

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445465	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/15/2022
NAME OF PROVIDER OR SUPPLIER Magnolia Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1410 Trotwood Avenue Columbia, TN 38401	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0553</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Allow resident to participate in the development and implementation of his or her person-centered plan of care.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on policy review, review of the interdisciplinary Care Plan meeting sign in sheets, medical record review, and interview, the facility failed to ensure residents were involved in developing the Care Plan and making decisions about his or her care and failed to include direct care staff in the Interdisciplinary Care Planning for 3 of 3 sampled residents (Residents #20, #35, and #65) reviewed for Care Plan meetings.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, Care Plans, Comprehensive Person-Centered, revised 4/2022, revealed . the Interdisciplinary Team (IDT), in conjunction with the resident and his/her family or legal representative, develops and implements a comprehensive, person-centered care plan for each resident .The IDT may include .Attending Physician .registered nurse who has responsibility for the resident .nurse aide who had responsibility for the resident .member of food and nutrition services .Social Services staff member .Therapy services staff members .resident and the resident's legal representative .</p> <p>Review of the medical record, revealed Resident #20 was admitted to the facility on [DATE] with diagnoses of Falls, Hypertension, Alzheimer's Disease, Diabetes, and Gastroesophageal Reflux Disease.</p> <p>Review of the CARE PLAN CONFERENCE SUMMARY, dated 2/22/2022, revealed .No concerns @ [at] this time .ATTENDEES .RN [Registered Nurse] .[Named Social Service Assistant] .Act Dir [Activity Director] .</p> <p>Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #20 had a Brief Interview for Mental Status (BIMS) score of 5, indicating he was severely cognitively impaired.</p> <p>The facility was unable to provide documentation of a quarterly Care Plan Conference with the IDT team for 4/2022 or 5/2022.</p> <p>Review of the medical record, revealed Resident #35 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses of Dementia, Hypertension, Gastrostomy, Dysphagia, and Atrial Fibrillation.</p> <p>Review of the CARE PLAN CONFERENCE SUMMARY, dated 11/4/2021, revealed .ATTENDEES .[Activity Director] .</p> <p>(continued on next page)</p>

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 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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<p>F 0553</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the quarterly MDS assessment dated [DATE], revealed Resident #35 had a BIMS score of 3, indicating she was severely cognitively impaired.</p> <p>The facility was unable to provide documentation of a quarterly Care Plan Conference from 12/2021 - 5/2022.</p> <p>Review of the medical record, revealed Resident #65 was admitted to the facility on [DATE] with diagnoses of Bipolar Disorder, Chronic Kidney Disease, Major Depressive Disorder, and Peripheral Vascular Disease.</p> <p>Review of the CARE PLAN CONFERENCE SUMMARY, dated 11/9/2021, revealed .ATTENDEES .Act.Dir [Activity Director] .</p> <p>Review of the CARE PLAN CONFERENCE, dated 2/16/2022, revealed attendees were the Social Service Assistant, Activity Director, a Registered Nurse, and the Guardian.</p> <p>Review of the CARE PLAN CONFERENCE, dated 5/17/2022, documented attendees were the Social Service Assistant, Resident #65, a Licensed Practical Nurse, and an Activity Assistant.</p> <p>Review of the quarterly MDS assessment dated [DATE], revealed Resident #65 had a BIMS score of 12, indicating she was moderately cognitively impaired.</p> <p>During an interview on 6/14/2022 at 2:42 PM, the Social Service Assistant was asked how often should the Care Plan conference meetings be scheduled. The Social Service Assistant stated, .I was told yearly . The Social Service Assistant confirmed the Care Plan Conference should include the IDT team members (Social Service, Dietary, Therapy, Nurse, MDS Nurse, Activity Director, direct care staff, and the Director of Nursing).</p> <p>During an interview on 6/14/2022 at 3:02 PM, the MDS Coordinator confirmed the Care Plan Conference should be completed quarterly and include the IDT members.</p>		

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<p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on policy review, medical record review, and interview, the facility failed to provide information regarding a resident's right to formulate an Advanced Directive for 16 of 27 sampled residents (Resident #7, #8, #13, #15, #19, #20, #21, #26, #28, #32, #35, #37, #47, #53, #56, and #65) reviewed for Advanced Directives.</p> <p>The findings include:</p> <p>Review of facility's undated policy titled, Resident Rights and Responsibilities, revealed .all Residents have the right to participate in their health care decisions and to make Advance Directives .and [Named Facility] respects and upholds those rights .</p> <p>Review of the medical record, revealed Resident #7 was admitted to the facility on [DATE] with diagnoses of Rheumatoid Arthritis, Alzheimer's Disease, Schizophrenia, and Depression.</p> <p>Review of the annual Minimum Data Set (MDS) dated [DATE], revealed Resident #7 had a Brief Interview of Mental Status (BIMS) score of 11, which indicated moderate cognitive impairment.</p> <p>Review of Resident #7's medical record, revealed there was no documentation the resident or their legal representative was informed of or provided written information regarding their right to formulate an Advanced Directive upon admission.</p> <p>Review of the medical record, revealed Resident #8 was admitted to the facility on [DATE] with diagnoses of Dementia, Chronic Kidney Disease, Alzheimer's Disease, and Depression.</p> <p>Review of the quarterly MDS dated [DATE], revealed Resident #8 had a BIMS score of 0, which indicates severe cognitive impairment.</p> <p>Review of Resident #8's medical record, revealed there was no documentation the resident or their legal representative was informed of or provided written information regarding their right to formulate an Advanced Directive upon admission.</p> <p>Review of the medical record, revealed Resident #13 was admitted to the facility on [DATE] with diagnoses of Osteoarthritis, Insomnia, Gastroparesis, and Morbid Obesity.</p> <p>Review of the admission MDS dated [DATE], revealed Resident #13 had a BIMS score of 11, which indicated moderate cognitive impairment.</p> <p>Review of Resident #13's medical record, revealed there was no documentation the resident or their legal representative was informed of or provided written information regarding their right to formulate an Advanced Directive upon admission.</p> <p>Review of the medical record, revealed Resident #15 was admitted to the facility on [DATE] with diagnoses of Alzheimer's Disease, Atrial Fibrillation, Dementia, and Dysphagia.</p> <p>(continued on next page)</p>		

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<p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the significant change of status MDS dated [DATE], revealed Resident #15 had a BIMS score of 2, which indicated severe cognitive impairment.</p> <p>Review of Resident #15's medical record, revealed there was no documentation the resident or their legal representative was informed of or provided written information regarding their right to formulate an Advanced Directive upon admission.</p> <p>Review of the medical record, revealed Resident #19 was admitted to the facility on [DATE] with diagnoses of Peripheral Neuropathy, Dementia, Hypertension, and Diabetes.</p> <p>Review of the significant change of status MDS dated [DATE], revealed Resident #19 had a BIMS score of 0, which indicated severe cognitive impairment.</p> <p>Review of Resident #19's medical record, revealed there was no documentation the resident or their legal representative was informed of or provided written information regarding their right to formulate an Advanced Directive upon admission.</p> <p>Review of the medical record, revealed Resident #20 was admitted to the facility on [DATE] with diagnoses of Intracerebral Hemorrhage, Falls, Diabetes, and Obesity.</p> <p>Review of the quarterly MDS dated [DATE], revealed Resident #20 had a BIMS score of 5, which indicated severe cognitive impairment.</p> <p>Review of Resident #20's medical record, revealed there was no documentation the resident or their legal representative was informed of or provided written information regarding their right to formulate an Advanced Directive upon admission.</p> <p>Review of the medical record, revealed Resident #21 was admitted to the facility on [DATE] with diagnoses of Picks Disease, Dementia, Edema, and Chronic Obstructive Pulmonary Disease.</p> <p>Review of the quarterly MDS dated [DATE], revealed Resident #21 had a BIMS score of 3, which indicated severe cognitive impairment.</p> <p>Review of Resident #21's medical record, revealed there was no documentation the resident or their legal representative was informed of or provided written information regarding their right to formulate an Advanced Directive upon admission.</p> <p>Review of the medical record, revealed Resident #26 was admitted to the facility on [DATE] with diagnoses of Hemiplegia, Cerebral Infarction, Sick Sinus Syndrome, and Chronic Pain.</p> <p>Review of the annual MDS dated [DATE], revealed Resident #26 had a BIMS score of 12, which indicated cognitively intact.</p> <p>Review of Resident #26's medical record, revealed there was no documentation the resident or their legal representative was informed of or provided written information regarding their right to formulate an Advanced Directive upon admission.</p> <p>(continued on next page)</p>		

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<p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the medical record, revealed Resident #28 was admitted to the facility on [DATE] with diagnoses of Fracture of Right Femur, Chronic Pain, Hypertension and Anxiety.</p> <p>Review of the annual MDS dated [DATE], revealed Resident #28 had a BIMS score of 15, which indicated cognitively intact.</p> <p>Review of Resident #28's medical record, revealed there was no documentation the resident or their legal representative was informed of or provided written information regarding their right to formulate an Advanced Directive upon admission.</p> <p>Review of the medical record, revealed Resident #32 was admitted to the facility on [DATE] with diagnoses of Bipolar Disorder, Shortness of Breath, Diabetes Mellitus and Hypertension.</p> <p>Review of the annual MDS dated [DATE], revealed Resident #32 had a BIMS score of 15, which indicated cognitively intact.</p> <p>Review of Resident #32's medical record, revealed there was no documentation the resident or their legal representative was informed of or provided written information regarding their right to formulate an Advanced Directive upon admission.</p> <p>Review of the medical record, revealed Resident #35 was admitted to the facility on [DATE] with diagnoses of Encephalopathy, Alzheimer's Disease, Hypertension, and Dehydration.</p> <p>Review of the quarterly MDS dated [DATE], revealed Resident #35 had a BIMS score of 3, which indicated, which indicated severe cognitive impairment.</p> <p>Review of Resident #35's medical record, revealed there was no documentation the resident or their legal representative was informed of or provided written information regarding their right to formulate an Advanced Directive upon admission.</p> <p>Review of the medical record, revealed Resident #37 was admitted to the facility on [DATE] with diagnoses of Huntington's Disease, Major Depressive Disorder, and Anxiety.</p> <p>Review of the quarterly MDS dated [DATE], revealed Resident #37 was rarely/never understood, with short and long term memory problems.</p> <p>Review of Resident #37's medical record, revealed there was no documentation the resident or their legal representative was informed of or provided written information regarding their right to formulate an Advanced Directive upon admission.</p> <p>Review of the medical record, revealed Resident #47 was admitted to the facility on [DATE] with diagnoses of Fibromyalgia, Obesity, and Anxiety.</p> <p>Review of the quarterly MDS dated [DATE], revealed Resident #47 had a BIMS score of 15, which indicated cognitively intact.</p> <p>(continued on next page)</p>		

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<p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident #47's medical record, revealed there was no documentation the resident or their legal representative was informed of or provided written information regarding their right to formulate an Advanced Directive upon admission.</p> <p>Review of the medical record, revealed Resident #53 was admitted to the facility on [DATE] with diagnoses of Schizophrenia, Diabetes, Morbid Obesity, and Chronic Kidney Disease.</p> <p>Review of the quarterly MDS dated [DATE], revealed Resident #53 had a BIMS score of 15, which indicated cognitively intact.</p> <p>Review of Resident #53's medical record, revealed there was no documentation the resident or their legal representative was informed of or provided written information regarding their right to formulate an Advanced Directive upon admission.</p> <p>Review of the medical record, revealed Resident #56 was admitted to the facility on [DATE] with diagnoses of Cerebral Infarction, Hemiplegia, and Major Depressive Disorder.</p> <p>Review of the quarterly MDS dated [DATE], revealed Resident #56 had a BIMS score of 15, which indicated cognitively intact.</p> <p>Review of Resident #56's medical record, revealed there was no documentation the resident or their legal representative was informed of or provided written information regarding their right to formulate an Advanced Directive upon admission.</p> <p>Review of the medical record, revealed Resident #65 was admitted to the facility on [DATE] with diagnoses of Schizoaffective Disorder, Chronic Kidney Disease, Major Depressive Disorder, and Metabolic Encephalopathy.</p> <p>Review of the quarterly MDS dated [DATE], revealed Resident #65 had a BIMS score of 12, which indicated moderate cognitive impairment.</p> <p>Review of Resident #65's medical record, revealed there was no documentation the resident or their legal representative was informed of or provided written information regarding their right to formulate an Advanced Directive upon admission.</p> <p>During an interview on 6/14/2022 at 3:20 PM, the Administrator confirmed the residents did not have Advanced Directives offered to them on admission. The Administrator stated, .prior to the new form we just used POST forms .</p>		

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<p>F 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review and interview, the facility failed to develop a Baseline Care Plan within 48 hours of admission that included the initial goals and needs for 3 of 19 sampled residents (Resident #42, #57 and #75) reviewed.</p> <p>The findings include:</p> <p>Review of the medical record, revealed Resident #42 was admitted on [DATE] with diagnoses of Diabetes, Bipolar Disorder, and Cellulitis.</p> <p>Review of the medical record, revealed Resident #42 did not have a Baseline Care Plan developed within 48 hours of admission that addressed the initial goals and needs of the resident. A Comprehensive Care Plan was initiated on 5/11/2022.</p> <p>During an interview on 6/15/2022 at 4:11 PM, the Minimum Data Set (MDS) Coordinator confirmed Resident #42 did not have a Baseline Care Plan completed within 48 hours of admission.</p> <p>Review of the medical record, revealed Resident #57 was admitted on [DATE] with diagnoses of Hypertension, Peripheral Vascular Disease, Atherosclerosis, Dementia, Septicemia, and Anxiety.</p> <p>Review of the medical record, revealed Resident #57 did not have a Baseline Care Plan developed within 48 hours of admission that addressed the initial goals and needs of the resident. A Comprehensive Care Plan was initiated on 5/18/2022.</p> <p>During an interview on 6/15/2022 at 3:55 PM, the MDS Coordinator confirmed the facility did not complete Baseline Care Plan and a Baseline Care Plan should have been initiated for Resident #57 prior to 5/18/2022.</p> <p>Review of the medical record, revealed Resident #75 was admitted to the facility on [DATE] with diagnoses of Cerebral Infarction, Chronic Obstructive Pulmonary Disease, Dementia, and Diabetes.</p> <p>Review of the medical record, revealed Resident #75 did not have a Baseline Care Plan developed within 48 hours of admission that addressed the initial goals and needs of the resident. A Comprehensive Care Plan was initiated on 5/18/2022.</p> <p>During interview on 6/15/2022 at 3:14 PM, the MDS Coordinator confirmed resident #75 did not have a Baseline Care Plan completed within 48 hours of admission.</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on policy review, medical record review, observation, and interview, the facility failed to ensure medications were administered as ordered for 2 of 2 sampled residents (Resident #47 and #65) reviewed.</p> <p>The findings include:</p> <p>Review of the facility's undated policy titled, MEDICATION ADMINISTRATION Missed Medication Dose, revealed .Licensed nurse is to administer medications per physicians order. If a medication is not administered at the prescribed time due .the nurse will notify the physician or physical extender of the missed dose or possible need to change the medication administration time .Physician .to determine if further monitoring or an alternative therapy is required .</p> <p>Review of the medical record, revealed Resident #47 was admitted to the facility on [DATE] with diagnoses of Depression, Fibromyalgia, and Chronic Obstructive Pulmonary Disease.</p> <p>Review of the facility's Medication Administration Record (MAR) dated 6/2022, revealed an order for . Hibiclens Liquid [an antiseptic that fights bacteria] Apply to entire body topically one time a day every 3 day(s) for cellulitis .</p> <p>The 6/2022 MAR revealed the Hibiclens Liquid was not documented as administered on 6/3/2022, 6/6/2022, 6/9/2022, and 6/12/2022.</p> <p>Review of the Progress Notes dated 6/3/2022, 6/6/2022, and 6/9/2022 revealed .Orders .Administration Note Text: Hibiclens Liquid Apply to entire body topically one time a day every 3 day(s) for cellulitis unable to locate .</p> <p>During an interview on 6/15/2022 at 9:41 AM, Licensed Practical Nurse (LPN) #6 confirmed she could not find Resident #47's Hibiclens.</p> <p>During an interview on 6/15/2022 at 10:53 AM, the Nurse Practitioner (NP) was asked about the missing doses of Hibiclens Liquid. The NP stated .I was notified today that Resident #47's Hibiclens was not in .I went to [Named Store] today to pick it [Hibiclens] up .</p> <p>During an interview on 6/15/2022 at 12:54 PM, the Interim Director of Nursing (DON) confirmed that the Hibiclens Liquid should have been administered as ordered.</p> <p>Review of the medical record, revealed Resident #65 was admitted on [DATE] with a diagnosis of Neuropathy, Chronic Kidney Disease, Major Depressive Disorder, and Peripheral Vascular Disease.</p> <p>Review of Physician's Orders dated 5/11/2022, revealed .Gabapentin Tablet 800 MG [milligrams] Give 1 tablet by mouth four times a day .</p> <p>Review of the quarterly Minimum Data Set (MDS) dated [DATE], revealed Resident #65 had a Brief Interview of Mental Status (BIMS) score of 12, indicating moderate cognitive impairment.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the 6/2022 MAR, revealed the Gabapentin 800 mg was coded as a 9 (see progress notes) for the 10:00 AM and 2:00 PM doses on 6/14/2022.</p> <p>Review of the Progress Notes dated 6/14/2022 at 9:06 AM, revealed .Gabapentin .800 MG .four times a day . pharmacy awaiting hard script .</p> <p>Review of the Progress Notes dated 6/14/2022 at 2:19 PM, revealed .Gabapentin .800 MG . four times a day .awaiting delivery .Pharmacy notified .</p> <p>Observation in the resident's room on 6/14/2022 at 5:21 PM, revealed Resident #65 was lying in bed eating dinner and stated, .I have not gotten my Gabapentin today .</p> <p>During an interview on 6/14/2022 at 5:56 PM, the NP was asked what the process was for missed doses of mediations. The NP stated .they should have alerted me .I was here at 1:30 [PM] .I wrote a hard script .I write a month supply .I prefer the nurses to tell me 7 days ahead of time so they [the residents] will not run out of the medication .when first notified .I was told just needed a script .this morning at 9:05 AM .I got a text . I didn't know the resident [Resident #65] was completely out [of the Gabapentin] .I was not aware .if she was out I would have called the pharmacy myself with an order .</p> <p>During an interview on 6/15/2022 at 8:13 AM, the Interim DON confirmed the residents should not run out of medications.</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on policy review, medical record review, observation, and interview, the facility failed to ensure Care Plan interventions were followed to prevent falls for 1 of 1 sampled resident (Resident #20) reviewed for falls.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, FALL PREVENTION AND MANAGEMENT, revised 10/2021, revealed . All residents will be assessed for risk of falling using the 'Long Term Care Fall Risk Assessment Form' .The assessment will be completed up on admission, quarterly, annually, and/or if a change in condition requiring completion of a new MDS [Minimum Data Set] .Interventions appropriate to individual resident and their risk for falls will be implemented based on recognized standards of practice .</p> <p>Review of the medical record, revealed Resident #20 was admitted to the facility on [DATE] with diagnoses of Intracerebral Hemorrhage, Falls, Diabetes, and Obesity.</p> <p>Review of the admission Minimum Data Set (MDS) dated [DATE], revealed Resident #20 had a Brief Interview for Mental Status (BIMS) score of 12, which indicated the resident had moderate cognitive deficits, he required extensive assistance from staff for activities of daily living, and had no limitations in range of motion.</p> <p>Review of the Care Plan revised 1/28/2022, revealed the following additional interventions had been added to the Care Plan, .1/28/22 [2022] Verbally remind resident not to attempt to transfer or ambulated without staff .2/12/21 [2021] continue to encourage .to call for assistance .mats at bedside .3/30/21 [2021] Moxi [therapeutic support surface] cover to bed .bed rolls to be placed between bed frame and mattress .Dycem [non-slip mats and gripping aids] to top and bottom of w/c [wheelchair] cushion .Fall 9/20/2020-Dycem to W/C [wheelchair] .</p> <p>Review of the Morse Fall Scale dated 2/9/2022, revealed Resident #20 was a high risk for falling.</p> <p>Review of the Incident Report dated 3/9/2022, revealed .Un-witnessed .CNA [Certified Nursing Assistant] reported approx. [approximately] 1245 [12:45 PM] this shift Pt [patient] lying in floor, Pt lying on right side at end of bed, w/c sitting at Pt's [patient's] head, Pt attempted to transfer self to be unassisted .</p> <p>Review of the Morse Fall Scale dated 4/7/2022, revealed Resident #20 was a high risk for falling.</p> <p>Review of the quarterly MDS assessment dated [DATE], revealed Resident #20 had a BIMS score of 5, which indicated the resident had severe cognitive deficits, he required extensive assistance from staff for activities of daily living, and had no functional limitations in range of motion.</p> <p>Observation in the resident's room on 6/14/2022 at 3:56 PM, with the Interim Assistant Director of Nursing (ADON), revealed Resident #20 did not have fall mats at the bedside, no Dycem mat on top of the wheelchair cushion, there was a balled up Dycem mat under the wheelchair cushion, no Moxi cover, and no bed rolls were in place between the bed frame and mattress.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Magnolia Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1410 Trotwood Avenue Columbia, TN 38401	

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 6/14/2022 at 4:49 PM, the Interim Assistant Director of Nursing (ADON) confirmed the resident should have interventions in place according to the Care Plan.</p> <p>During an interview on 6/15/2022 at 8:20 AM, the Interim Director of Nursing (DON) confirmed Resident #20 should have interventions in place according to the Care Plan.</p>

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on policy review, medical record review, and interview, the facility failed to accurately assess the nutritional status and to follow the facility's policy for monitoring weights for 6 of 6 sampled residents (Resident #19, #28, #42, #57, #375, #376) reviewed for nutrition.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, Nutritional Assessment, revised 10/2017, revealed .The dietitian, in conjunction with the nursing staff and healthcare practitioners, will conduct a nutritional assessment for each resident upon admission .and as indicated by a change in condition that places the resident at risk for impaired nutrition .As part of the comprehensive assessment, the nutritional assessment will be a systematic, multidisciplinary process that includes gathering and interpreting data and using that data to help define meaningful interventions for the resident at risk for or with impaired nutrition .</p> <p>Review of the facility's policy titled, Weight Management, revised 8/2021, revealed .residents that are new/readmissions or identified as high risk are placed on weekly weights .New or readmissions will be evaluated for at least 4 weeks if weight is stabilized resident may be weighed in two weeks or put on regularly monthly weights. Residents who are put on weekly weights due to high risk nature will be evaluated until weight stabilization and then be placed back on monthly weights .</p> <p>Review of the medical record, revealed Resident #19 was admitted to to the facility on 5/13/2016 with diagnoses of Diabetes, Dementia, and Schizophrenia.</p> <p>Review of the significant change in status Minimum Data Set (MDS) dated [DATE], revealed Resident #19 had a Brief Interview for Mental Status (BIMS) score of 0, indicating severe cognitive impairment, and required extensive assistance from staff for all activities of daily living (ADL's).</p> <p>Review of the medical record, revealed Resident #19 did not have a nutritional assessment on 10/13/2021, 1/13/2022, and 4/13/2022.</p> <p>During an interview on 6/15/2022 at 8:38 AM, the Interim Director of Nursing (DON) was shown Resident #19's last nutritional assessment dated [DATE] and was asked how often nutritional assessments should be done. The Interim DON stated, .I think quarterly .</p> <p>During a telephone interview on 6/15/2022 at 10:21 AM, the Registered Dietician (RD) was asked about how often the Resident's nutritional assessments should be done. The RD stated, .there is a lot of catch up that needs to happen .on the quarterly assessment .</p> <p>Review of the medical record, revealed Resident #28 was admitted to the facility on [DATE] with diagnoses of Congestive Heart Failure and Chronic Obstructive Pulmonary Disease.</p> <p>Review of the admission MDS dated [DATE], revealed Resident #28's BIMS score was 15, indicating intact cognition, and required extensive assistance of staff for ADL's.</p> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the Resident #28's medical record dated 4/19/2022, revealed an admission weight of 171 pounds.</p> <p>The facility was unable to provide documentation of Resident #28's weekly weights after admission.</p> <p>Review of the medical record, revealed Resident #42 was admitted to the facility on [DATE] with diagnoses of Diabetes, Bipolar Disorder, and Cellulitis.</p> <p>Review of the 5-day MDS dated [DATE], revealed Resident #42 had a BIMS score of 15, indicating intact cognition and required extensive assistance of staff for ADL's.</p> <p>Review of Resident #42's medical record, revealed no admission weight was documented.</p> <p>The facility was unable to provide documentation of weekly weights from 5/6/2022 through 5/20/2022.</p> <p>Review of the medical record, revealed Resident #57 was admitted to the facility on [DATE] with diagnoses of Hypertension, Peripheral Vascular Disease, and Anxiety.</p> <p>Review of significant change in status MDS dated [DATE], revealed Resident #57's BIMS score was a 4, indicating severe cognitive impairment, and required extensive assistance of staff for ADL's.</p> <p>Review of Resident #57's medical record, revealed no admission weight was documented.</p> <p>Review of the medical record, revealed Resident #375 was admitted to the facility on [DATE] with diagnoses of Diabetes, Epilepsy, and Acute Kidney Failure.</p> <p>Review of the admission MDS dated [DATE], revealed Resident #375's BIMS score was 15, indicating intact cognition, and required limited assistance of staff for ADL's.</p> <p>Review of Resident #375's medical record, revealed no admission weight was documented.</p> <p>Review of the medical record dated 6/3/2022, revealed Resident #375 had a weekly weight of 181 pounds.</p> <p>The facility was unable to provide documentation of Resident #375's weekly weights from 6/9/2022 through 6/15/2022.</p> <p>Review of medical record, revealed Resident #376 was admitted to the facility on [DATE] with diagnoses of Right Hip Fracture, Chronic Obstructive Pulmonary Disease, and Diabetes.</p> <p>Review of the Resident #376's medical record dated 6/8/2022, revealed no admission weight was documented.</p> <p>The facility was unable to provide documentation of Resident #376's weekly weights from 6/8/2022 through 6/15/2022.</p> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 6/15/2022 at 9:00 AM, the Interim Director of Nursing confirmed resident's weights should be completed on the day of admission to the facility and then completed weekly for 4 weeks.</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on policy review, medical record review, and interview, the facility failed to ensure 6 of 16 sampled residents (Resident #13, #28, #42, #52, #56, and #376) had alternative food and menu choices.</p> <p>The findings include:</p> <p>Review of the facility's undated policy titled, .RESIDENT RIGHTS AND RESPONSIBILITIES, revealed . Recognize each resident's individuality and provide services in a person-centered manner .promotes . resident's quality of life .</p> <p>Review of the facility's undated policy titled, RESIDENT FOOD PREFERENCES, revealed .Dietary Manager, or designee with regards to obtaining food preferences and conducting an initial visit to the resident .this visit should occur within 72 hours from admission date .important that these preferences .be honored .</p> <p>Review of the medical record, revealed Resident #13 was admitted to the facility on [DATE] with diagnoses of Osteoarthritis, Gastroparesis, Nausea, and Morbid Obesity.</p> <p>Review of the admission Minimum Data Set (MDS) dated [DATE], revealed Resident #13 had a Brief Interview for Mental Status (BIMS) score of 11, which indicated moderate cognitive impairment.</p> <p>During an interview on 6/13/2022 at 3:14 PM, Resident #13 was asked about the facility's food. Resident #13 stated, .we eat what they give us, we don't have menus and don't know what is being served .</p> <p>Review of the medical record, revealed Resident #28 was admitted to the facility on [DATE] with diagnoses of Fracture of Right Femur, Congestive Heart Failure, and Chronic Obstructive Pulmonary Disease.</p> <p>Review of the admission MDS dated [DATE], revealed Resident #28 had a BIMS score of 15, which indicated intact cognition.</p> <p>During an interview on 6/13/2022 at 11:43 AM, Resident #28 was asked about the facility's food. Resident #28 stated, .I don't know what food is coming until it gets here, haven't seen any menus .they haven't even asked my food likes or dislikes .I don't have choices if I don't like the food .</p> <p>Review of the medical record, revealed Resident #42 was admitted to the facility on [DATE] with diagnoses of Diabetes, Bipolar Disorder, and Cellulitis.</p> <p>Review of the admission MDS dated [DATE], revealed Resident #42 had a BIMS score of 15, which indicated intact cognition.</p> <p>During an interview on 6/14/2022 at 9:41 AM, Resident #42 was asked, what was being served for lunch today. Resident #42 stated, I don't ever know what we are having.</p> <p>(continued on next page)</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the medical record, revealed Resident #52 was admitted to the facility on [DATE] with diagnoses of Legal Blindness, Renal Dialysis, End Stage Renal Disease, and Hypertension.</p> <p>Review of the quarterly MDS dated [DATE], revealed Resident #52 had a BIMS score of 14, which indicated intact cognition.</p> <p>During an interview on 6/13/2022 at 3:37 PM, Resident #52 was asked about the facility's food. Resident #52 stated, .We don't have any menus, or told before hand what's coming from the kitchen .the staff don't know what food is coming at meal times when we ask them .</p> <p>Review of the medical record, revealed Resident #56 was admitted to the facility on [DATE] with diagnoses of Hemiplegia, Cerebral Infarction, Hypertension, and Depression.</p> <p>Review of the quarterly MDS dated [DATE], revealed Resident #56 had a BIMS score of 15, which indicated intact cognition.</p> <p>During an interview on 6/13/2022 at 10:30 AM, Resident #56 was asked about the facility's food. Resident #56 stated, .I have no idea what food we are having before each meal .we don't have menus choice of food . no one has ever asked me my food choices .</p> <p>Review of the medical record, revealed Resident #376 was admitted to the facility on [DATE] with diagnosis of Fracture of Right Hip, Chronic Obstructive Pulmonary Disease, Diabetes, and Hypertension.</p> <p>During an interview on 6/13/2022 at 2:48 PM, Resident #376 was asked about the facility's food. Resident #376 stated, .we do not receive menus, whatever is there is what I get .I have not been asked about my preferences .</p> <p>During an interview on 6/15/2022 at 2:01 PM, the Dietary Manager confirmed the preference choices were not completed on admission and a change in plans for menus and preferences will be implemented.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on the Centers for Disease Control and Prevention (CDC) guidelines, policy review, review of Employee Screening logs, employee time sheets and agency invoices, observation, and interview, the facility failed to ensure practices to maintain the spread of infection were maintained when 14 of 67 staff members (Licensed Practical Nurse (LPN) #1, Agency LPN #1, #2, #3, and #4, Certified Nursing Assistant (CNA) #1, #2, and #3, Agency CNA #1, #2, #4, #5 and #6, and Dietary Aide #1) failed to complete screening for the prevention and detection of COVID-19 prior to working on 3 of 3 days (5/28/2022, 5/29/2022 and 6/4/2022) reviewed and when 3 of 4 nurses (Registered Nurse (RN) #1, Agency LPN #5, and #6) failed to perform hand hygiene for 4 of 5 sampled residents (Resident #7, #34, #35, and #375) observed during medication administration. This had the potential to affect the 76 residents residing in the facility.</p> <p>The findings include:</p> <p>Review of the CDC document titled, Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic, updated 2/2/2022, revealed .Recommended routine infection prevention and control (IPC) practices during the COVID-19 pandemic .Establish a process to identify anyone entering the facility, regardless of their vaccination status . options could include (but are not limited to) : individual screening on arrival at the facility .</p> <p>Review of the facility's policy titled, Coronavirus Surveillance, dated 11/15/2021, revealed .This facility will implement heightened surveillance activities for coronavirus illness during periods of transmission in the community and/or during a declared public health emergency for the illness .Heightened surveillance activities will be implemented to limit the transmission of COVID-19. These include .screening visitors, staff, and residents .Staff who report or have signs and symptoms of a respiratory infection or COVID-19 shall not report to work . Screening is done electronically and monitored by the receptionist .</p> <p>Random observation on 6/15/2022 at 3:00 PM, revealed a sign posted at the front entrance. .Staff, Agency & [and] Family It is a policy of this facility for all [Named Facility] staff, including Agency Staff, and outside family members to check in on the [NAME] [access temperature sensor] temperature machine. Please screen in at the front desk .</p> <p>Review of the Employee Screening logs, employee time sheets, and Agency invoices, revealed the following employees worked on the following days and failed to screen for signs and symptoms of COVID-19:</p> <p>a. 5/28/2022-LPN #1, CNA #1, Agency CNA #1, #2, and #3, and Dietary Aide #1.</p> <p>b. 5/29/2022-LPN #1, Agency LPN #1, #2, and #3, CNA #1, Agency CNA #1, and Dietary Aide #1.</p> <p>c. 6/4/2022-LPN #1, Agency LPN #3 and #4, CNA #2, and Agency CNA #2, #4, #5 and #6.</p> <p>During an interview on 6/15/2022 at 2:56 PM, the Interim Director of Nursing (DON) confirmed staff should screen in prior to working. The Interim DON stated, .they should take their temp [temperature] and answer the questions [screening for COVID-19] .</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Review of the facility's undated policy titled, Medication Administration, revealed .To administer all medications safely .Cleanse your hands before beginning and before contact with each resident .Wash hands before beginning, whenever you contaminate your hands, and if contact is made with the medication .</p> <p>Observation outside the resident's room on 6/14/2022 at 11:32 AM, revealed RN #1 disinfected a glucometer with a bleach wipe, removed her gloves, reapplied clean gloves without hand hygiene, and entered Resident #375's room. RN #1 cleaned Resident #375's finger with an alcohol pad, obtained a blood sugar, removed her gloves, and reapplied clean gloves without performing hand hygiene. RN #1 proceeded to clean Resident #375's lower abdomen, administered Humalog insulin subcutaneously, and removed her gloves. RN #1 walked to medication cart outside of the resident's room, and signed the medications administered without performing hand hygiene.</p> <p>Observation outside of the resident's room on 6/14/2022 at 2:14 PM, revealed Agency LPN #5 opened the medication cart drawer, moved the cart, touched a wheelchair, prepared enteral medications in a medication cup, entered Resident #35's room, and raised the head of the bed. Agency LPN #5 donned clean gloves without performing hand hygiene and administered enteral medications to Resident #35.</p> <p>Observation in the resident's room on 6/14/2022 at 4:05 PM, revealed Agency LPN #5 raised the resident's head of the bed, moved the over the bed table, handed the resident his phone, and put on clean gloves without performing hand hygiene. Agency LPN #5 administered eye drops to Resident #34's right eye, removed her gloves, walked out of the room, and signed the the medications administered, without performing hand hygiene.</p> <p>Observation outside of the resident's room on 6/15/2022 at 7:46 AM, revealed Agency LPN #6 was assisting another resident up in a wheelchair. Agency LPN #6 moved the medication cart toward the wall and proceeded to prepare oral medications without performing hand hygiene. Agency LPN #6 walked into Resident #7's room, assisted turning Resident #7 onto her back in the bed, and administered oral medications. Agency LPN #6 walked to medication cart and signed the medications administered, without performing hand hygiene.</p> <p>During an interview on 6/15/2022 at 4:55 PM, the Interim Director of Nursing confirmed hand hygiene should be performed before and after donning gloves, prior to medication administration, and before and after contact with each resident.</p>		