and the resident representative written notice which specifies the duration of the bed-hold policy described in paragraph (d)(1) of this section. §483.21(c)(2) Discharge Summary When the facility anticipates discharge, a resident	F0628		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STARKVILLE MANOR HEALTH CARE AND REHABILITATION CENTER	1001 HOSPITAL ROAD , STARKVILLE, Mississippi, 39759

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F0628 SS = D	Continued from page 12 must have a discharge summary that includes, but is not limited to, the following: (i) A recapitulation of the resident's stay that includes, but is not limited to, diagnoses, course of illness/treatment or therapy, and pertinent lab, radiology, and consultation results. (ii) A final summary of the resident's status to include items in paragraph (b)(1) of §483.20, at the time of the discharge that is available for release to authorized persons and agencies, with the consent of the resident or resident's representative. (iii) Reconciliation of all pre-discharge medications with the resident's post-discharge medications (both prescribed and over-the-counter). This REQUIREMENT is NOT MET as evidenced by: Based on record review and staff interview, the facility failed to ensure a copy of the written notice of transfer or discharge was sent to the representative of the Office of the State Long-Term Care Ombudsman for one (1) of twenty-nine (29) sampled residents. (Resident #11) Findings include: Review of facility policy titled, "Transfer and Discharge (including AMA)" with review date 10/14/2025, revealed, "...5. The facility will maintain evidence that the notice was sent to the Ombudsman..." Record review of facility document titled, “Transfer/Discharge Report” undated, revealed Resident #11 discharged home from facility on 2/27/2026 at 9:50 AM. Review of facility document titled, "Emergency Transfer Log for the Office of the State Long-Term Care Ombudsman" for the month of February 2026, revealed Resident #11 was not listed on the Transfer Log. During an interview on 3/4/2026 at 2:39 PM, the Administrator confirmed the ombudsman was not notified of the discharge as this was not their practice. She stated that they only notify the ombudsman of hospital discharges. She stated that she was not aware of the changes in regulations. Record review of the Admission Record indicated Resident #11 was admitted to the facility on 2/13/2026 with medical diagnoses that included Fusion of Spine,	F0628		

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F0628 SS = D	Continued from page 13 Cervical Region.	F0628		
F0689 SS = D	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §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, staff interview, record review, and facility policy review, the facility failed to ensure adequate supervision and assistance were provided to prevent an avoidable accident for one (1) of five (5) residents reviewed for falls. Resident #28. Findings Include: Review of the facility policy titled “Incidents and Accidents” revised 11/7/25 revealed under, “Policy: It is the policy of this facility for staff to report, investigate, and review any accidents or incidents that occur or allegedly occur on facility property and may involve or allegedly involve a resident...” An observation of Resident #28 on 3/4/26 at 8:37 AM revealed the resident lying in bed. The resident was talkative but nonsensical. She had a low air loss mattress on her bed with no side rails. A white blood-tinged bandage was intact to the right side of her forehead. Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 1/23/26 revealed under Section GG that Resident #28 had functional limitation with range of motion impairment on both the upper and lower extremities. The review also revealed the resident was dependent on staff assistance for rolling left and right and toileting hygiene. Record review of Resident #28’s “Incident Report” dated 3/3/26 revealed at approximately 8:52 PM Certified Nurse Aide (CNA) #2 reported to the nurse that Resident #28 rolled out of the bed while CNA #2 was turning the	F0689		

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F0689 SS = D	Continued from page 14 resident to change her diaper. The resident was noted on the floor lying on her right side, undressed, with blood noted from her right eyebrow. The nurse assessed the resident and noted a laceration to the right eyebrow, which was cleaned with normal saline and a pressure dressing applied. Record review of Resident #28's "Progress Notes" dated 3/3/26 revealed the resident was transferred to the emergency room (ER) for evaluation. Record review of Resident #28's "Emergency Department (ED) Note" dated 3/3/26 revealed under, "Physical Exam: Laceration noted to right eyebrow". Further review revealed under, "Laceration Repair Procedure: Laceration length 2 CM (centimeters). After profuse irrigation and exploration, the laceration was repaired with sterile skin adhesive." An interview with CNA #1 on 3/4/26 at 2:19 PM revealed she usually performed the resident's care by herself but stated, "I have to be careful because that mattress she has will sway and cause her to roll off." CNA #1 indicated the resident's body was stiff, but she thought the problem was the resident's mattress and stated, "It will cause her to continue to roll" while turning. She confirmed she was not aware of what Resident #28's Kardex (resident care guide) indicated for the number of staff required to provide care to the resident. An observation of Resident #28's Kardex with CNA #1 revealed the resident was dependent for bed mobility and required two (2) staff members. She confirmed she should be following the Kardex for resident safety. Record review of Resident #28's "Kardex" revealed under, "Bed Mobility: I am dependent x (times) 2 (two) staff with roll left and right." Record review of Resident #28's "Care Plan" revealed on 7/31/25 the care plan was revised under, "Bed Mobility: I require total assistance X (times) 2 (two) staff members for bed mobility. I require total assistance with roll left and right." Further review revealed on 10/28/25 the care plan was revised again, "Bed Mobility: I am dependent with roll left and right" and did not indicate how many staff members were required for bed mobility. An interview with the Minimum Data Set (MDS) Nurse on 3/4/26 at 2:48 PM revealed before Resident #28's fall the Kardex did not reflect how many staff were required to care for her. She explained that the Kardex only indicated the resident was dependent on staff to roll	F0689		

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F0689 SS = D	Continued from page 15 left and right; therefore, the aides would have no way of knowing how many staff were required if it was not communicated through the Kardex. An interview with CNA #2 on 3/4/26 at 3:02 PM revealed she worked the 3-11 shift and was assigned to Resident #28 during her fall. She stated normally she was able to turn and change the resident by herself. CNA #2 explained she rolled the resident over to change her brief and the resident continued to roll and fell onto the floor on the air conditioner side of the room. CNA #2 stated, “She is known for rolling forward or backward when she is turned over and this time she rolled forward.” CNA #2 revealed she was not aware of what the resident’s Kardex indicated for the number of staff assistance. She also revealed the resident’s side rails were removed over a month ago and she thought the side rails helped support the resident. An interview with the Director of Nursing (DON) on 3/4/26 at 3:28 PM revealed Resident #28’s side rails were removed in January 2026 after the resident had a bruise and abrasion to her forehead and they suspected the injuries came from the side rails. She explained the resident could not use her arms to grasp or hold onto the side rails. The DON confirmed prior to the fall that the resident’s Kardex did not indicate the number of staff required to provide care. She acknowledged the air mattress shifts during turning and two (2) staff should have been indicated for safety concerns, however this intervention was not clearly communicated to staff through the Kardex prior to the incident. Record review of Resident #28’s “Bed Rail Assessment” dated 1/6/26 revealed side rails were not indicated with interventions of: Lower the bed to the floor and provide frequent staff monitoring at night. There was no indication of adding another staff member for bed mobility. Record review of the “Admission Record” revealed the facility admitted Resident #28 on 7/15/21 with medical diagnoses that included Parkinson’s Disease without Dyskinesia, Contracture of Right and Left Knee, and Unspecified Dementia. Record review of the MDS with an Assessment Reference Date (ARD) of 1/23/26 revealed under Section C a Brief Interview for Mental Status (BIMS) summary score of 4, indicating Resident #28 was severely cognitively	F0689		

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F0689 SS = D	Continued from page 16 impaired.	F0689		
F0880 SS = D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.71 and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the	F0880		

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F0880 SS = D	Continued from page 17 least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is NOT MET as evidenced by: Based on observation, interviews, record review, and facility policy review, the facility failed to adhere to infection control measures for one (1) of 29 sampled residents when a dinner tray containing perishable food was left in the resident's room overnight. (Resident #32) Findings Include: Review of the facility policy titled “Standard Precautions Infection Control," with a revision date of 11/14/2025 revealed, "... all staff shall adhere to "Standard Precautions" to prevent the spread of infection to residents, staff and visitors..." On 03/05/2026 at approximately 8:53 AM, an observation was made in Resident #32’s room of a meal tray from the previous evening that had not been removed by staff. The tray contained a full plate of food including food-fortified mashed potatoes, turkey picadillo, shredded lettuce, cornbread, margarine, a peanut butter cookie, whole milk, and chocolate milk. The food appeared untouched and remained in the resident’s room	F0880		

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F0880 SS = D	Continued from page 18 overnight. During an interview on 03/05/2026 at approximately 8:54 AM, a day shift certified nursing assistant (CNA) #3, stated that meal trays are expected to be removed after the resident finishes eating and confirmed the tray should have been picked up by staff. On 3/05/26 at 9:00 AM, the Administrator stated the tray should have been picked up the night it was served and should not have remained in the resident's room overnight. During an interview on 03/05/2026 at 9:30 AM, Registered Nurse #1 stated she did not know why the tray had not been removed and confirmed it should have been picked up the night the meal was served. A record review of Resident #32's Admission Record indicated he was admitted to the facility on 01/26/2024 with diagnoses including Chronic Obstructive Pulmonary Disease. A record review of Resident #32"s Minimum Data Set with an Assessment Reference Date (ARD) of 12/03/2025 Section C revealed a Brief Interview for Mental Status (BIMS) summary score was 7, indicating severe cognitive impairment.	F0880		