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LAKELAND NURSING AND REHABILITATION CENTEI	3680 LAKELAND LANE JACKSON, MS 39216

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
M 000	Initial Comments An Annual Survey and four (4) Complaint Investigations (CI), CI MS #17587, CI MS #17976, CI MS #17971, and CI MS #17967 was conducted by the State Agency (SA) on 8/9/21 through 8/13/21. The facility was found not to be in compliance with Minimun Standards of Operation for Institutions for the Aged or Infirm, state licensure requirements at M500 and M815. CI MS #17587, CI MS #17976, and CI MS #17971 was not substantiated. CI MS #17967 was substantiated for Infection Control with deficiency cited at the Federal level. The census was 74 and the facility has a license for 105 beds.	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	M 500		10/6/21

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M 500	Continued From page 1 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 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;	M 500		

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M 500	Continued From page 2 6. may manage his personal financial affairs, or is given at least a quarterly accounting of financial transactions made on his behalf should the facility accept his written delegation of this responsibility to the facility for any period of time in conformance with State law; 7. is free from mental and physical abuse; 8. is free from restraint except by order of a physician or nurse practitioner/physician assistant, or unless it is determined that the resident is a threat to himself or to others. Physical and chemical restraints shall be used for medical conditions that warrant the use of a restraint. Restraint is not to be 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	M 500		

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M 500	Continued From page 3 residents or individuals within or outside of the facility to work for improvements in resident care, and send and receive his personal mail unopened, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 13. may meet with, and participate in activities of, social, religious and community groups at his discretion, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 14. may retain and use his personal clothing and possessions as space permits, unless to do so would infringe upon rights of other residents, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 15. if married, is assured privacy for visits by his/her spouse; if both are inpatients in the facility, they are permitted to share a room, unless medically 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 observations, interviews, record review,	M 500	Resident #1, #15, #25, #29, #38 are being provided baths/showers/whirlpools per their preference.	

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M 500	Continued From page 4 and facility policy review, the facility failed to honor residents' rights by not providing showers per choice and failed to honor the residents rights for visitation for seven (7) of 18 residents sampled. Residents #1, #15, #17, #25, #29, #38 and #77. Findings Include: A review of the facility's policy, "Resident Bill Of Rights", dated 11/17, revealed, "Each resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the Facility in a manner and in an environment that promotes maintenance or enhancement of (his or her) quality of life, regardless of diagnosis, severity of condition or payment source and to exercise those rights as a citizen of the Unites (United) States without interference, coercion. including those rights specified herein...15. Self determination, which the facility must promote and facilitate through support of resident choice, consistent with his or her interests, assessments and plan of care and make other choices about aspects of his or her life in the facility that are significant to the resident. Including but not limited to: activities, health care schedules (including sleeping, waking, bathing and eating times) and how she or he spends time, both in and outside the facility should be supported to the extent possible..." A review of the facility's " Bath/shower" policy, dated 8/11, revealed a bath (shower/tub) for cleanliness and comfort is scheduled at least weekly for each resident. A review of the facility's educational in-service	M 500	¿ Resident #1 received a shower 8/14/21 and a bed bath 8/15/21 per choice. Resident #1 was interviewed by Unit Nurse Manager on 8/16/21 for choice of bath to be a bed bath/shower per choice two or three times weekly and as needed per preference. ¿ Resident #29 received a bed bath 8/12/21 and a shower 8/14/21 per choice. Resident #29 was interviewed 8/16/21 by Unit Nurse Manager for choice of bath to be a bed bath/shower/whirlpool two or three times weekly and as needed per preference. ¿ Resident #25 received a bed bath 8/12/21, 8/13/21, 8/14/21 per choice. Resident #25 was interviewed on 8/16/21 by Unit Nurse Manager for choice of bath to be a bed bath/shower/whirlpool two to three times weekly per preference. ¿ Resident #38 received a whirlpool 8/13/21, 8/16/21 per choice. Resident #38 was interviewed by Unit Nurse Manager on 8/16/21 for choice of bath to be a shower/whirlpool two to three times weekly per preference. ¿Resident #15 received a whirlpool 8/13/21, 8/16/21 per choice. Resident #15 was interviewed 8/16/21 by Unit Nurse Manager for choice of bath to be a whirlpool/shower two to three times weekly per preference. 2. All residents getting bed baths/showers/whirlpools have the potential to be affected. 3. The Staff Development Nurse in-serviced licensed nurses and certified nursing assistants beginning 8/16/21 on	

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M 500	Continued From page 5 record, titled "ADLs, Raimax, showers, refusal, and shaving" dated 3/8/21, revealed all residents should receive daily care as assigned and showers should be given on the scheduled days, and all refusals of showers should be reported. Also, residents should be shaved and any refusals should be reported to the charge nurse. Resident #38 During an interview on 08/11/21 at 01:46 PM, with Resident #38, she stated she has not had a shower ever since the COVID-19 outbreak in the facility which began on 7/25/21. Resident #38 said she doesn't feel clean when she gets a bed bath. Resident #38 said she doesn't understand why she cannot have a shower when the COVID-19 people are on the other side of the building. Resident #38 said the Certified Nursing Assistants (CNA's) have told her they were given orders to only do bed baths. Resident #38 said the facility has not allowed them to have Resident Council meetings because of the COVID-19 outbreak, so they do not know who to complain to. Record review of the bathing report for July and August 2021 revealed Resident #38 had bed baths documented for 7/3/21, 7/5/21,7/9/21, 7/10/21, 7/11/21, 7/13/21, 7/16/21, 7/21/21, 7/23/21, 7/26/21, 7/28/21, 8/1/21, 8/2/21, 8/4/21, 8/5/21, 8/6/21, 8/10/21, and 8/11/21. Tub baths were documented on 7/8/21 and 7/15/10/21, and 7/31/21.Showers were documented 7/7/21 and 7/14/21. A review of Resident #38's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 2/28/21, revealed Resident #38	M 500	giving baths/shower/whirlpool per resident's preference two to three times weekly and as needed. An in-service was initiated 9/21/21 by an external registered nurse regarding giving residents their choice of type of bath/bed bath/shower/whirlpool and frequency - two to three times weekly and as needed, based on the residents' preference. All Licensed Nurses and certified nursing assistants will need to be in-serviced prior to working a shift at the facility. 4. The Director Of Nurses and Unit Nurse Managers will make bath/shower/whirlpool rounds observing baths/showers/whirlpools are being completed per resident's preference choice of type and frequency. Bath/shower/whirlpool observation rounds will be completed five times weekly for two weeks, four times weekly times two weeks, three times weekly times two weeks, two times weekly times two weeks, and weekly thereafter starting 8/16/21. The Director of Nursing will forward the bath/shower/whirlpool rounds audits results to the Executive Director weekly starting 8/23/21. The Executive Director will forward the bath/shower/whirlpool audit observation results of bath/shower/whirlpool rounds to the monthly Quality Assurance committee monthly starting 9/14/21 and monthly thereafter. The Quality Assurance committee will evaluate and make recommendations for changes to the plan if indicated.	

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had a Brief Interview of Mental Status (BIMS) score of 15, which indicates she is cognitively intact. A review of Section G of the MDS also revealed Resident #38 requires one-person physical assist in part for bathing activity.

Resident #15

During an interview on 08/11/21 at 02:54 PM, with Resident #15, she stated the facility has not allowed her to get a shower/whirlpool tub bath since the COVID-19 outbreak (7/25/21). Resident #15 also said she doesn't feel clean without a shower/whirlpool and she has had to wash her hair in the sink in the bathroom of her room because the facility would not allow them to have showers or whirlpool baths.

Record review of the bathing report for July and August 2021 revealed Resident #15 had bed baths documented for 7/3/21, 7/5/21, 7/7/21, 7/9/21, 7/10/21, 7/21/21, 7/22/21, 7/27/21, 7/28/21. Tub baths were documented on 7/2/21,7/9/21 and 7/26/10/21.Showers were documented on 7/21/21 and 8/11/21. There was no documentation of a bed bath, shower or tub bath from 8/1/21 to 8/10/21.

Review of Resident #15's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 6/02/21, revealed Resident #15 had a Brief Interview of Mental Status (BIMS) score of 15, which indicates the resident is cognitively intact. A review of Section G of the MDS also revealed Resident #15 is physically limited with transfers and requires one-person physical assist with showers. A review of Section GG revealed Resident #15 requires supervision or touching assistance with baths and showers.

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M 500	Continued From page 7 Resident #1 During an observation on 8/9/21 at 1:00 PM revealed Resident #1's room is located on the North hall which is located across the building from the designated COVID-19 unit. During an interview on 08/11/21 at 03:49 PM, with Certified Nursing Assistant (CNA) #1 revealed the resident gets bed baths three (3) times a week. CNA #1 said all residents have not had showers since the COVID-19 out break (7/25/21) and that the residents have to stay in their rooms. During an interview on 08/11/21 at 03:49 PM, with Resident #1 revealed he doesn't feel clean when he doesn't get showers. Resident #1 said he has asked the CNAs when the shower room will be open again but they state they do not know. Record review of the bathing report for July and August 2021 revealed Resident #1 had bed baths documented for 7/5/21, 7/9/21, 7/21/21, 7/24/21, 7/29/21, 8/10/21, and 8/12/21. Resident #1 had a shower documented on 7/8/21. A review of Resident #1's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 5/10/21, revealed Resident #1 had a Brief Interview of Mental Status (BIMS) score of 8, which indicates the resident is moderately cognitively impaired. A review of Section G of the MDS also reveals Resident #1 is dependent on staff for baths and showers. Resident #25 SA observed on 08/11/21 at 02:05 PM, Resident #25 sitting in his room. Resident #25's hair is oily.	M 500		

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M 500	Continued From page 8 Resident #25's speech is clear and he is able to make his needs known. During an interview on 08/11/21 at 02:31 PM, with Resident # 25, he stated he has not received a shower since the COVID-19 out break. Resident #25 said he likes getting his showers and also asked since he doesn't have COVID-19, why couldn't he have a shower? Resident #25 said his hair has not been washed in two weeks because he can only have bed baths. A review of Resident #25's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 5/10/21, revealed Resident #25 had a Brief Interview for Mental Status (BIMS) score of 11 which indicates the resident is cognitively intact. A review of Section G of the MDS also reveals Resident #25 needs one-person physical help in part for bathing activity. Resident #29 During an interview on 8/11/21 at 05:15 PM ,with CNA #2, she said the residents only get bed baths for now. The CNA said she was told because of the COVID-19 outbreak the residents have to stay in their rooms. On 8/11/21 at 5:17 PM, in an interview with Resident #29, he said he only gets bed baths since the outbreak of Covid-19 (7/25/21) and he was would told by the CNAs that residents could not have a shower because they have COVID-19 in the building. Resident #29 said he doesn't feel clean when just getting bed baths. Record review of the bathing report for July and August 2021 revealed Resident #29 had bed	M 500		

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baths documented for 7/8/21, 7/10/21, 7/14/21, 7/20/21, 7/21/21, 7/22/21, 7/24/21, 7/27/21, 7/28/21, 7/29/21, 8/4/21, 8/5/21, 8/7/21, and 8/8/21. Tub baths were documented on 7/3/21 and 7/9/10/21.

A review of Resident #29's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 6/17/21, revealed Resident #29 had a Brief Interview for Mental Status (BIMS) score of 11, which indicates the resident has moderatly impaired cognition. A review of Section G of the MDS also revealed Resident #29 needs one-person physical help in part of the bathing activity.

During an interview on 8/13/2021 with License Practical Nurse (LPN)# 2 revealed she is the Infection Preventionist (IP). LPN #2 said Registered Nurse (RN) #1 gave the order to stop the residents showers and whirlpool baths. LPN #2 said RN #1 said that because of the COVID-19 outbreak, the residents will have to stay in their rooms until further notice.

During an interview on 08/13/21 at 02:00 PM, with the Director of Nursing (DON) and Administrator, revealed they were not aware the staff were not giving residents showers. Both the Administrator and DON said they do not know who stopped the showers. The DON said the charge nurse on the floor is responsible for making sure the CNA's were providing showers. The Administrator said she will start the showers back immediately.

A review of the facility's visitation policy, titled "Visitation Guidance", dated May 2021 revealed "...Indoor visitation for unvaccinated residents in a facility that has less than 70 % of the residents vaccinated and county positivity rate greater than

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10 % visitation should be compassionate only. Any resident with active COVID, regardless of vaccination status, will have no visitation until they meet criteria to discontinue isolation..."

A review of the facility's, "Resident Bill of Rights", dated 11/17 revealed "Each resident has a right to a dignified existence, self-determination, and communaiton with and access to persons and services inside and outside the Facility in a manner and in an environment that promotes maintenance or enhancemento of (his or her) quality of life,regardless of diagnosis, severity of condition or payment source and to exercise those rights as a citizen of the Unites (United) States withou interference, coercion, including those rights specifing herin.A. Facility resident have the right to:...17. To receive and privately meet with visitors of his or her choosing at the time of his or her choosing, subject to the resident ' s right to deny visitation when applicable, and in a manner that does not impose on the rights of another resident, and subject to clinical and/or safety restrictions which may also be imposed by the facility as necessary..."

Resident #15

During an interview on 08/11/21 at 02:54 PM, with Resident #15 revealed the facility has not allowed the residents visitation with family because some of the residents tested positive. Resident #15 said all the positive residents are on the South hall which is the Covid-19 Hall.

A review of the Comprehensive Care Plan with a goal and target date of 8/23/21 revealed "Admission to a nursing facility was sought due to my care and support needs; my RR (Resident Representative) is in agreement that discharge to

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M 500	Continued From page 11 the community is not feasible at this time due to my care needs...Approaches... I will be encouraged to attend the activities offered by the facility...Staff will continue to encourage my family and loved ones to make frequent visits". A review of Resident #15's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 6/02/21, revealed Resident #15 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated the resident is cognitively intact. Resident #38 On 8/11/21 at 1:46 PM, during an Interview with Resident #38, revealed Resident #38 complained to the State Survey Agency (SSA) that the facility won't let her family visit ever since one of the residents tested positive for Covid-19. Resident #38 said it's lonely in the facility because her daughter can't visit. A review of the Care Plan, with a goal and target date 8/9/21 revealed, " I have voiced at times of feeling down/depressed.Potential for decline in mood state... Approaches include provide active listening... encourage participation in group activities offered by the facility to prevent isolation... encourage family and loved ones to make frequent visits." A review of Resident #38's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 2/28/21, revealed Resident #38 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated the resident is cognitively intact.	M 500		

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	25LI	A. BUILDING: _____ B. WING _____	08/13/2021

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M 500	Continued From page 12 Resident #17 On 8/09/21 at 4:22 PM, during a phone interview with Resident #17's daughter, she explained she has not been able to see her Mom for about three weeks now due to a positive COVID-19 in the building. She explained before the visitation was stopped, she was scheduling visitation once a week. A review of Resident # 17's Face Sheet revealed the facility admitted Resident # 17 on 5/14/2014 with a diagnoses of Dementia, Age-related Osteoporosis, Generalized Anxiety, Vitamin deficiency, and Nutritional deficiency. A review of Resident # 17's Quarterly MDS with ARD of 06/04/21, Section C, revealed no BIMS score due to Resident # 17 is rarely or never understood. Resident #77 On 8/09/21 at 4:00 PM, during a phone interview with both Resident # 77's Resident Representative and her other daughter, they reported they used to visit their mom frequently and was allowed to come last Sunday for a compassionate visit. The daughters complained the facility has not been letting family visit for the past several weeks due to a COVID-19 outbreak in the building. A record review of Resident # 77's Face Sheet revealed the facility admitted Resident # 77 on 12/27/2019 with the diagnoses of Anorexia, Chronic obstructive pulmonary disease, Anxiety, Depressive Disorder, Acute cystitis without	M 500		

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M 500	Continued From page 13 hematuria, Personal history of urinary tract infections, Nonexudative age-related macular degeneration bilateral, and High blood pressure. A record review of Resident # 77's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 07/27/21, Section C, revealed the resident had a BIMS score of 6, which indicated the resident is severely cognitively impaired. Interview with the Infection Preventionist on 8/10/21 at 3:00 PM revealed that 72 out of 80 residents were vacinated for COVID-19. On 8/12/21 at 3:42 PM, in an interview with the Administrator, she confirmed the facility stopped visitation because of the Covid-19 outbreak. The Administrator said because of the county positivity rate being 16.5 %, she stopped visitation and she did not know that there should be less than 70 % of vaccinated residents before visitation is suspended. The Administrator said she called the families and let them know because of the COVID-19 outbreak, she had suspended all visitations. The Administrator also said the Epidemiology Nurse had told her to stop visitation.	M 500		
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: Based on observations, interviews, and facility	M 815	1. The facility failed to prevent the spread	10/6/21

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M 815	Continued From page 14 policy review, the facility failed to prevent the possible spread of food-borne illness for one (1) of four (4) observations. Findings include: A record review of the facility's Monitoring Food Temperatures for Meal Service policy, 2016 Edition, revealed "Guideline: Food temperatures will be monitored daily to prevent food borne illness and ensure foods are served at palatable temperatures.Procedure: 1. Prior to serving a meal, food temperatures will be taken and documented for cold and hot foods to ensure proper serving temperatures. Any food not found at the correct holding/serving temperature will not be served but will undergo the appropriate corrective action...." On 08/11/21 at 11:50 AM, the Dietary Manager (DM) brought a meal tray into the conference room for the State Survey Agency (SSA) to taste and observe per the SSA request. After the DM brought the meal tray, he left the room. The meal was served in a hinged Styrofoam divided plate with a lid. The meal included fried chicken, sweet potato casserole, greens, cornbread and a piece of cake (which was in a separate covered container). When the SSA cut into the fried chicken, bright red blood filled the area where the knife had cut into the chicken and began to make a large pool in the bottom of the Styrofoam plate. The SSA immediately left the conference room, went to the kitchen, and notified the Dietary Manager of the undercooked chicken. The Dietary Manager pulled the fried chicken from the tray line in the kitchen. He then returned to the conference room with a serving of fried chicken and stated it was the chicken that was served to residents who had requested the alternate meal.	M 815	of food borne illness. The chicken was removed from State Survey Agency and returned to the kitchen, and the plate was disposed. All residents who received the alternate food chicken item on 8/11/21 was checked by the Unit Managers with chicken completely cooked with no blood noted. The second batch of chicken was returned and cooked to an internal temperature minimum 165 degrees. Then, the surveyor received the fully cooked chicken and completed a test tray. Appropriate disciplinary action was taken on the dietary manager and cook. No residents received non-fully cooked chicken item. 2. All residents that eat fried chicken have the potential to be affected. 3. The Regional Dietitian in-serviced dietary staffing beginning 8/11/21 on meal/meal temperature and meal service. An in-service was initiated on 9/16/21 for the dietary staff on chicken/meat internal temperatures when food item is fully cooked and ready to serve by an external registered dietician. All kitchen staff will not be able to work until in-serviced. 4. The Registered Dietitian will audit lunch meal food temperatures starting 8/11/21 five times a week two weeks, three times a week two weeks, weekly times four weeks, and monthly times two months for appropriate food temperatures prior to serving food. The Registered Dietitian will forward the lunch meal food temperature audit results to the Executive Director starting 8/23/21 and weekly thereafter.	

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M 815	Continued From page 15 This piece of fried chicken was observed by the SSA to be fully cooked with no bloody drainage or juices. The Dietary Manager then examined the undercooked fried chicken that was brought to the SSA earlier and he agreed the chicken was undercooked. On 08/11/21 at 12:20 PM, during an interview with the Dietary Manager, he reported the first batch of chicken was served to the residents as an alternate and that was the chicken the SSA had previously checked the food temperature on the line and had determined it was within the correct temperature range for chicken. He further reported the dietary staff fried 8 -10 more pieces of chicken to have for the employee lunch and the piece of chicken that was on the tray provided to the SSA was from the second batch of chicken that was fried but had not been served to any residents. He explained he grabbed the chicken first thing and thought the kitchen aid had checked the temperature but after being made aware of the problem, he found out the temperature had not been checked yet. When ask what could have happened if the chicken was served and eaten by anyone, he explained the person could get a food borne illness and become sick. On 08/11/21 at 12:30 PM, the Administrator was notified of the problem with the chicken served to the SSA and she observed the undercooked chicken. She explained she had spoken to the Dietary Manager and was told no residents received the chicken from the second batch that was fried. When asked what could have happened if any employee or resident had eaten the chicken, she agreed the possibility was there and someone could have gotten sick.	M 815	The Executive Director will forward the lunch meal food temperature audit results to the Quality Assurance committee starting 9/16/21 and monthly thereafter. The Quality Assurance committee will evaluate and make recommendations for change in the plan if indicated.	

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M 815	Continued From page 16 On 08/11/21 at 2:05 PM, during an interview with the Infection Preventionist, she explained she was made aware of the undercooked chicken being served to the SSA. She explained she has not had any complaints from residents or employees of being served raw or undercooked food. She reported if someone had eaten the undercooked chicken, it would have been an infection control problem. She acknowledged if the undercooked chicken was eaten it could have caused food poisoning, nausea and vomiting, gastritis, and abdominal pain.	M 815		