STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255172	A. BUILDING _____ B. WING _____	C 03/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STARKVILLE MANOR HEALTH CARE AND REHABILITATION CE	1001 HOSPITAL ROAD STARKVILLE, MS 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
F 000	INITIAL COMMENTS On 03/12/23 through 03/14/23 the State Agency (SA) conducted three (3) onsite complaint investigations (CI), MS #20558 for alleged environmental disrepairs, disrepair of the facility van lift, unavailable necessary patient equipment, and shortages of nursing staff on second and third shifts; CI MS# 20689 was a facility self-reported incident for an alleged resident fall from a wheelchair on the facility van; and CI MS# 20909 for alleged shortages of nursing staff on second and third shifts most weekends. The SA did confirm that the facility had been short of nursing staff for most weekends on the second and third shifts for CI MS #20558 and CI MS #20909. The SA determined that the facility was not in compliance with the Medicare and Medicaid requirements for participation and cited regulatory deficiencies for Resident Rights at F577 Scope and Severity (S/S)=C for no survey results posted and accessible for residents, families, and visitors; Nursing Services at F725 S/S=F for insufficient nursing staff; Nursing Services at F732 S/S=C for unavailable, non-current, non-posted, nurse staffing information; and Administration at F835 S/S=F for not utilizing its staffing resources effectively and efficiently. The SA determined the facility was in compliance for CI MS# 20689. On 03/12/23 the resident census was 104 and the facility was licensed for 119 beds.	F 000		
F 577 SS=C	Right to Survey Results/Advocate Agency Info CFR(s): 483.10(g)(10)(11) §483.10(g)(10) The resident has the right to- (i) Examine the results of the most recent survey of the facility conducted by Federal or State	F 577		4/20/23

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

Electronically Signed | 03/30/2023

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 577	Continued From page 1 surveyors and any plan of correction in effect with respect to the facility; and (ii) Receive information from agencies acting as client advocates, and be afforded the opportunity to contact these agencies. §483.10(g)(11) The facility must-- (i) Post in a place readily accessible to residents, and family members and legal representatives of residents, the results of the most recent survey of the facility. (ii) Have reports with respect to any surveys, certifications, and complaint investigations made respecting the facility during the 3 preceding years, and any plan of correction in effect with respect to the facility, available for any individual to review upon request; and (iii) Post notice of the availability of such reports in areas of the facility that are prominent and accessible to the public. (iv) The facility shall not make available identifying information about complainants or residents. This REQUIREMENT is not met as evidenced by: Based on record review, facility letter review, interviews, and observations the facility failed to post the survey results and/or assure that the survey results were easily accessible to all residents, families, and visitors for three (3) of three (3) days of survey. Findings include: Record review of the facility Administrator's (ADM) written statement on facility letterhead that was unsigned and undated that read: "We do not have a written policy or procedure on the items listed below. We conduct in-services on the appropriate policy and procedure for the	F 577	1. On 3/14/2023, survey results were placed by the Executive Director in an area where they are easily accessible to all residents, families, and visitors. 2. All residents have the potential to be affected. 3. In-service on posting of survey results was conducted with Executive Director and Director of Clinical Services on 3/14/2023 by Regional Director of Clinical Services. 4. On 3/15/2023, Executive Director	

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F 577	Continued From page 2 following:... Posting..." Observation on 03/12/23 at 4:30 PM, revealed no survey results posted and accessible to visitors, families, residents, and staff. Observation on 3/13/23 at 10:00 AM, of the facility revealed that the survey results were not posted and were not accessible to all residents, families and visitors. Interview on 03/13/23 at 10:30 AM, with the facility Administrator (ADM) revealed that the survey results had been removed from their posting and placed in the ADM office due to a resident rubbing feces on the survey results. The State Agency (SA) had asked for a copy of the most recent survey results to review. Interview on 03/13/23 at 10:45 AM, with the Director of Nursing (DON) confirmed that the survey results were removed due to a resident rubbing feces on the survey results. The DON stated that they removed the survey results for public viewing. Observation on 03/13/23 at 2:50 PM, of the facility revealed that there were no survey results posted. Observation of the facility from 10:30 AM-2:30 PM on 03/14/23, revealed no survey results posted in the facility. Interview on 03/14/23 at 3:00 PM, with the ADM revealed that she had meant to post/place the survey results for accessibility to resident, families, and visitors, but had forgotten.	F 577	initiated daily rounds to ensure survey results were secured and easily accessible to residents, families, and visitors. Executive Director will conduct rounds five times weekly for four weeks, then three times weekly times two week, then weekly times one week and PRN thereafter. Findings will be reported to the Quality Assurance Performance Improvement Committee monthly times 3 months beginning on 3/15/2023. Next Quality Assurance Performance Improvement Committee will be on 4/14/2023 to discuss findings.	

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F 725	Continued From page 3	F 725		
F 725 SS=F	Sufficient Nursing Staff CFR(s): 483.35(a)(1)(2) §483.35(a) Sufficient Staff. The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e). §483.35(a)(1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans: (i) Except when waived under paragraph (e) of this section, licensed nurses; and (ii) Other nursing personnel, including but not limited to nurse aides. §483.35(a)(2) Except when waived under paragraph (e) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty. This REQUIREMENT is not met as evidenced by: Based on record reviews, staff interviews, resident interviews, policy reviews, and observations, the facility failed to provide sufficient qualified nursing staff for the resident census of 103-108, for six (6) of six (6) days reviewed.	F 725	1. On 3/12/2023, staffing requirements were reviewed by Director of Clinical Services and Executive Director to ensure requirements were met. In addition, department heads were called in to meet staffing needs.	4/20/23

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F 725	Continued From page 4 Findings include: The facility Administrator (ADM) provided a statement on facility letterhead, undated and unsigned that read: "We do not have a written policy or procedure on the items listed below. We conduct in-services on the appropriate policy and procedure for the following: Staffing; Posting; Call-in; Scheduling. Review of the facility policy titled "Policies and Procedures" subject "Abuse, Neglect, Exploitation & Misappropriation" Revision Date: 11/16/2022 revealed, "Prevention... The following systems have been implemented:...Sufficient numbers of staff to meet the needs of the residents..." Interview on 03/12/23 at 4:30 P.M. with the Registered Nurse (RN#1) revealed that she and one other Licensed Practical Nurse (LPN) and three (3) Certified Nursing Assistants (CNA's) for a total of five (5) nursing staff that were assigned to work the evening (2nd) shift on 03/12/23 for the "B" unit. RN#1 stated that she had no idea what the census for "B" Unit was for 03/12/23. RN#1 stated that she had only worked at the facility twice before 03/12/23 and that her hours were 7:00 AM-11:00 PM. She stated that she worked a sixteen hour shift on the weekends only. RN#1 stated that she did not know how many beds the nursing home was licensed to occupy. RN#1 stated that she did not know how many nursing staff were working the "A" Unit and did not know how many residents were occupying each of the two Units (Unit A and Unit B). The RN#1 stated that the census and the numbers of staff was not discussed in the nursing shift reports. RN#1 stated that she would make a guess that the facility currently had a census of 110 residents.	F 725	2. All residents have the potential to be affected. 3. Director of Clinical Services in-serviced all clinical staff on 3/9/2023 on components to ensure staffing compliance is met, all call ins are to be called in to Executive Director and Director of Clinical Services, if an employee signs up to work an extra shift, they are required to work that shift. 4. Beginning 3/12/2023, staffing will be monitored daily for compliance by Director of Clinical Services and Executive Director. In the event of staffing shortage, agency will be notified, department heads, to come in or stay over to ensure staffing needs are met. Monitoring staffing will be ongoing and reports to Quality Assurance Performance Improvement Committee beginning on 3/15/2023. Findings will be reported to the Quality Assurance Performance Improvement Committee monthly X 3 months beginning on 3/15/2023. Next Quality Assurance Performance Improvement Committee will be on 4/14/2023 to discuss findings.	

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F 725	Continued From page 5	F 725		

RN#1 stated that she had no knowledge of where the facility posted the resident census. RN#1 had no idea where the survey results were posted in the facility and stated that the facility had never had enough nursing staff working in the building and that the facility had begun hiring contract/agency CNA's approximately one-two weeks prior to 03/12/23. RN#1 stated that the facility was working to bring the staffing numbers up by hiring contract/agency staff and that the Administrator (ADM) made out the nursing schedules and the ADM took all the call ins and that the nursing staff did not call in to the units if not showing up for work, they called in to the ADM. RN#1 stated that if there was an emergency in the building and they had to evacuate she would use the Medication Administration Record (MAR) to identify residents, but she confirmed that she does not know the resident census for the building and does not know where the resident census is documented.

Interview on 03/12/23 at 4:40 P.M. with Certified Nursing Assistant (CNA#1) revealed that he was a travel contract CNA and was working as needed (PRN) at the facility and confirmed that he had previously worked as a full time CNA at the facility prior to becoming a travel contract CNA. CNA#1 confirmed that the facility had not had enough nursing staff on the weekends for the 2nd and 3rd shifts for a long period of time, dating back over a year ago. CNA #1 stated that on 03/12/23 for the 2nd shift the facility had three (3) CNA's working "B" Unit and two (2) nurses working the two (2) med carts. CNA #1 stated that he was guessing that "B" unit had a total resident census of approximately 50 residents but it could be more and it may be less. CNA #1 stated that

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F 725	Continued From page 6	F 725		

there were two (2) hallways that made up "B" unit and two hallways for "A" unit. CNA#1 stated that today 03/12/23 he had 12 residents assigned to him. He stated that prior to the hiring of contract staff, when he worked here full time, he may have had, at times, 30 residents assigned to one CNA. CNA #1 did not know what the facility census was for 03/12/23. CNA#1 stated that the facility did not have enough nursing staff, but they had a new ADM and she was working hard to get more nursing staff in the building for all shifts and confirmed that the contract/agency staff were begun approximately one week prior to 03/12/23.

Interview on 03/12/23 at 5:10 P.M. with Certified Nursing Assistant (CNA#2) revealed that she had worked full time at the facility for the past nine (9) months and confirmed that she does not know how many residents are on "B" unit and does not know the facility resident census. CNA#2 confirmed that there had not been enough nursing staff working the second and third shifts on the weekends for the entire time that she had been employed, but recently contract/agency staff have been hired to assist. CNA #2 does not know where the census is posted and verified that tonight she has 12 residents assigned to her care.

Interview on 03/12/23 at 5:15 PM, with the "A" unit Licensed Practical Nurse (LPN#1) revealed that she had only worked two (2) weekends for the "A" Unit. She confirmed that now she only worked every Sunday and Monday on second and third shifts (3:00 P.M. -7:00 A.M.). She stated that the schedules and assignments are made by the facility Administrator (ADM) and the staff must call in to the ADM if they are not going to be at work. LPN#1 did not know the facility

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F 725	Continued From page 7	F 725		

census and had no idea where the census and the staffing were posted and stated that when she gets to work she makes a list of the names of residents that are assigned to her medication cart and tonight she had 29 resident names on her list from the medication cart that are assigned to her. She stated that they do not discuss the census during shift reports.

Interview on 03/12/23 at 5:30 PM, "A" unit LPN#2 revealed that she had worked at the facility for over a year on the second and third shifts and there were many weekends that no CNAs would show to work the "A" unit, and there were many times that I was the only employee on the "A" unit for second shift." LPN#2 confirmed that there was not enough staff on the weekends and only recently had there been any contract/agency staff hired to assist with the low numbers of staff. LPN#2 confirmed that on 03/12/23 there were two (2) LPN's and three (3) CNA's assigned to "A" unit. LPN #2 did not know what the facility census was on 03/12/23 and did not know how many beds the facility was licensed to occupy and confirmed that she did not know where the staffing and census was posted for the facility. LPN#2 stated that most of the weekends for the past year she has worked alone on the second shift with no other staff and most of the third shifts there was only herself and one other CNA working the "A" unit.

Interview on 03/12/23 at 5:40 PM, with Registered Nurse (RN#2) stated that the facility had been staffing the second and third shifts and weekends with over time due to low staffing numbers. RN#2 confirmed that the facility did not have enough nursing staff for after hours and weekends. RN#2 stated that the new ADM had hired

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	255172	A. BUILDING _____ B. WING _____	C 03/14/2023

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STARKVILLE MANOR HEALTH CARE AND REHABILITATION CE	1001 HOSPITAL ROAD STARKVILLE, MS 39759

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F 725	Continued From page 8	F 725		

agency/contract workers to provide the needed coverage of staff.

Interview on Sunday 03/12/23 at 5:45 P.M. with the facility Administrator (ADM) revealed that the facility was working hard on increasing their numbers of staff working for all three (3) shifts. The ADM stated that she had been hiring contract nursing staff to assist with the lack of staff on evening and night shifts.

Interview on 03/13/23 at 10:45 AM, with the Director of Nursing (DON) revealed that she had been working many 16 hour shifts for the past year due to low staffing numbers and she would cover the unit and work a medication cart. DON stated that there were 4 med carts and those 4 med carts had to be covered first in order to get the medication to the residents. She confirmed that on 02/15/23 the first hired contract/agency staff had worked in the facility and stated that the former ADM had been terminated on 02/14/23 due to the low staffing numbers and the high amounts of over time to cover the care of the residents after hours and on weekends. The DON stated that the new ADM had began working there on 02/15/23.

Interview on 03/13/23 at 11:00 AM, with the corporate Nurse Consultant (NC) revealed that the staffing grid was taking a long time to produce for the weekends of January 2023 and February 2023 due to the cumbersome timecard process months because the former Administrator (ADM) had not maintained the working schedules.

Interview on 03/13/23 at 12:55 PM, with the Activities Director (AD), who is a CNA, revealed that she had worked at the facility for 24 years

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F 725	Continued From page 9	F 725		

and had been the AD since 2003. The AD stated that the facility does not have enough staff to cover the after hour shifts and the weekends and that she had worked many weekends and after hours as a CNA due to low staffing.

Interview and observation on 03/14/23 at 1:15 PM, with Resident (Res) #3 revealed that the facility had been short of staffing numbers for at least a year and that recently the staffing numbers had improved since the new ADM had arrived. Res #3 stated that he had no quality of care concerns and none reported to him. Res #3 stated that he had been living in the facility for 15 years. Res #3 was disheveled in his appearance and was wearing a dirty red t-shirt with numerous spills and covered in a white flaky substance that appeared to be dandruff and did confirm that on weekends and after hours there was not enough nursing staff to meet the needs of the residents but that had gotten better in the past couple of weeks.

Record Review revealed that Res #3 had a Minimum Data Set (MDS) dated 1/16/23 with a Brief Interview for Mental Status (BIMS) score of 11 which confirmed some mild cognitive impairment and his date of admission was 08/28/2007.

Interview and observation on 03/14/23 at 1:30 PM, with Res #4 stated that she had never experienced any disrespect or neglect but that there was not enough staff working at the facility and they were doing the best they could with few nursing staff they had.

Record review of the MDS dated 02/14/23 for Res #4 revealed a BIMS score of 9 which

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F 725	Continued From page 10 indicated moderate cognitive impairment. Observation and interview on 03/14/23 at 1:45 PM, with Res #6 revealed she was talkative and stated that the facility did not seem to have enough staff. She stated that she had not experienced disrespect from staff and had no issues with poor quality of care but confirmed that they have not had enough staff to meet their needs. Record review of Res #6 revealed a MDS dated 03/06/2023 with a BIMS score of 8 which indicated moderate cognitive impairment. Interview and record review of the facility "staffing grid" on 03/14/23 at 3:30 PM, with the DON, ADM, and NC they all confirmed that the facility had not maintained sufficient staffing for the weekends of January 20, 2023-January 22, 2023, and February 3, 2023-February 5, 2023 for six (6) of six (6) days in January 2023 and February 2023 and failed to maintain posted staffing was correctly documented to reflect the actual number of staff that were on the shift and available to work the three (3) facility shifts for the resident census that the facility had.	F 725		
F 732 SS=C	Posted Nurse Staffing Information CFR(s): 483.35(g)(1)-(4) §483.35(g) Nurse Staffing Information. §483.35(g)(1) Data requirements. The facility must post the following information on a daily basis: (i) Facility name. (ii) The current date. (iii) The total number and the actual hours worked by the following categories of licensed and	F 732		4/20/23

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F 732	Continued From page 11 unlicensed nursing staff directly responsible for resident care per shift: (A) Registered nurses. (B) Licensed practical nurses or licensed vocational nurses (as defined under State law). (C) Certified nurse aides. (iv) Resident census. §483.35(g)(2) Posting requirements. (i) The facility must post the nurse staffing data specified in paragraph (g)(1) of this section on a daily basis at the beginning of each shift. (ii) Data must be posted as follows: (A) Clear and readable format. (B) In a prominent place readily accessible to residents and visitors. §483.35(g)(3) Public access to posted nurse staffing data. The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard. §483.35(g)(4) Facility data retention requirements. The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater. This REQUIREMENT is not met as evidenced by: Based on observations, record reviews, staff interviews, and facility written statement, the facility failed to post the census and the correct number of staff present in the facility on each shift for three (3) of (3) days of survey. Findings include: The facility Administrator (ADM) provided a	F 732	1. On 3/12/2023, the daily staffing form was posted by Director of Clinical Services to ensure the census and the correct number of staff present in the facility for each shift. 2. All residents have the potential to be affected.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255172	A. BUILDING _____ B. WING _____	C 03/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STARKVILLE MANOR HEALTH CARE AND REHABILITATION CE	1001 HOSPITAL ROAD STARKVILLE, MS 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
F 732	Continued From page 12 statement on facility letterhead, undated and unsigned that read: "We do not have a written policy or procedure on the items listed below. We conduct in-services on the appropriate policy and procedure for the following: Staffing; Posting..." Interview on 03/12/23 at 4:30 PM, with the Registered Nurse (RN#1) stated that she had no knowledge of were the facility staffing was posted to indicate the number of staff that was in the building to correlate with the resident census. Interview on 03/12/23 at 4:40 PM, with Certified Nursing Assistant (CNA#1) stated that on 03/12/23 for the 2nd shift the facility had (3) CNA's working the "B" Unit and two (2) nurses working the (2) medication carts. CNA #1 did not know what the facility census was for 03/12/23 nor did she know where the staffing was posted. Record review of the facility's "Daily Nursing Staffing Form" revealed that (3) days dated 03/10/23, 03/11/23, and 03/12/23 were posted in a case behind glass and was not accessible to all residents, families, and visitors. The census was not posted for 03/11/23 and 03/12/23 and was left blank for all three (3) shifts. The number of CNA staff documented as working on second shift for 03/12/23 was listed as eight (8) CNA's. Observation on 03/12/23 at 4:45 PM, revealed that the facility had six CNAs working on second shift and not eight CNAs. Interview on 03/12/23 at 5:10 PM, with CNA#2 revealed that she does not know where the census is posted and does not know where the survey results are posted. She confirmed that on second shift for 03/12/23 there are (3) CNA's and	F 732	3. On 3/15/2023 by Regional Vice President of Operations in-serviced Executive Director to ensure staffing is adequate to provide adequate care and assistance for residents. On 3/14/2023 Director of Clinical Services and Human Resources were in-serviced to ensure staffing is adequate to provide care and assistance for residents by Regional Director of Clinical Services. 4. Staffing will be monitored daily for compliance beginning on 3/12/2023 by the Executive Director, Director of Clinical Services five times a week X four weeks, then two times a week X four week, then PRN as needed. Findings will be reported to Quality Assurance Performance Committee monthly X 3 months beginning on 3/15/2023. Next Quality Assurance Performance Improvement Committee will be on 4/14/2023 to discuss findings.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255172	A. BUILDING _____ B. WING _____	C 03/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 732	Continued From page 13	F 732		

(2) nurses for the "B" unit. She did not know how many total nursing staff are in the building. She stated that she is assigned to the "B" unit and is not aware of the needs on "A" unit.

Interview on 03/12/23 at 5:15 PM, with the "A" unit Licensed Practical Nurse (LPN#1) revealed LPN#1 did not know the facility census and had no idea where the census and the staffing was posted or if it was posted. She stated that they do not discuss the census during shift reports. LPN #1 confirmed that on "A" unit for 03/12/2023 on second (2nd) shift there are (3) CNA's and (2) LPN's and she does not know how many staff are working the "B" unit.

Interview on 03/12/23 at 5:30 PM, "A" unit LPN#2 revealed LPN#2 confirmed that on 03/12/23 there were (2) LPN's and (3) CNA's assigned to "A" unit. LPN #2 did not know what the facility census was on 03/12/23. LPN#2 did not know how many staff and residents were on "B" unit, nor did she know where the staffing and census was posted for the facility.

Interview on 03/12/23 at 5:40 PM, with RN#2 confirmed that the daily staffing sheet contained no resident census for Saturday 03/11/23 and no resident census for Sunday 03/12/23. RN#2 confirmed that the Director of Nursing (DON) filled out the staffing sheet ahead of time on Fridays before she left work and posted the entire weekend staffing for all (3) shifts on each day.

Interview and observation on Sunday 03/12/23 at 5:45 PM, with the facility Administrator (ADM) confirmed that the staffing that was posted for Saturday 03/11/23 and Sunday 03/12/23 was incorrect and did not contain the census for the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255172	A. BUILDING _____ B. WING _____	C 03/14/2023

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

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F 732	Continued From page 14 (3) shifts on each day. Interview on 03/13/23 at 10:45 AM, with the Director of Nursing (DON) confirmed that she had filled out the staffing and posted it on Friday afternoons for all (3) shifts for the entire weekend. The DON confirmed that the staffing is posted in accordance with the nursing schedule and the staffing posting did not document call-ins or "no shows."	F 732		
F 835 SS=F	Administration CFR(s): 483.70 §483.70 Administration. A facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. This REQUIREMENT is not met as evidenced by: CROSS REFERENCED TO F725 Based on observations, record reveiws, policy reviews, resident interviews, and staff interviews, the facility Administrator failed to ensure that the facility was adequately staffed for all three (3) shifts on weekends and after hours for six (6) of six (6) days reviewed for staffing concerns. Findings include: Record review of a statement on facility letterhed provided by the facility Administrator (ADM), undated and unsigned that read: "We do not have a written policy or procedure on the items listed below. We conduct in-services on the appropriate policy and procedure for the	F 835	1. On 3/12/2023, staffing requirements were reviewed by Director of Clinical Services and Executive Director to ensure requirements were met. In addition, department heads were called in to meet staffing needs. 2. All residents have the potential to be affected. 3. Director of Clinical Services in-serviced all clinical staff on 3/9/2023 on components to ensure staffing compliance is met, all call ins are to be called in to Executive Director and Director of Clinical Services, if an employee signs up to work an extra shift,	4/20/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255172	A. BUILDING _____ B. WING _____	C 03/14/2023

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

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F 835	Continued From page 15 following: Staffing; Posting; Call-in; Scheduling." Record review of the facility policy titled "Policies and Procedures" subject "Abuse, Neglect, Exploitation & Misappropriation" Effective Date: 11/30/2014 Revision Date: 11/16/2022 read: "Prevention" The center is committed to the prevention of abuse, neglect, misappropriation of resident property, and exploitation. The following systems have been implemented: Resident Council; Grievance/Concern program; Sufficient numbers of staff to meet the needs of the residents. Department Heads and supervisors that monitor staff to identify inappropriate behavior. Monitoring of residents who may be at risk is the responsibility of all facility staff. Interview on 03/12/23 at 4:30 PM, with the Registered Nurse (RN#1) revealed that she and one other Licensed Practical Nurse (LPN) and (3) Certified Nursing Assistant (CNA's) for a total of five (5) nursing staff that were assigned to work the evening (2nd) shift on 03/12/23 for the "B" unit. RN#1 stated that she had no idea what the census for "B" Unit was for 03/12/23. RN#1 stated that she had only worked at the facility twice before 03/12/23 and that her hours were 7:00 AM-11:00 PM. She stated that she worked a sixteen hour shift on the weekends only. RN#1 stated that she did not know how many beds the nursing home was licensed to occupy. RN#1 stated that she did not know how many nursing staff were working the "A" Unit and did not know how many residents were occupying each of the two Units (Unit A and Unit B). RN#1 stated that the census and the numbers of staff was not discussed in the nursing shift reports. RN#1 stated that she would make a guess that the facility currently had a census of 110 residents.	F 835	they are required to work that shift. 4. Beginning 3/12/2023, staffing will be monitored daily for compliance by Director of Clinical Services and Executive Director. In the event of staffing shortage, agency will be notified, department heads, to come in or stay over to ensure staffing needs are met. Monitoring staffing will be ongoing and repots to Quality Assurance Performance Improvement Committee beginning on 3/15/2023. Findings will be reported to the Quality Assurance Performance Improvement Committee monthly X 3 months beginning on 3/15/2023. Next Quality Assurance Performance Improvement Committee will be on 4/14/2023 to discuss findings.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255172	A. BUILDING _____ B. WING _____	C 03/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STARKVILLE MANOR HEALTH CARE AND REHABILITATION CE	1001 HOSPITAL ROAD STARKVILLE, MS 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
F 835	Continued From page 16	F 835		

RN#1 stated that she had no knowledge of where the facility posted the resident census. RN#1 had no idea where the survey results were posted in the facility and stated that the facility had never had enough nursing staff working in the building and that the facility had begun hiring contract/agency CNA's approximately one-two weeks prior to 03/12/23. RN#1 stated that the facility was working to bring the staffing numbers up by hiring contract/agency staff and that the Administrator (ADM) made out the nursing schedules and the ADM took all the call ins and that the nursing staff did not call in to the units if not showing up for work, they called in to the ADM. RN#1 stated that if there was an emergency in the building and they had to evacuate she would use the Medication Administration Record (MAR) to identify residents, but she confirmed that she does not know the resident census for the building and does not know where the resident census is documented.

Interview on 03/12/23 at 4:40 PM, with Certified Nursing Assistant (CNA#1) revealed that he was a travel contract CNA and was working as needed (PRN) at the facility and confirmed that he had previously worked as a full time CNA at the facility prior to becoming a travel contract CNA. CNA#1 confirmed that the facility had not had enough nursing staff on the weekends for the 2nd and 3rd shifts for a long period of time, dating back over a year ago. CNA #1 stated that on 03/12/23 for the 2nd shift the facility had three (3) CNA's working "B" Unit and two (2) nurses working the two (2) med carts. CNA #1 stated that he was guessing that "B" unit had a total resident census of approximately 50 residents but it could be more and it may be less. CNA #1 stated that

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255172	A. BUILDING _____ B. WING _____	C 03/14/2023

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

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F 835	Continued From page 17	F 835		

there were two (2) hallways that made up "B" unit and two hallways for "A" unit. CNA#1 stated that today 03/12/23 he had 12 residents assigned to him. He stated that prior to the hiring of contract staff, when he worked here full time, he may have had, at times, 30 residents assigned to one CNA. CNA #1 did not know what the facility census was for 03/12/23. CNA#1 stated that the facility did not have enough nursing staff, but they had a new ADM and she was working hard to get more nursing staff in the building for all shifts and confirmed that the contract/agency staff were begun approximately one week prior to 03/12/23.

Interview on 03/12/23 at 5:10 PM, with Certified Nursing Assistant (CNA#2) revealed that she had worked full time at the facility for the past nine (9) months and confirmed that she does not know how many residents are on "B" unit and does not know the facility resident census. CNA#2 confirmed that there had not been enough nursing staff working the second and third shifts on the weekends for the entire time that she had been employed, but recently contract/agency staff have been hired to assist. CNA #2 does not know where the census is posted and verified that tonight she has 12 residents assigned to her care.

Interview on 03/12/23 at 5:15 PM, with the "A" unit Licensed Practical Nurse (LPN#1) revealed that she had only worked two (2) weekends for the "A" Unit. She confirmed that now she only worked every Sunday and Monday on second and third shifts (3:00 P.M. -7:00 A.M.). She stated that the schedules and assignments are made by the facility Administrator (ADM) and the staff must call in to the ADM if they are not going to be at work. LPN#1 did not know the facility census and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255172	A. BUILDING _____ B. WING _____	C 03/14/2023

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

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F 835	Continued From page 18	F 835		

had no idea where the census and the staffing were posted and stated that when she gets to work she makes a list of the names of residents that are assigned to her medication cart and tonight she had 29 resident names on her list from the medication cart that are assigned to her. She stated that they do not discuss the census during shift reports.

Interview on 03/12/23 at 5:30 PM, "A" unit Licensed Practical Nurse (LPN#2) revealed that she had worked at the facility for over a year on the second and third shifts and there were many weekends that no CNAs would show to work the "A" unit, and there were many times that I was the only employee on the "A" unit for second shift." LPN#2 confirmed that there was not enough staff on the weekends and only recently had there been any contract/agency staff hired to assist with the low numbers of staff. LPN#2 confirmed that on 03/12/23 there were two (2) LPN's and three (3) CNA's assigned to "A" unit. LPN #2 did not know what the facility census was on 03/12/23 and did not know how many beds the facility was licensed to occupy and confirmed that she did not know where the staffing and census was posted for the facility. LPN#2 stated that most of the weekends for the past year she has worked alone on the second shift with no other staff and most of the third shifts there was only herself and one other CNA working the "A" unit.

Interview on 03/12/23 at 5:40 PM with Registered Nurse (RN#2) stated that the facility had been staffing the second and third shifts and weekends with over time due to low staffing numbers. RN#2 confirmed that the facility did not have enough nursing staff for after hours and weekends. RN#2 stated that the new ADM had hired

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255172	A. BUILDING _____ B. WING _____	C 03/14/2023

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

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F 835	Continued From page 19	F 835		

agency/contract workers to provide the needed coverage of staff.

Interview on Sunday 03/12/23 at 5:45 PM, with the facility Administrator (ADM) revealed that the facility was working hard on increasing their numbers of staff working for all three (3) shifts. The ADM stated that she had been hiring contract nursing staff to assist with the lack of staff on evening and night shifts.

Interview on 03/13/23 at 10:45 AM, with the Director of Nursing (DON) revealed that she had been working many 16 hour shifts for the past year due to low staffing numbers and she would cover the unit and work a medication cart. The DON stated that there were 4 med carts and those 4 med carts had to be covered first in order to get the medication to the residents. She confirmed that on 02/15/23 the first hired contract/agency staff had worked in the facility and stated that the former ADM had been terminated on 02/14/23 due to the low staffing numbers and the high amounts of over time to cover the care of the residents after hours and on weekends. The DON stated that the new ADM had began working there on 02/15/23.

Interview on 03/13/23 at 11:00 AM, with the corporate Nurse Consultant (NC) revealed that the staffing grid was taking a long time to produce for the weekends of January 2023 and February 2023 due to the cumbersome timecard process months because the former Administrator (ADM) had not maintained the working schedules.

Interview on 03/13/23 at 12:55 PM, with the Activities Director (AD) who is Certified Nursing Assistant revealed that she had worked at the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255172	A. BUILDING _____ B. WING _____	C 03/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STARKVILLE MANOR HEALTH CARE AND REHABILITATION CE	1001 HOSPITAL ROAD STARKVILLE, MS 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
F 835	Continued From page 20	F 835		

facility for 24 years and had been the AD since 2003. The AD stated that the facility does not have enough staff to cover the after hour shifts and the weekends and that she had worked many weekends and after hours as a CNA due to low staffing.

Interview and observation on 03/14/23 at 1:15 PM, with Resident (Res) #3 revealed that the facility had been short of staffing numbers for at least a year and that recently the staffing numbers had improved since the new ADM had arrived. Res #3 stated that he had no quality of care concerns and none reported to him. Res #3 stated that he had been living in the facility for 15 years. Res #3 was dishelved in his appearance and was wearing a dirty red t-shirt with numerous spills and covered in a white flaky substance that appeared to be dandruff and did confirm that on weekends and after hours there was not enough nursing staff to meet the needs of the residents but that had gotten better in the past couple of weeks.

Record Review revealed that Res #3 had a Minimum Data Set (MDS) dated 1/16/23 with a Brief Interview for Mental Status (BIMS) score of 11 which confirmed some mild cognitive impairment and his date of admission was 08/28/2007.

Interview and observation on 03/14/23 at 1:30 PM, with Res #4 she stated that she had never experienced any disrespect or neglect but that there was not enough staff working at the facility and they were doing the best they could with few nursing staff they had.

Record review of the MDS dated 2/14/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255172	A. BUILDING _____ B. WING _____	C 03/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STARKVILLE MANOR HEALTH CARE AND REHABILITATION CE	1001 HOSPITAL ROAD STARKVILLE, MS 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
F 835	Continued From page 21	F 835		

revealed a BIMS score of 9 which indicated Res #4 had moderate cognitive impairment.

Observation and interview on 03/14/23 at 1:45 PM, with Res #6 stated that the facility did not seem to have enough staff. She stated that she had not experienced disrespect from staff and had no issues with poor quality of care but confirmed that they have not had enough staff to meet their needs.

Record review of Res #6 revealed a MDS dated 03/06/2023 with a BIMS score of 8 which indicated moderate cognitive impairment.

Interview and record review of the facility "Staffing Grid" on 03/14/23 at 3:30 PM, with the DON, ADM, and NC they all confirmed that the facility had not maintain sufficent staffing for the weekend of January 20, 2023-January 22, 2023, and February 3, 2023-February 5, 2023 for six (6) of six (6) days in January 2023 and February 2023 and failed to maintain posted staffing was correctly documented to reflect the actual number of staff that were on the shift and available to work the three (3) facility shifts for the resident census that the facility had.