MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	80WC	A. BUILDING: _____ B. WING _____	03/28/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINSTON COUNTY NURSING HOME	17560 EAST MAIN STREET LOUISVILLE, MS 39339

(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 The State Agency (SA) conducted an annual recertification survey at the facility from 3/26/24 through 3/28/24. During the survey, the SA determined that the facility was not in compliance with the Mississippi Regulations for Minimum Standards for Institutions for the Aged or Infirm and cited M460 for criminal history record checks, M500 for resident's rights, M655 for Special Needs and M815 for food storage and procurement. The census at the time of the survey was 92 with a bed capacity of 96 beds.	M 000		
M 460	45.16.3 Criminal History Record Checks Criminal History Record Checks. Pursuant to Section 43-11-13, Mississippi Code of 1972, the covered entity shall require to be preformed a disciplinary check with the professional licensing agency, if any, for each employee to determine if any disciplinary action has been taken against the employee by the agency, and a criminal history record check on: 1. Every new employee of a covered entity who provides direct patient care or services and who is employed on or after July 01, 2003, and 2. Every employee of a covered entity employed prior to July 01, 2003, who has documented disciplinary action by his or her present employer. 3. Except as otherwise provided in this paragraph, no employee hired on or after July 01, 2003, shall be permitted to provide direct patient care until the results of the criminal history record check revealed no disqualifying record or the employee has been granted a waiver. Provided	M 460		4/25/24

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M 460	Continued From page 1 the covered entity has documented evidence of submission of fingerprints for the background check, any person may be employed and provide direct patient care on a temporary basis pending the results of the criminal history record check but any employment offer, contract, or arrangement with the person shall be voidable, if he/she receives a disqualifying criminal record check and no waiver is granted. 4. If such criminal history record check discloses a felony conviction; a guilty plea; and/or a plea of nolo contendere to a felony for one (1) or more of the following crimes which has not been reversed on appeal, or for which a pardon has not been granted, the applicant/employee shall not be eligible to be employed at the licensed facility: a. possession or sale of drugs b. murder c. manslaughter d. armed robbery e. rape f. sexual battery g. sex offense listed in Section 45-33-23(g), Mississippi Code of 1972 h. child abuse i. arson j. grand larceny k. burglary l. gratification of lust m. aggravated assault n. felonious abuse and/or battery of vulnerable adult 5. Documentation of verification of the employee ' s disciplinary status, if any, with the employee ' s professional licensing agency as applicable, and evidence of submission of the employee ' s	M 460		

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M 460	Continued From page 2	M 460		

fingerprints to the licensing agency must be on file and maintained by the facility prior to the new employees first date of employment. The covered entity shall maintain on file evidence of verification of the employee ' s disciplinary status from any applicable professional licensing agency and of submission and/or completion of the criminal record check, the signed affidavit, if applicable, and/or a copy of the referenced notarized letter addressing the individual ' s suitability for such employment.

6. Pursuant to Section 43-11-13, Mississippi Code of 1972, the licensing agency shall require every employee of a covered entity employed prior to July 01, 2003, to sign an affidavit stating that he or she does not have a criminal history as outlined in paragraph (3) above.

7. From and after December 31, 2003, no employee of a covered entity hired before July 01, 2003, shall be permitted to provide direct patient care unless the employee has signed an affidavit as required by this section. The covered entity shall place the affidavit in the employee ' s personnel file as proof of compliance with this section.

8. If a person signs the affidavit required by this section, and it is later determined that the person actually had been convicted of or pleaded guilty or nolo contendere to any of the offenses listed herein, and the conviction or pleas has not been reversed on appeal or a pardon has not been granted for the conviction or plea, the person is guilty of perjury as set out in Section 43-11-13, Mississippi Code of 1972. The covered entity shall immediately institute termination proceedings against the employee pursuant to

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M 460	Continued From page 3 the facility ' s policies and procedures. 9. The covered entity may, in its discretion, allow any employee unable to sign the affidavit required by paragraph (7) of this subsection or any employee applicant aggrieved by the employment decision under this subsection to appear before the covered entity ' s hiring officer, or his or her designee, to show mitigating circumstances that may exist and allow the employee or employee applicant to be employed at the covered entity. The covered entity, upon report and recommendation of the hiring officer, may grant waivers for those mitigating circumstances, which shall include, but not be limited to: (1) age at which the crime was committed; (2) circumstances surrounding the crime; (3) length of time since the conviction and criminal history since the conviction; (4) work history; (5) current employment and character references; and (6) other evidence demonstrating the ability of the individual does not pose a threat to the health or safety of the patients in the licensed facility. 10. The licensing agency may charge the covered entity submitting the fingerprints a fee not to exceed Fifty Dollars ($50.00). 11. Should results of an employee applicant ' s criminal history record check reveal no disqualifying event, then the covered entity shall, within two (2) weeks of the notification of no disqualifying event, provide the employee applicant with a notarized letter signed by the chief executive officer of the covered entity, or his or her authorized designee, confirming the employee applicant ' s suitability for employment based on his or her criminal history record check. An employee applicant may use that letter for a	M 460		

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M 460	Continued From page 4 period of two (2) years from the date of the letter to seek employment at any covered entity licensed by the Mississippi State Department of Health without the necessity of an additional criminal record check. Any covered entity presented with the letter may rely on the letter with respect to an employee applicant ' s criminal background and is not required for a period of two (2) years from the date of the letter to conduct or have conducted a criminal history check as required in this subsection. 12. For individuals contacted through a third party who provide direct patient care as defined herein, the covered entity shall require proof of a criminal history record check. 13. Pursuant to Section 43-11-13, Mississippi Code of 1972, the licensing agency, the covered entity, and their agents, officer, employees, attorneys, and representatives, shall be presumed to be acting in good faith for any employment decision or action taken under this section. The presumption of good faith may be overcome by a preponderance of the evidence in any civil action. No licensing agency, covered entity, nor their agents, officers, employees, attorneys and representatives shall be held liable in any employment discrimination suit in which an allegation of discrimination is made regarding an employment decision authorized under this section. This Statute is not met as evidenced by: Level II Pattern Based on staff interviews, record review, and facility policy review, the facility failed to submit criminal background checks on four (4) of five (5) new employee personnel records reviewed during	M 460	Winston County Nursing Home provides the plan of correction (POC) without admitting or denying the validity or existence of the alleged deficiency. The POC is prepared and/or executed solely because it is required by the federal and	

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M 460	Continued From page 5 survey. Employee #1, #2, #3, and #5. Findings include: Review of the facility policy titled, "Hiring" with no revision date revealed under "Comments #3e. If the drug test is negative, a Criminal History Record Check (CHRC) will be performed. Employees will be fingerprinted, and fingerprints will be submitted to the (Proper Name State Agency)..." An interview on 03/28/24 at 12:45 PM, with the Administrator confirmed that background checks were completed with the Human Resource Director who also oversees the hospital. The Administrator confirmed that she was not aware that the fingerprint letters were not on the employee files. An interview on 03/28/24 at 12:55 PM, with the Human Resource Director and the Administrator revealed that criminal background checks have not been performed on any employee that has been hired since the first week of January 2024. The Human Resource Director stated, "I'm just going to be honest with you, I don't have any background letters. I have the fingerprint cards filled out, but I haven't sent them in to be checked. I got behind on them and I just haven't managed to catch up". The Human Resource Director confirmed that the purpose of the background checks is to make sure the residents are safe and that nobody is hired with a criminal background. A record review of License Verification for the five (5) employee files that did not have a background check letter did not reveal any discipline activity	M 460	state law. The facility reserves the rights to contest the survey findings through informal dispute resolution, formal appeal proceedings or any administrative or legal proceedings. 1.Fingerprint cards on all new staff members including, Employee #1, #2, #3 and #5, were sent off to be returned for their criminal background checks on 3/28/24. 2.All residents have the potential to be affected. 3.The Human Resources Director was educated on the facility□s hiring policy on 3/28/24. The Human Resources Director completed an audit on all employee files to ensure that criminal background checks were performed and that their letters were placed in their chart as required by policy. A New Employee Checklist was implemented for all new hires to provide oversight between departments. When new staff members are hired the Human Resources Director will have fingerprint cards sent in to Mississippi State Department of Health immediately upon return. Human Resources will provide a copy of background check to Director of Nurses when returned. 4.To monitor compliance the Director of Nurses will maintain constant communication with Human Resources and keep an ongoing record of new hires and their background checks completion date. The Director of Nurses will check for compliance weekly x4 weeks beginning	

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M 460	Continued From page 6 on their license. Employee #1, #2, #3 and #5 were all hired within the last four (4) months and serve in the role of Certified Nursing Assistant (CNA) and Registered Nurse (RN). The employees have had a Nurse Aid Registry search that showed no disqualifying events, but they do not have a fingerprint letter from the state that would show any criminal charges in the last two years. An interview on 03/28/24 at 1:40 PM, with the Chief Executive Officer (CEO) of the hospital/nursing home confirmed that he was not aware that the Human Resource Director had not been submitting the fingerprint cards for a criminal background check. The CEO confirmed that not submitting and receiving the background check information could result in someone being hired and working with the residents that could put the residents at risk.	M 460	4/1/24 and then monthly. The Director of Nurses will report any findings for review by the Quality Assurance Committee on 4/25/24 and then monthly for three months.	
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,	M 500		4/25/24

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M 500	Continued From page 7 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 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	M 500		

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M 500	Continued From page 8 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; 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;	M 500		

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M 500	Continued From page 9 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 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	M 500		

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M 500	Continued From page 10 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 staff interview, record review, and facility policy review, the facility failed to ensure a resident's choice for end of life care was indicated accurately on medical records for one (1) of 24 residents reviewed for advance directives. Resident #56 Findings include: Record review of facility's resident rights pamphlet titled, "A Matter of Rights", undated, revealed, "As a resident in a long term care facility, you have many rights guaranteed by law. ... Your rights include... freedom to make your own decisions. ... You have a right to expect care and a residential setting that: promotes your quality of life, and reflects your individual needs and preferences..." Record review of facility policy titled, "Policy for Advanced Directives", undated, revealed, "(proper name of facility) and the Medical Staff will comply with the 1990 Patient Self Determination Act by: 1. Inquiring upon admission if the patient has an advance directive (Living Will or Durable Power of Attorney), 2. Providing information related to advance directives to the patient. Within the confines of medical/ethical practices, we will honor your advance directive with consultation with you and your family..." Record review of facility policy titled, "Understanding Advance Directives", undated, revealed, "You have the right to make health care	M 500	Winston County Nursing Home provides the plan of correction (POC) without admitting or denying the validity or existence of the alleged deficiency. The POC is prepared and/or executed solely because it is required by the federal and state law. The facility reserves the rights to contest the survey findings through informal dispute resolution, formal appeal proceedings or any administrative or legal proceedings. 1.The advance directive was clarified by the Licensed Social Worker and Resident #56□s Responsible Party on 3/27/24. The inaccurate update form was removed from the chart on 3/27/24 and replaced with a corrected copy. 2.All residents have the potential to be affected. 3.The Licensed Social Worker was educated on 3/27/2024 on the facility policies for Resident□s Rights and Advance Directives. The Licensed Social Worker completed an audit of all advance directives on 3/28/24 to ensure accuracy. In order to ensure the problem does not recur, the Advance Directive Acknowledgement Review form was updated on 3/28/24 to reflect that end of life decisions have been reviewed and whether or not the resident or resident representative wishes to make changes. The new form will not state what the	

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M 500	Continued From page 11 decisions, including decisions about nursing home care, for yourself..." Record review of Resident #56's "Advance Directive Acknowledgement Review" dated 12/19/23, revealed, "This update on (proper name of Resident #56) took place on 12/19/2023 with the responsible party. This update documents that this resident will be: DNR (do not resuscitate)" and was signed by the Licensed Social Worker (LSW). This document was located in the resident's paper medical chart as the front page. Record review of "Advance Directive Acknowledgement" revealed on admission to the facility, Resident #56 chose a "full code" status. This document was signed by the resident and witnessed by the LSW and dated 12/2/22. This form was located in the resident's paper chart behind the "Advance Directive Acknowledgement Review" form that was dated 12/19/23. Record review of Resident #56's electronic "Physician Orders" dated 12/12/22, revealed an order for "full code". An interview and chart review with the Director of Nursing (DON) on 3/27/24 at 4:00 PM, revealed if Resident #56 experienced a cardio-pulmonary arrest, the staff would check the resident's medical record and would note the first page which indicated a DNR status, and if no additional review of medical records or orders was done, no life-saving measures would be initiated. She confirmed the advance directive signed by the resident on admission and the physician's electronic order indicated a full code status. She confirmed the facility failed to ensure the accuracy of documentation of the resident and/or	M 500	wishes are so that care team will refer to the signed Physician□s orders and signed advance directive. Code status for new admissions and changes in code status will be reviewed daily during department head meeting. 4.To monitor compliance the Risk Management Nurse will audit ten charts each week for eight weeks beginning 4/2/24, then five charts for four weeks to ensure code status information is congruent across all documentation. The Risk Management Nurse will report any findings to the Quality Assurance and Performance Improvement Committee monthly for three months beginning 4/25/24.	

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M 500	Continued From page 12	M 500		

the resident's representative choice for end of life care which could have led to the resident's wishes not being honored.

During an interview on 3/27/24 at 4:05 PM, the Administrator confirmed the electronic physician's order as well as the initial advance directive signed by the resident on admission indicated a full code status, but the "Advance Directive Review" dated 12/19/23 indicated a "Do Not Resuscitate" status. She confirmed the facility failed to accurately indicate the resident and/or resident's representative choice for end of life care in the medical record which could have led to the resident's wishes not being honored.

An interview with the LSW on 3/27/24 at 4:40 PM, revealed she was responsible for discussing the advance directive with the residents and/or resident representatives annually. She revealed if a resident or representative had no request for change from the previous advance directive acknowledgement, the acknowledgement review would be signed to indicate this information was reviewed but no changes were made. If the resident or representative requested a change from the previously made choice, a new "Advance Directive Acknowledgement Review" form would be completed to indicate the decision made and would be signed by the resident or representative to indicate this new decision. She and Resident #56's representative discussed this during the annual review, but no decision to change from the full code status was determined. The LSW confirmed she mistakenly marked DNR rather than full code on the review form, which was not indicative of the resident's or the representative's wishes. She stated it is important for this information to be accurate since it does determine what end of life care would be

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M 500	Continued From page 13 provided for the resident. Record review of Resident #56's "Face Sheet" revealed the resident was admitted to the facility on 12/2/22, with medical diagnoses that included chronic obstructive pulmonary disease with acute exacerbation, heart failure, type 2 diabetes mellitus, atrial fibrillation, and congestive heart failure. Record review of Minimum Data Set (MDS) with Assessment Reference Date (ARD) of 12/17/23, revealed a Brief Interview for Mental Status (BIMS) score of 6 which indicated the resident was severely cognitively impaired.	M 500		
M 655	45.21.11 Special needs Special needs. Each resident with special needs shall receive proper treatment and care. These special needs shall include, but are not limited to injections; parenteral and enteral fluids; colostomy, ureterostomy, ileostomy care; tracheostomy care; tracheal suction; respiratory care; foot care; and prostheses. This Statute is not met as evidenced by: Level II Based on observations, resident and staff interviews, record reviews, and facility policy review, the facility failed to ensure a resident received the necessary care and treatment of a nephrostomy for one (1) of three (3) residents with urinary catheter systems. Resident #78 Findings include: Record review of the facility policy titled	M 655	Winston County Nursing Home provides the plan of correction (POC) without admitting or denying the validity or existence of the alleged deficiency. The POC is prepared and/or executed solely because it is required by the federal and state law. The facility reserves the rights to contest the survey findings through informal dispute resolution, formal appeal proceedings or any administrative or legal proceedings.	4/25/24

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M 655	Continued From page 14 "Application of Urostomy pouch and bedside drainage bag" with a revision date of 2/1/23, revealed, "Purpose: Care of a Resident with a urostomy and pouch system for collection of urine. To promote the dignity and cleanliness of a Resident who has a urostomy...." Record review of Progress note, (Proper name of facility) dated 03/19/2024 at 4:03 AM, revealed, "This nurse received report from Emergency Room (ER) ....Resident also needs a new bag ordered since his is leaking." An interview and observation on 3/26/24 at 10:57 AM, Resident #78 revealed his urinary catheter bag leaks, and he has to put the catheter bag inside of a zip-lock bag, so it doesn't leak into his privacy bag. An observation of a clear zip-lock bag with the nephrostomy bag inside of it with approximately 75 cc of yellow urine in the bottom of the zip-lock bag. The resident revealed the urinary bag had been leaking for quite some time. An interview and observation on 3/27/24 at 2:00 PM, Resident #78 revealed he had told the nurses that his catheter bag leaked and that's what he is using the zip-lock bags for, they just give me more zip-lock bags. He revealed I just want this fixed, so I don't have to use these extra bags. An interview and observation on 3/27/24 at 2:45 PM, the Registered Nurse (RN) Supervisor revealed it is the responsibility of the nurses to inspect Resident #78's catheter bag each shift and to notify her or the Director of Nurses (DON) if there is a problem. She revealed she had not been notified of any issues with his urinary bag. The RN Supervisor confirmed that Resident #78's urinary catheter bag was inside a zip-lock bag	M 655	1. Notified Primary Care Physician and Urologist that Resident #78□s nephrostomy bag was leaking. Received return call from Urologist office on 3/28/24 that new supplies would be shipped to facility with orders to replace. Resident #78 was admitted for inpatient care at on outside facility on 4/2/24 prior to supplies being received in the mail. Resident #78 is due to return to our facility on 4/16/24. 2. All residents with urinary catheter systems have the potential to be affected. 3. The facility policy Application of Urostomy Pouch and Bedside Drainage Bag was updated to include nephrostomy definition and care on 3/27/24. The Quality Assurance and Performance Improvement nurse educated all nursing staff on 3/28/24 on the updated facility policy for Application/Care of Urostomy/Nephrostomy/Cystostomy Pouch and Bedside Drainage Bag, the importance of notifying Registered Nurse Supervisor or Director of Nurses when a resident is found to have defective supplies or equipment, and urinary diversion. 4. The monitor compliance the Nurse Supervisor will visually assess all urinary catheter systems daily for 4 weeks beginning 3/26/24 and then weekly ongoing for proper function and use and document any adverse findings. The Quality Assurance and Performance Improvement nurse will audit all nurses notes entered into the Electronic Health	

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M 655	Continued From page 15 and revealed it looked like there was approximately 75-100 cc of urine in the bottom of the zip-lock bag. She revealed the ball was dropped and confirmed he did not have a new catheter bag ordered at this time and stated, "I feel like we failed the resident for this." An interview on 3/27/24 at 3:05 PM, RN #1 revealed Resident #78 asked for a zip lock bag a few days after he came back from the ER and I gave him two or three zip-lock bags to use to put his catheter bag in. RN #1 revealed she looked at the catheter bag and it looked as if the seam on the catheter bag was leaking. She confirmed she did not notify anyone about ordering the resident a new catheter bag and confirmed the resident's primary physician had not been notified about the leaking nephrostomy bag. An observation and interview on 03/27/24 at 3:45 PM, the DON revealed she was unaware of any issues with Resident #78's nephrostomy catheter needing to be replaced. Resident #78 stated to the DON that his "bag had been leaking before he went to the ER last week and he has been using zip-lock bags for quite some time." An interview on 3/27/24 at 3:55 PM, the DON confirmed the issue of his catheter bag leaking has gone through several staff members and it should have been taken care of immediately. She confirmed they failed to address the necessary care needed for the resident's nephrostomy. Record review of Resident #78's Face Sheet with an admission of 3/15/23 revealed medical diagnoses that included Retention of urine, and Benign Neoplasm of Prostate. Record review of Resident #78's Minimum Data	M 655	Record the prior 24 hours beginning 4/1/24, 3 times a week for 2 weeks, then twice a week for 2 weeks, the weekly on Mondays for 4 weeks for records of defective equipment or supplies to ensure that all protocols were followed and properly reported. The Quality Assurance and Performance Improvement nurse will report any findings for review by the Quality Assurance Committee on 4/25/24 and then monthly for three months.	

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M 655	Continued From page 16 Set (MDS) with an Assessment Reference Date (ARD) of 2/18/24 revealed a Brief Interview for Mental Status (BIMS) score of 15, which indicated Resident #78 is cognitively intact.	M 655		
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 Widespread Based on observation, staff interview, facility policy review, the facility failed to ensure items in the kitchen refrigerator, freezer and dry good spices were labeled and dated on one (1) of two (2) kitchen tours during survey. Findings include: A review of the facility policy revised on 1/22, titled Food and Supply Storage" revealed: "Procedures: Cover, label and date unused portions and open packages..." An interview on 03/26/24 at 10:15 AM, with the Assistant Dietary Director (ADD) revealed that the Dietary Director is off this week, and she oversees the kitchen. An observation and interview on 03/26/24 at 10:18 AM, of the walk-in freezer in the kitchen with ADD revealed four (4) clear gallon size Ziploc bags with some type of meat inside them. The	M 815	Winston County Nursing Home provides the plan of correction (POC) without admitting or denying the validity or existence of the alleged deficiency. The POC is prepared and/or executed solely because it is required by the federal and state law. The facility reserves the rights to contest the survey findings through informal dispute resolution, formal appeal proceedings or any administrative or legal proceedings. 1.Facility disposed of all items that were not labeled and/or not dated on 3/26/24. 2.All residents have the potential to be affected by this deficient practice. 3.Dietary Team was educated on 4/10/24 by Dietary Manager on labeling and dating and facility policy B003 Food and Supply Storage. Dietary Manager and/or supervisor will monitor dating and labeling protocols are being followed daily x 2 weeks, biweekly x 2 weeks, and then	4/25/24

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M 815	Continued From page 17 ADD confirmed that it was fish inside two (2) of the gallon Ziploc bags and some type of red meat inside of the other 2 gallon size Ziploc bags. The ADD confirmed that the Ziploc bags should have been labeled and dated when the meat was placed in the bag and stored in the refrigerator. An observation on 03/26/24 at 10:35 AM, of the spice rack located on the stainless steel preparation table revealed an opened 28 ounce container of Nutmeg that was unlabeled, a 28 ounce container of Montréal Steak seasoning, a 28 ounce container of Cinnamon, a 28 ounce container of Onion Powder, a 28 ounce container of Garlic Powder, a 28 ounce container of Rubbed Sage, a 28 ounce container of Rotisserie Chicken Seasoning, a 28 ounce container of Lemon Pepper Salt, and a 28 ounce container of Ground Cumin that were all opened and unlabeled. There was a stainless steel four (4) inch container with a creamy white substance inside of it with a piece of clear plastic wrap over the top of it with no label or date. An interview on 03/26/24 at 10:45 AM, with the cook confirmed that the creamy white substance in a 4-inch stainless steel container was bacon grease that she used it to season the food with sometimes and that she did not know how old it was. The cook confirmed that when any item was opened that it was supposed to have a label identifying what was inside and when it was opened but she was busy and didn't have time to do it. An interview on 03/26/24 at 10:50 AM, with the ADD confirmed that there were nine (9) 28-ounce seasoning containers opened without dates on the labels. The ADD stated "All the staff knows to label anything that they open with the contents	M 815	monthly. 4.To monitor compliance Dietary Manager and/or supervisor will monitor dating and labeling protocols are being followed beginning 4/8/24, daily for 2 weeks, twice a week for 2 weeks, and then monthly. Dietary Manager will report any findings for review to the Quality Assurance Committee on 4/25/24 and then monthly for 3 months.	

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M 815	Continued From page 18 and the date opened on a sticker". An observation on 03/26/24 at 11:05 AM, of the kitchen in Oak Cottage revealed a tray with eight (8) 8-ounce glasses of a brown liquid and three (3) 8-ounce glasses of a white liquid that did not have a label on them. An interview on 03/26/24 at 11:35 AM, with the Dietary Aide confirmed that all items prepared and placed in the refrigerator or stored as dry goods should be labeled and dated. Dietary worker confirmed that not labeling food and drink items could result in someone getting sick. An interview on 03/27/24 at 2:15 PM, with the Administrator confirmed that any food or drink that is opened is supposed to be labeled and dated. The Administrator confirmed that not labeling and dating food items could result in someone getting something that they might have an allergy to or someone getting sick if the food item is old.	M 815		