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	24GC	A. BUILDING: _____ B. WING _____	11/15/2023

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M 000	Initial Comments The State Agency (SA) conducted an Annual Recertification Survey at the facility from 11/12/23 to 11/15/23. During the survey, the SA determined the facility was not in compliance with the Minimum Standards for Institutions for the Aged or Infirm, state licensure requirement and cited M500, M610, and M815.	M 000		
M 500	45.17.2 Residents' Rights Residents' Rights. The residents' rights policies and procedures ensure that each resident admitted to the facility: 1. is fully informed, as evidenced by the resident's written acknowledgment, prior to or at the time of admission and during stay, of these rights and is given a statement of the facility's rules and regulations and an explanation of the resident's responsibility to obey all reasonable regulations of the facility and to respect the personal rights and private property of other residents; 2. is fully informed, and is given a written statement prior to or at time of admission and during stay, of services available in the facility, and of related charges including any charges for services covered by the facility's basic per diem rate; 3. is assured of adequate and appropriate medical care, is fully informed by a physician or nurse practitioner/physician assistant of his medical conditions unless medically contraindicated (as documented by a physician or nurse practitioner/physician assistant in his medical record), is afforded the opportunity to participate in the planning of his medical treatment, to not be limited in his/her choice of a	M 500		12/8/23

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M 500	Continued From page 1 pharmacy or pharmacist provider in accordance with state law, as referenced in House Bill 1439, which states that the facility shall not limit a resident ' s choice of pharmacy or pharmacy provider if that provider meets the same standards of dispensing guidelines required of long term care facilities, to refuse to participate in experimental research, and to refuse medication and treatment after fully informed of and understanding the consequences of such action; 4. is transferred or discharged only for medical reasons, or for his welfare or that of other residents, or for nonpayment for his stay (except as prohibited by sources of third-party payment), and is given a two weeks advance notice in writing to ensure orderly transfer or discharge. A copy of this notice is maintained in his medical record; 5. is encouraged and assisted, throughout his period of stay, to exercise his rights as a resident and as a citizen, and to this end may voice grievances, has a right of action for damages or other relief for deprivations or infringements of his right to adequate and proper treatment and care established by an applicable statute, rule, regulation or contract, and to recommend changes in policies and services to facility staff and/or to outside representatives of his choice, free from restraint, interference, coercion, discrimination, or reprisal; 6. may manage his personal financial affairs, or is given at least a quarterly accounting of financial transactions made on his behalf should the facility accept his written delegation of this responsibility to the facility for any period of time in conformance with State law;	M 500		

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M 500	Continued From page 2 7. is free from mental and physical abuse; 8. is free from restraint except by order of a physician or nurse practitioner/physician assistant, or unless it is determined that the resident is a threat to himself or to others. Physical and chemical restraints shall be used for medical conditions that warrant the use of a restraint. Restraint is not to be used for discipline or staff convenience. The facility must have policies and procedures addressing the use and monitoring of restraint. A physician order for restraint must be countersigned within 24 hours of the emergency application of the restraint; 9. is assured security in storing personal possessions and confidential treatment of his personal and medical records, and may approve or refuse their release to any individual outside the facility, except, in the case of his transfer to another health care institution, or as required by law of third-party payment contract; 10. is treated with consideration, respect, and full recognition of his dignity and individuality, including privacy in treatment and in care for his personal needs; 11. is not required to perform services for the facility that are not included for therapeutic purposes in his plan of care; 12. may associate and communicate privately with persons of his choice, may join with other residents or individuals within or outside of the facility to work for improvements in resident care, and send and receive his personal mail unopened, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical	M 500		

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M 500	Continued From page 3 record); 13. may meet with, and participate in activities of, social, religious and community groups at his discretion, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 14. may retain and use his personal clothing and possessions as space permits, unless to do so would infringe upon rights of other residents, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 15. if married, is assured privacy for visits by his/her spouse; if both are inpatients in the facility, they are permitted to share a room, unless medically contraindicated (as documented by the attending physician or nurse practitioner/physician assistant in the medical record); and 16. is assured of exercising his civil and religious liberties including the right to independent personal decisions and knowledge of available choice. The facility shall encourage and assist in the fullest exercise of these rights. This Statute is not met as evidenced by: Level II Based on observation, staff and resident interview, record review, and facility policy review, the facility failed to honor residents' rights or choices by not completing wound care in time for the resident to enjoy the activities of his choice and failed to promptly resolve grievances regarding food complaints and inform residents of	M 500	This Plan of Correction does not constitute admission or agreement by the Provider of the truth, of the facts alleged or conclusions set forth in the statement of deficiencies. This Plan of Correction is prepared solely because it is required by the provision of State and Federal Laws. 1. On November 15, 2023, Licensed	

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M 500	Continued From page 4 the progress towards a resolution for four (4) of eight (8) residents reviewed for resident rights. Resident #22, Resident #32, Resident #64, and Resident #84 Choices: A record review of the facility's policy "Resident and Patient Rights", revised 09/01/2017, revealed " ... It is the policy of The Company that all employees will conduct themselves in a professional manner at all times, respecting the rights of each resident ..." A record review of the facility's policy "Resident Rights" dated 11/30/2014, revealed " ... Ensure that residents' rights are known to all staff ..." A record review of the facility's resident handout "Know Your Rights", undated, revealed " ... As a long-term care resident, the federal government protects your right to ... accommodation of medical, physical, psychological, & (and) social needs ... participate in all aspects of your care ... participate in social, religious, & community activities ..." On 11/12/23 at 11:35 AM, during an observation and interview, Resident #32 was lying in bed watching television. He explained that he had wound care daily and then the staff would assist him up out of bed. He said the staff were slow with completing the care and he had not been able to get up for the day until 11:00 AM or 12:00 PM. He stated that he wanted to be up and out of bed daily before 10:00 AM because he liked to visit with other residents and make his rounds throughout the facility. He explained that he desired and chose to be up earlier each day.	M 500	Social Worker interviewed Resident #32 for preferred time to get up. Director of Nursing inserviced Certified Nursing Assistant (CNA) #5 on facility policy "Residents Rights" on November 15, 2023. Resident #22, Resident #32, Resident #64 and Resident #84 were interviewed for food preferences by Administrator in Training on November 15, 2023. Resident #22, Resident #32, Resident #64 and Resident #84, food preferences were updated on November 17, 2023 by Dietary Manager. Inservice with Dietary Manager regarding Grievance / Complaint process and honoring food preferences, facility policy "Food Delivery and Service", and facility policy "Meal Service" by Administrator on November 15, 2023. Administrator provided inservice training on Social Service Director and Licensed Social Worker on facility policy "Grievance /Complaint" 2. All residents that have wound care have the potential to be affected. 3. Beginning November 20, 2023 and ending November 21, 2023, Social Service Director and Licensed Social Worker interviewed 134 residents for preferred time to get up. Beginning November 16, 2023 and ending December 6, 2023, Director of Clinical	

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M 500	Continued From page 5 On 11/12/23 at 02:00 PM, during an observation and interview with Licensed Practical Nurse (LPN)#5/Wound Care Coordinator, she explained that she had been told Resident #32 liked his wound care to be performed early in the day, but she was unsure if wound care had been completed yet. She confirmed that Resident #32 was still in his bed. On 11/13/23 at 09:45 AM, during an observation and interview, Resident #32 was lying in bed. He explained he had been at the facility for many years and had always received wound care early in the morning so that he could get up early, socialize, and work on his crafts. He stated that he had discussed the complaint with everyone including the wound care nurses, the Certified Nurse Aides (CNAs), the Director of Nursing (DON), and the Administrator, but he continued to have to stay in bed waiting for wound care until later in the day. On 11/13/23 at 03:25 PM, during an interview with CNA #5, she explained Resident #32 required two staff members to assist with transferring him to his wheelchair. She stated Resident #32 had requested for his wound care to be completed before getting out of bed daily and he wanted to be up around 10 or 10:30 AM. She said he had to wait for wound care all the time, even when the wound care nurses were told that the resident was waiting. CNA #5 commented that Resident #32 liked to be a social butterfly and visited other residents. He also enjoyed attending church services, but he was unable to attend yesterday because he was waiting for his wound care to be completed. At 03:45 PM on 11/13/23, during an interview with Registered Nurse (RN)#1, she confirmed that on	M 500	Services inserviced all facility staff on facility policy "Resident Rights". Beginning November 15, 2023 and ending November 17, 2023, Administrator in Training interviewed all resident for food preferences. Food preference forms were given to Dietary Manager on November 20, 2023 to update food preferences in the Dietary Meal Tray system. Six (6) of 126 residents food preferences were updated. Administrator / Director of Clinical Services inserviced all staff on facility policy "Grievance / Complaint" and honoring likes and dislikes beginning November 16, 2023 and ending December 7, 2023. Food Committee Meeting was held with residents in Resident Council Meeting on November 30, 2023 by Dietary Manager. Inservice with all Department Heads on resolving grievances in an timely manner and communicating outcome with residents was completed by the Administrator on December 6, 2023. Dietary Manager inserviced all dietary staff on facility policy "Food Delivery and Service" and honoring food preferences beginning November 21, 2023 and ending December 1, 2023. 4. Beginning November 15, 2023, Administrator, Social Service Director or Licensed Social Worker will monitor satisfactory get up time for five (5)	

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M 500	Continued From page 6 most days Resident #32 did not get up as early as he wished due to wound care not being done early enough. Resident #32 liked to get up and socialize with other residents and he also worked on his crafts. On the weekends, Resident #32 liked to get up and attend church services, but he missed church on most days because he was still in bed. RN #1 stated that on the weekends, there was only one (1) treatment nurse, and it took longer for all the wounds to be completed. On 11/14/23 at 09:25 AM, during an observation and interview, Resident #32 was lying in bed. He explained he had not had wound care today. He reported that he had asked and asked for the wound care nurses to please come and complete his care early in the morning because he wanted to get up and work on his crafts. He enjoyed building lights, bowls, and other items out of popsicle sticks and liked to get up early enough to work on his crafts. If he could get up early, it would only take about a week for him to complete one of his projects, but recently he had not been able to work on the crafts. He explained he was told the wound nurses would start on the other end of the building and it took longer to get to him. He stated that he had rights and he wanted to be respected just like any other resident. He further stated the facility usually had two (2) wound care nurses and it should not take all morning to have his wound care completed. On 11/14/23 at 10:20 AM, during an interview with LPN #5, she explained the facility had two (2) full time wound care nurses that complete wound care for the entire facility, and that she also assisted with the care. She explained that wound care is prioritized based on the condition of the dressings, resident with appointments, and the condition of the wounds. She reported if a	M 500	residents three (3) times per week for four (4) weeks, then monthly times three (3) months and quarterly thereafter. Findings will be brought to the Quality Assurance Performance Improvement Committee (QAPI) by Social Service Director monthly for three months beginning December 6, 2023 to determine effectiveness and necessary changes as indicated. Beginning November 15,2023, Administrator or Dietary Manager will monitor five (5) residents for honoring food preferences three (3) times per week times four (4) weeks, then monthly times three (3) months and quarterly thereafter. Findings will be brought to the Quality Assurance Performance Improvement Committee (QAPI) by Dietary Manager monthly for three (3) months beginning on December 6, 2023 to determine effectiveness and necessary changes as indicated.	

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resident had requested to have his wound care done first thing in the morning, and that was his preference, he had a right to get his wound care completed early. She stated that residents had rights and their choices would play into whose wound care was completed first. She confirmed the wound care nurses were aware Resident #32 requested to have his care completed early.

On 11/15/23 at 11:00 AM, during an interview with the Director of Nursing (DON), she explained she was aware that Resident #32 was very sociable and enjoyed socializing with other residents. She confirmed the resident had a right or choice to manage or request for his wound care to be completed early in the day so he could attend the activities of his choice. The DON said that sometimes, due to unseen circumstances, wound care might be delayed, but that should not happen regularly. She expected staff to always respect residents' rights and choices and to meet the residents' needs.

On 11/15/23 at 12:30 PM, during an interview with the Administrator, she explained the residents have the right to choose and voice their requests to accommodate their needs. She expected staff to always honor and respect the residents' choices and rights and to work with the resident to meet their needs.

A record review of the "Admission Record" revealed the facility admitted Resident #32 on 05/03/20 with a diagnosis of Paraplegia and Pressure Ulcer of Right and Left Buttock.

A record review of the Annual Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 06/08/23 revealed Resident #32 had a Brief Interview for Mental Status (BIMS) score of

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15, which indicated he was cognitively intact. Section F revealed it was very important for the resident to do things with groups of people, do his favorite activities, go outside, and participate in religious services.

Grievances:

Review of the facility policy titled, "Complaint/Grievance", revised 10/24/22, revealed, "Policy: The Center will support each resident's right to voice a complaint/grievance without fear of discrimination or reprisal. The center will make prompt efforts to resolve the complaint/grievance and informed the resident of progress towards resolution ...The resident should have reasonable expectations of care and services and the center should address those expectations in a timely, reasonable, and consistent manner ...Procedure ...4. The grievance follow-up should be completed in a reasonable time frame; this should not exceed 14 days ..."

During the resident council meeting on 11/13/23 at 2:15 PM, four (4) of the seven (7) residents in attendance revealed that they have complained about the food at every resident council meeting. Resident #32 stated that sometimes the food is okay and sometimes it is not, but it is talked about at every resident meeting. Resident #22 stated that the food is not worth eating and she gets tired of eating the same thing. Resident #84 stated that she has requested more variety and some fresh fruit. She confirmed that they had talked about it at the resident council meetings, but nothing had changed. Resident #64 agreed with the other residents that the food is not usually good and that they get tired of having the

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same thing all the time. She revealed that she feels like they have too many starches and that all of this had been discussed at the most recent resident council meetings. Resident #64 stated that any complaints from the resident council meeting are carried to whatever department it is about, but the residents are not told of any resolutions for a complete month until the resident council meets again. She stated that no facility staff has followed up with them individually to let them know what they were doing to fix the issue and they have never had to sign anything from facility staff. All residents present revealed that they know how to file a grievance, but the council meeting is when they usually discuss grievances.

An interview on 11/13/23 at 3:30 PM, with the Director of Nurses (DON) revealed that she can understand the complaints about food and that the residents have reported the food issues to her, but she did not document the concerns or resolutions. She revealed that the complaints from the resident council meeting were given to whatever department the complaint was regarding to work on the issue.

An interview on 11/14/23 at 10:00 AM, with Social Services #1, he stated that he attended the resident council meetings and when the residents have a complaint, it was documented on the resident council meetings form and given to that specific department. He admitted that the complaints were not followed up on until the next resident council meeting which was a month later. He stated the residents often complain about the food. He admitted that when the same complaint is discussed frequently, it should be written up as a grievance so it can be documented and followed up on.

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M 500	Continued From page 10 An interview on 11/14/23 at 10:50 AM, with the Administrator, confirmed that she knew the residents complained about food often and they had been working on getting the menu changed. She revealed that the changed menu must be approved, and it has not been approved yet. She stated that they had been trying for a couple of months to get it finalized, but it's a process. She stated they can't really get fresh fruit because it spoils too quickly, but they do provide bananas for residents. She stated that they will discuss it with the dietary manager, and he will make changes, but the residents were not made aware of the changes until the next resident council meeting. She confirmed that with food being an ongoing issue that it should have been written up as a grievance, documented, and the residents given feedback regarding the resolution. An interview on 11/15/23 at 9:00 AM, with Social Services #2 confirmed that Social Services #1 handles the resident council meetings. She stated that when complaints happen at the meetings, he writes them down and gives them to the department it is about. Then that department head writes up a resolution, but it is not discussed with the residents until the next resident council meeting. She stated the Administrator also receives a copy of the resident council minutes. She revealed that if the residents are having the same complaints over and over, then the grievance is not being resolved. An interview on 11/15/23 at 9:30 AM, with the Dietary Manager confirmed that when complaints about the food come in from the resident council meetings, he writes up a plan of correction, and if it is within his power to correct it, he will. He stated that the resident council minutes do not	M 500		

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indicate the name of the resident who complained, so he does not talk to the specific resident regarding the complaint. He revealed that the only fruit he could get was bananas and prechopped melons. He stated that the food company he can order from is not a produce company. He stated that he knows the residents have been wanting a different menu or more variety and that they have been working on getting that menu changed and approved by corporate for about a year. He stated he has very little power to change menus because he has an order guide to go by and he cannot veer from that.

Resident #22

Record review of Resident #22's "Admission Record" revealed the resident was admitted to the facility on 7/22/10 with a medical diagnosis that included Type 2 Diabetes Mellitus without complications.

Record review of Resident #22's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 10/9/23 revealed she had a Brief Interview for Mental Status (BIMS) score of 14, which indicated she was cognitively intact.

Resident #32

Record review of Resident #32's "Admission Record" revealed the resident was admitted to the facility on 5/3/20 with a medical diagnosis that included Paraplegia.

Record review of Resident #32's Quarterly MDS with an ARD of 9/4/23 revealed in he had a BIMS score of 15, which indicated he was cognitively

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M 500	Continued From page 12 intact. Resident #64 Record review of Resident #64's "Admission Record" revealed the resident was admitted to the facility on 7/13/20 with a medical diagnosis that included Spinal Stenosis, Lumbar Region with Neurogenic Claudication. Record review of Resident #64's Quarterly MDS with an ARD of 8/28/23 revealed she had BIMS score of 15, which indicated she was cognitively intact. Resident #84 Record review of Resident #84's "Admission Record" revealed the resident was admitted to the facility on 7/18/20 with medical diagnosis that included Osteoarthritis. Record review of Resident #84's Comprehensive MDS with an ARD of 10/18/23 revealed she had a BIMS score of 15, which indicated she was cognitively intact.	M 500		
M 610	45.21.2 Activities of daily living Activities of daily living. Each resident shall receive assistance as needed with activities of daily living to maintain the highest practicable well being. These shall include, but not be limited to: 1. Bath, dressing and grooming; 2. Transfer and ambulate; 3. Good nutrition, personal and oral hygiene; and	M 610		12/8/23

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M 610	Continued From page 13 4. Toileting. This Statute is not met as evidenced by: Level II Based on observation, staff and resident interviews, facility policy review, and record review, the facility failed to provide activities of daily living (ADLs) related to nail care and bathing/ showers for two (2) of 134 residents observed during the initial tour. Resident #1 and Resident #46 Findings include: Review of the facility policy titled, "Activities of Daily Living", dated 2/1/22, revealed, "Policy: To encourage resident choice and participation in activities as of daily living (ADL) and provide oversight, cueing, and assistance as necessary. ADLs include bathing, dressing, grooming, hygiene, toileting, and eating. Procedure: 1. CNA (Certified Nurse Aide) will review the resident Kardex for information on individual care needs and preferences ...4. CNA will document care provided in the medical record." Resident #1 An observation, on 11/12/23 at 11:48 AM, revealed Resident #1's fingernails on both hands were long, jagged, and dirty. Record review of Comprehensive Care Plan, undated, for Resident #1 indicated she should receive "Nail care as needed." An observation and interview, on 11/12/23 at 3:40 PM, with Registered Nurse (RN) #1 and Certified	M 610	1. Resident #1 nails were trimmed and filed by Treatment Licensed Practical Nurse (LPN) on November 14, 2023. Director of Clinical Services conducted inservice with Certified Nursing Assistant (CNA) #3 on facility policy "Nail Care" on November 14, 2023. Resident #46 was given a shower by Certified Nursing Assistant on November 13, 2023. Director of Clinical Services conducted an inservice with CNA #6 on facility policy "Activities of Daily Living Care" on November 13, 2023. 2. All residents have the potential to be affected. 3. Shower schedule was audited for 134 residents by Minimum Data Nurse(MDS) Licensed Practical Nurse and MDS Registered Nurse (RN) on November 21, 2023. Four (4) of 134 residents shower schedule were updated by MDS LPN on November 21, 2023. Nail Care Audit was completed on 134 residents by Treatment Nurse LPN on November 16, 2023. Four (4) of 134 residents received nail care by Treatment Nurse LPN. Director of Clinical Services inserviced all	

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M 610	Continued From page 14 Nursing Aide (CNA) #3, confirmed Resident #1's nails were too long. She confirmed the left thumbnail was approximately one (1) inch long and was against the palm of her hand, but not pressing, and no skin breakdown. She stated there was a slight foul odor from the resident's hand. CNA #3 revealed Resident #1 sometimes fights when they try to cut her nails, but she will let them cut one or two. An interview, on 11/13/23 at 4:55 PM, with the Director of Nursing (DON) revealed the staff had cut Resident #1's fingernails. She stated that long, dirty nails could lead to infection, pain, or skin breakdown. The DON stated the nurses, and the Unit Managers, should be monitoring resident care. She stated the staff should encourage the resident, and if she is resistant, they should wait and go back after 15 minutes and try again. Nail care should be included as part of the daily bath /shower care. Record review of the "Visual Bedside Kardex Report", as of 11/15/23, revealed "Resident Care" included "Nail care as needed." Record review of the "Admission Record" revealed the facility admitted Resident #1 on 02/21/2008 with diagnoses that included Hemiplegia and Hemiparesis following unspecified Cerebrovascular Disease affecting left non-dominate side, Unspecified Dementia, Cognitive Communication Deficit, and Primary Osteoarthritis, left hand. Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 9/1/23, revealed Resident #1 had a Brief Interview for Mental Status (BIMS) score as not obtained because Resident #1 was rarely/never	M 610	nursing staff beginning November 15, 2023 and ending December 7, 2023 on facility policy "Nail Care and ADL Care". 4. Beginning November 15, 2023, Director of Clinical Services or Unit Manager will monitore Nail Care and Showers for five (5) residents three (3) times per week for four (4) weeks, then monthly for three (3) months and quarterly thereafter. Findings will be brought to the Quality Assurance Performance Improvement Committee (QAPI) by Director of Clinical Services monthly for three months beginning on December 6, 2023 to determine effectiveness and necessary changes as indicated.	

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M 610	Continued From page 15	M 610		

understood. Review of Section GG revealed a score of 01 that indicated Resident #1 was dependent for all aspects of showering / bathing. Dependent indicated the helper does ALL the effort. Resident does none of the effort to complete the activity. Or the assistance of two (2) or more helpers is required for the resident to complete the activity.

Resident #46

An interview, on 11/12/23 at 11:50 AM, with Resident #46 revealed she had not had a bath in a week and was told she can only shampoo her hair once a week.

An interview, on 11/14/23 at 12:40 PM, with the Director of Nursing (DON) confirmed if Resident #46 got a bath or shower it should be documented on the task in the computer, but sometimes they (CNA's) are still documenting on a paper record. Following review of the CNA Documentation Survey Report with the DON, she confirmed the resident did not get her shower as it was scheduled and there is no documentation that the resident refused the care.

An interview and observation, on 11/14/23 at 02:45 PM, with CNA #6 revealed that she has cared for Resident #46 at times but is not assigned to her regularly. She stated that she gave Resident #46 a shower on Sunday night but did not chart it. She stated that she knows if you don't chart it that means you didn't do it. CNA #6 confirmed there was a span of six (6) days that the resident did not have a shower/bath documented as given or refused.

Record review of Comprehensive Care Plan for Resident #46 indicated she should receive

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M 610	Continued From page 16 showers "3x (three times) week and prn (as needed)." Record review of the "Documentation Survey Report" for November 2023, for Resident #46, revealed the "Intervention/Task" of "Shower/Bath" indicated she received showers or baths on 11/3/23, 11/6/23 and 11/13/23. There was no documentation that she received a bath or shower on 11/1/23, 11/8/23, or 11/10/23. Record review of the "Admission Record" revealed the facility admitted Resident #46 on 1/30/23 with diagnoses that included Atherosclerotic Heart Disease, mild Cognitive Impairment, Muscle Weakness, Unsteadiness on Feet, and Chronic Obstructive Pulmonary Disease. Review of the Quarterly MDS with an ARD of 10/26/23 revealed Resident #46 had a BIMS score of 15, which indicated she was cognitively intact.	M 610		
M 815	45.29.1 Safe Food Handling Procedures Safe Food Handling Procedures. Food shall be prepared, held, and served according to current Mississippi State Department of Health Food Code Regulations. This Statute is not met as evidenced by: Level II Based on observation, staff interview and facility policy review, the facility failed to provide a safe and clean dietary department as evidenced by a dirty ice machine, out of date/expired food and	M 815	1. Dietary Manager discarded on November 12, 2023 the following: one gallon expired unopened milk, one 32oz unopened expired Ricotta cheese, 1/3 bag of grated carrot / cabbage mix opened / undated, 2.5 quarts of chili in container not	12/8/23

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M 815	Continued From page 17 unlabeled/undated foods in the refrigerators and dry storage area for one (1) of two (2) kitchen tours during the survey. Findings include: Review of the facility's policy, "Cleaning Schedules", effective 11/30/2014, revealed, " ...Policy: The Dietary Department will adhere to cleaning schedules to maintain a clean and sanitary department and prevent the growth of bacteria ...Procedure ...Refrigerators/Freezers - wipe out, straighten and insure that everything is covered, labeled, dated and stored properly ... Ice Machine - wipe out and around door and outside ...Storage Guidelines ...3. All opened packages of lunch meat or cheese must be tightly wrapped in plastic wrap, or sealed in a zip lock bag, and dated with date opened... 5. All dairy products must be used by "Use by" date, with the exception of soft cheeses such as cottage and ricotta. 6. Use following guide for storage time ...Cheese (soft) Maximum Storage Time 7 (seven) days ...Luncheon meats Maximum Storage Time 3-5 days loosely wrapped ...Dry goods ...4. Opened packages must be dated with a "use by" date of three months from the date opened. Package may be stored in NSF (National Safety Foundation) approved container with tight fitting lid, a zip lock bag or closed with a plastic tie ...Leftovers 1. Leftovers must be labeled, dated and stored in NSF approved containers, zip-lock bags or tightly wrapped in plastic wrap ...Refrigerated Foods 1. All commercially packaged foods which require refrigeration after opening must be dated when received and dated a second time when opened. Opened containers may be kept for 3 (three) months unless otherwise specified by the manufacturer. Examples of such foods include, but are not	M 815	labeled / not dated, one package of undated opened ham, one full loaf and two half loaves of cinnamon bread not labels / dated, on half of a five pound bag of opened lettuce not labeled / dated and one gallon jar and one 2/3 jar of expire yellow mustard. Storage bins were cleaned and scoop stored properly on November 12, 2023 by Dietary Manager. Administrator conducted inservice with Dietary Manager on facility policy "Storage Bins, Ice Machine and Scoops and Storage Guidelines and Cleaning Schedule" on November 12, 2023. Administrator conducted inservice with Maintenance Director regarding facility policy "Ice Machine and Scoop" on November 12, 2023. Maintenance Director cleaned Ice Machine on November 13, 2023. 2. All residents have the potential to be affected. 3. Dietary Manager inserviced all Dietary Employees on facility policy "Storage Bins, Ice Machine and Scoops and Storage Guidelines and Cleaning Schedule" beginning November 12, 2023 and ending November 15, 2023. Dietary Manager audited cleaning schedules on November 12, 2023, added storage bin cleaning and cleaning of ice machine inside door and outside weekly	

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M 815	Continued From page 18 limited to: mayonnaise, mustard, pickles, pickle relish, salad dressings, Jelly and maraschino cherries ...3. All opened packages of lunch meat must be wrapped in plastic and dated with a "use by" date of 5 (five) days from date opened ..." Review of the facility's policy, "Storage Bins, Food", effective 01/2007, revealed, "Policy: Food storage bins will be clean and sanitized according to established standards. Frequency will be noted on the facility cleaning schedule ..." Review of the facility's policy, "Ice Machine & (and) Scoops", revised 01/2009, revealed, "Ice machine will be cleaned and sanitized biannually. Ice scoops will be cleaned and sanitized daily ..." Initial kitchen tour on 11/12/23 at 10:20 AM, revealed numerous foods in the refrigerators that had been opened but not labeled/dated and foods that were past their use by/expiration date. These included: * One (1) gallon of unopened milk - expiration date 10/31/23 *32-ounce Ricotta cheese unopened - expiration date 2/2022 *1/3 of a bag of grated carrot/cabbage mix opened /undated *2.5 quarts of chili in a container - not labeled /dated *(1) open package of sandwich ham - not dated *(1) full loaf and two (2) opened loaves of cinnamon bread - not labeled /dated *One half (1/2) of a five (5) pound bag of opened lettuce - not labeled /dated *(1) gallon jar and one 2/3 full jar best used by date 7/20/23 of yellow mustard. A tour of the dry goods storage area revealed opened/undated food items which included:	M 815	and as needed. 4. Dietary Manager or Administrator will monitor dietary cleaning schedule, refrigerator and dry storage areas for labels / date and no expired foods beginning November 15, 2023 five times a week for four weeks, then monthly for three months and quarterly thereafter. Findings will be brought to the Quality Assurance Performance Improvement Committee (QAPI) by Dietary Manager monthly for three months beginning December 6, 2023 to determine effectiveness and necessary changes as indicated.	

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M 815	Continued From page 19 *(1) 68-ounce box of chocolate frosting mix, opened and partially used, not dated * Three (3) bags of dry pasta not dated *(1) gallon jug of Worcestershire sauce that was three-fourths full with the top covered with plastic wrap due to the bottle top missing. An observation and interview on 11/12/23 at 10:27 AM, with Dietary Staff #1 confirmed the large bins holding rice, flour, and sugar were dirty with buildup and splatters over the top and sides. The sugar bin was one fourth full, and the scoop was stored in the sugar. He stated the bins needed cleaning and the scoop stored in the sugar was not sanitary. He confirmed the unlabeled, out of date foods in the walk-in refrigerator and stand-alone refrigerator. He stated this could cause numerous health problems. An observation and interview, on 11/12/23 at 10:30 AM, with the Dietary Manager (DM) confirmed the foods in the refrigerator and dry storage were out of date and /or not properly labeled and dated. He stated that proper dating and labeling should be done so the food is not a hazard and make anyone sick. The DM stated that he and the staff are responsible for checking the food for proper labeling, dating and expiration. An interview, on 11/12/23 at 10:50 AM, with Dietary Staff #2, revealed she worked the night of 11/10/23 and placed the left over chili in the refrigerator. She stated that she remembered making a sticker for it but guessed she never put it on. She stated that she and the other dietary staff are responsible for checking and labeling foods in the refrigerator. An observation and interview, on 11/12/23 at	M 815		

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M 815	Continued From page 20 11:00 AM, with Dietary Staff #1, revealed the entire inside of the lid of the ice machine was covered with a coat of brownish substance. Dietary Staff #1 wiped down the inside of the lid and confirmed it was removed easily. He stated that it should be cleaned daily. He stated that this was a big bacteria issue. An interview, on 11/12 23 at 11:10 AM, with the Administrator (ADM), revealed that issues in the dietary department could cause sickness in the residents. She stated that the dietary staff is ultimately responsible for keeping the dietary department clean, including the ice machine. An interview, on 11/15/23 at 9:45 AM, with the Dietary Manager (DM), revealed that he thought Maintenance was in charge of the day-to-day cleaning and wiping down of the ice machine, but confirmed if his staff noticed build-up on it they should wipe it down or notify Maintenance. An interview, on 11/15/23 at 10:00 AM, with Maintenance Staff #1, revealed that he checks the ice machine daily five days a week. He stated he checks to make sure it is running properly and that the ice is clean and doesn't have any specks in it. He stated that the dietary department staff are responsible for the daily wiping down of the machine. He confirmed that he probably should have noticed the brown build up on the inside of the ice machine lid. An interview, on 11/15/23 at 11:00 AM, with the Director of Nursing (DON), revealed there were no cleaning schedules posted in the dietary department. Record review of the facility's "In-service sign in sheet", dated 6/9/2023, revealed the facility	M 815		

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M 815	Continued From page 21 provided training to the dietary staff on the topic of "proper labeling and dating items in coolers and dry storage."	M 815		