Mississippi State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(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
M0000	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 the Mississippi Regulations for Minimum Standards for Institutions for the Aged or Infirm. The SA identified non-compliance and cited M500 for CI MS # 2733582 and M640 for CI MS #2794631. There were no deficiencies cited for CI MS #2795031. The SA also cited M1570 on the annual survey. The census at the time of the survey was 109 and the facility is licensed for 119 beds.	M0000		
M0500	45.17.2 Residents' Rights Residents' Rights. The residents' rights policies and procedures ensure that each resident admitted to the facility: 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	M0500		

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

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M0500	Continued from page 1 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 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	M0500		

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M0500	Continued from page 2 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; 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 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	M0500		

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M0500	Continued from page 3 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 LICENSURE REQUIREMENT is NOT MET as evidenced by: Level II Pattern 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 been resolved yet. All in attendance agreed that food is their biggest concern and that they have told	M0500		

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M0500	Continued from page 4 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. Record review of Resident #12's Minimum Data Set (MDS)	M0500		

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M0500	Continued from page 5 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.	M0500		

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M0500	Continued from page 6 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 resident stated he asks for milk at meals to obtain protein. The resident stated the residents were only	M0500		

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M0500	Continued from page 7 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 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.	M0500		

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M0500	Continued from page 8 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. On 3/3/26 at 10:55 AM, an interview with Resident #72	M0500		

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M0500	Continued from page 9 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 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	M0500		

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M0500	Continued from page 10 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.	M0500		
M0640	45.21.8 Accidents Accidents. The facility shall ensure that the residents ' environment remains as free of accident hazards as possible, and adequate supervision shall be provided to prevent accidents. If an unexplained accident occurs, this injury must be investigated and reported to appropriate state agencies. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Level II 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...”	M0640		

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M0640	Continued from page 11 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 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.	M0640		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(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
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M0640	Continued from page 12 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 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.	M0640		

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M0640	Continued from page 13 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 impaired.	M0640		
M1570	48.58.1 Infection Control The following infection control standards shall be met: 1. The facility must maintain and document an effective infection control program that protects patients, families, visitors, and facility personnel by preventing and controlling infections and communicable diseases. 2. The facility must have an active surveillance program that includes specific measures for prevention, early detection, control, education, and investigation of infections and communicable diseases in the facility. There must be a mechanism to evaluate the effectiveness of the program(s) and take corrective action when necessary. The program must include implementation of nationally recognized systems of infection control guidelines to avoid sources and transmission of infections and communicable diseases. 3. The facility must follow accepted standards of practice to prevent the transmission of infections and communicable diseases, including the use of standard precautions. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Level II	M1570		

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M1570	Continued from page 14 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 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.	M1570		