STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255149	A. BUILDING _____ B. WING _____	10/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEDFORD CARE CENTER OF PETAL	908 S GEORGE STREET PETAL, MS 39465

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F 000	INITIAL COMMENTS The State Agency (SA) conducted an annual re-certification survey at the facility from 10/02/2023 through 10/05/2023. During the survey, the SA determined the facility was not in compliance with the requirements of participation in Medicare and Medicaid and cited F641, F812, and F880. The facility had a census of 58 and licensed for 60.	F 000		
F 641 SS=D	Accuracy of Assessments CFR(s): 483.20(g) §483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REQUIREMENT is not met as evidenced by: Based on record review, staff interview, and facility policy review, the facility failed to accurately code the Minimum Data Set (MDS) for one (1) of 21 sampled residents. Resident #26 Findings include: Review of the facility's policy "Resident Assessment Instrument", revised 06/17/22, revealed " ... A comprehensive assessment of a resident's needs shall be made upon the resident's admission and periodically ...Policy Interpretation and Implementation ...9. The purpose of the assessment is to ...identify significant impairments in functional capacity. 10. Information derived from the comprehensive assessment enables the staff to plan care that allows the resident to reach his/her highest practicable level of functioning ..."	F 641	Bedford Care Center of Petal (facility) acknowledges receipt of the Statement of Deficiencies and proposes this Plan of Correction to the extent of the summary of findings is factually correct and in compliance with applicable rules and regulations. Please accept this Plan of Correction our credible allegation of compliance. The Minimum Data Set (MDS) of Resident #26 was modified on 10/5/23, by MDS nurse. All residents have the potential to be affected by this deficient practice. On 10/23/23, the Director of Nursing (DON) inserviced the MDS nurses on	11/18/23

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

Electronically Signed | 10/25/2023

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F 641	Continued From page 1 Record review of the "Admission Record" revealed the facility admitted Resident #26 on 1/26/22 and she had diagnoses including Chronic Kidney Disease and Paraplegia. Record review of the Quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 8/22/23, indicated Resident #26 did not have one or more unhealed pressure ulcers. Record review of the "Order Listing Report" revealed Resident #26 had a Physician's Order with a start date of 8/16/23, for "Stage 2 Pressure Injury to Coccyx", which indicated Resident #26 had an unhealed pressure ulcer. During an interview on 10/03/23 at 3:41 PM, the MDS Coordinator confirmed Resident #26 had a Stage 2 pressure ulcer during the MDS lookback period and she had incorrectly coded the MDS to indicate the resident did not have a pressure wound. During an interview 10/05/23 at 3:55 PM, with the Director of Nursing (DON), she stated she expected the MDS to be coded correctly.	F 641	coding accuracy. On 10/23/23 all MDS's of residents with wounds were audited by the DON, for accurate coding. The DON will audit 20 percent of the MDS's of residents with wounds, one (1) time weekly x 12 weeks, beginning 10/23/23 for accuracy. All audits will be reviewed by the Quality Assurance and Assessment Committee x three (3) months beginning on 11/17/23, to ensure sustained compliance.	
F 812 SS=E	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State	F 812		11/18/23

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F 812	Continued From page 2 and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observation, staff interviews, record review, and facility policy review, the facility failed to store food in accordance with professional standards for food service safety related to food items not dated with a use-by-date, food items without an identifying label, and food items not discarded prior to or by the use-by date for one (1) of two (2) kitchen observations. Findings Include: A review of the facility's policy "Food Safety Requirements", revised 11/21/22, revealed, " ...Food will be stored ...in accordance with professional standards for food service safety ...Policy Interpretation and Implementation ...3. Facility staff will ...ensure timely and proper storage ...c. Refrigerated storage ...iv. Labeling, dating, and monitoring refrigerated food, including, but not limited to leftovers, so it is used by its use-by-date, or frozen (where applicable)/discarded ..." On 10/02/23 at 11:00 AM, an observation of the kitchen and interview with the Dietary Manager (DM), revealed the following:	F 812	Bedford Care Center of Petal (facility) acknowledges receipt of the Statement of Deficiencies and proposes this Plan of Correction to the extent of the summary of findings is factually correct and in compliance with applicable rules and regulations. Please accept this Plan of Correction our credible allegation of compliance. Food items without an identifying label and not dated with a use-by date label were discarded by Certifed Dietary Manager (CDM) on 10/02/23. All residents who eat by mouth have the potential to be affected by this alleged deficient practice. All Food and Nutrition staff will be trained on Food Safety Requirements and Food Receiving and Storage policies. Training was conducted by the Corporate Dietary Consultant, with a completion date of 10/23/23.	

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F 812	Continued From page 3 1. In Freezer #1, there were seven (7) unopened packages of bologna, with a use-by date of June 12, 2023. There was one (1) unopened bag of a food item with no identifying label and no use-by date. The DM identified the food item as beef tips. There was one (1) shrink-wrapped package of a food item with no identifying label and no use-by date. The food item was identified as pork ribs by the DM. The DM reported the pork ribs had been in the freezer since she started working at the facility, which was two (2) months ago, and the pork ribs were not on the four-week menu rotation. There was one (1) half-pint carton of 2 percent (%) milk with a use by date of 09/30/23. There was one (1) bag of an opened food item with no identifying label and no use-by date. The DM identified the food item as tater tots. 2. In Freezer #2, there was one (1) opened box and (1) unopened box of a food item with no identifying labels. The DM identified the boxes as cobblers. 3. In Refrigerator #1, there was one (1) plastic storage container of a food item, with no use-by date and no identifying label. The DM identified the food item as cut apples. There was one container of a food item, with no use use-by date and no identifying label. The DM identified the food item as buttermilk pie. There were six (6) egg cartons containing two and a half (2 ½) dozen eggs, with no use-by date. The DM stated that she was unaware of the outdated foods and that any food items in the freezers and refrigerators required an identifying label and use-by date.	F 812	The CDM will check freezers and refrigerators for proper labeling and dating, five (5) times weekly for eight (8) weeks, beginning on 10/23/23 and using a checklist designed for the purpose. Findings will be taken to the Quality Assurance Committee for review x three (3) months, beginning 11/17/23, to ensure sustained compliance.	

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F 812	Continued From page 4 On 10/03/23 at 11:57 AM, an interview with the Registered Dietician (RD), she confirmed the facility had no written policy related to the use or disposal of food that is near or past the use-by date. The RD reported the facility used the "first-in, first-out" method for refrigerated and frozen foods and the facility purchased only frozen meat, rather than fresh, so it is used by the date on the package. On 10/05/2023 at 07:30 AM, an interview with the facility Administrator confirmed she was aware of the potential hazards of foods that are undated, have no identifying label, and are not discarded per the use-by or expiration date. She stated that she expected the dietary staff to follow professional standards related to food storage. Record review of a training document dated 6/27/23, 6/29/23, and 6/30/23, revealed the facility provided training on Food Safety.	F 812		
F 880 SS=E	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:	F 880		11/18/23

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F 880	Continued From page 5 §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents	F 880		

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F 880	Continued From page 6 identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, record review, and the facility policy review, the facility failed to ensure residents on contact isolation precautions received disposable tableware and silverware to prevent the possible spread of infection for two (2) of two (2) residents on contact isolation precautions. Resident #48 and Resident #110 Findings include: A record review of the facility's policy, "Transmission Based (Isolation) Precautions), revised 5/22/23, revealed " ... It is our policy to take appropriate precautions to prevent transmission of pathogens, based on the pathogens' modes of transmission ... "Contact precautions" refer to measures that are intended to prevent transmission of infectious agents which are spread by direct or indirect contact with the resident or the resident's environment. ... Policy Explanation and Compliance Guidelines ...8. Initiation of Transmission- Based Precautions ("Isolation Precautions")- ... g. Use disposable or dedicated noncritical resident-care equipment ..."	F 880	Bedford Care Center of Petal (facility) acknowledges receipt of the Statement of Deficiencies and proposes this Plan of Correction to the extent of the summary of findings is factually correct and in compliance with applicable rules and regulations. Please accept this Plan of Correction our credible allegation of compliance. Resident #48 and Resident #110 received disposable tableware and silverware for the remainder of their transmission based precautions and isolation. All residents have the potential to be affected by the deficient practice. All staff were inserviced on transmission based precautions, by the Staff Development Nurse. Inservices were completed on 10/20/23. All residents on transmission based precautions were observed on 10/20/23 by the Director of Nursing (DON) to ensure that they received disposable tableware and	

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F 880	Continued From page 7 Resident #48 On 10/02/23 at 11:06 AM, during an observation, Resident #48 had contact isolation signage and Personal Protective Equipment (PPE) on the door of his room. On 10/02/23 at 11:35 AM, during an observation, Certified Nurse Aide (CNA) #2 entered the room of Resident #48 with a meal tray. The meal tray had washable dinnerware and silverware. When the resident completed her meal, CNA #2 removed the same tray from the resident's room and placed it on the collection cart located on the hallway. The dirty tray, dinnerware, and silverware had no special identification and was placed with the other dirty meal trays collected from other residents. A record review of the "Admission Record" revealed the facility admitted Resident #48 on 7/28/2023 with a diagnosis of Atrial Fibrillation. A record review of the "Order Listing Report" for Resident #48 revealed a Physician Order, with a start date of 9/29/23, for "Contact Isolation precautions r/t (related to) c-diff (Clostridium difficile, a type of bacteria)." Resident #110 On 10/02/23 at 11:00 AM, during an observation, Resident #110 had PPE and isolation signage on her door. On 10/02/23 at 12:00 PM, during an observation, CNA #1 delivered Resident #110's lunch tray with dinnerware and silverware that were not	F 880	silverware. When a resident is placed on transmission based precautions, the order for disposable tableware and silverware will be printed and given to the Dietary Department, beginning 10/21/23. The DON will observe one (1) meal of residents on transmission based precautions x five (5) days per week x 12 weeks to ensure compliance, beginning 10/23/23. Observations will be reviewed by the Quality Assurance and Assessment Committee x three (3) months, beginning on 11/17/23, to ensure sustained compliance.	

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F 880	Continued From page 8	F 880		

disposable.

On 10/02/23 at 12:25 PM, during an interview with CNA #1, she confirmed that Resident #110 had regular, washable dinnerware and silverware. She stated the resident's meal tray should consist of disposable items since she was on contact isolation. She said that she had been told that Resident #110 was on contact isolation because she had Shingles (a viral infection).

A record review of the "Admission Record" revealed the facility admitted Resident #110 on 09/28/23 with a diagnosis of Zoster (Shingles).

A record review of the "Order Summary Report", with active orders as of 10/05/23, revealed Resident #110 had a Physician Order, dated 9/28/2023, for "Contact precautions for shingles."

On 10/04/23 at 01:20 PM, during an interview with the Director of Nursing (DON), she confirmed that residents on isolation precautions should receive disposable meal items and that any items taken into their rooms should be discarded prior to leaving the room. She explained the communication process for residents on isolation was that a dietary slip was completed and given to the kitchen staff, but there was no paper trail of the slip. The slips were not used to communicate the resident's diet, but indicated any special treatments for the resident, such as isolation. She confirmed she was made aware that the residents were not served meals with disposable items, and that they should have been to prevent the possible spread of infection to other residents.

On 10/05/23 at 11:00 AM, during an interview with

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F 880	Continued From page 9 the Administrator, she explained she expected all staff to be aware that if a meal was delivered on a regular tray for a resident on isolation precaution, to notify the kitchen and have it corrected to disposable items before it was delivered to the resident. In an interview with the Dietary Manager (DM) on 10/05/2023, at 3:00 PM, she confirmed that residents with isolation precautions should not receive regular trays, including dinnerware and silverware. She explained that the meals should have been served on disposable items and should have been discarded in the resident's room. She stated she was unaware that the non-disposable meal trays were delivered to the residents and commented that most of her staff were new employees.	F 880		