STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MS38BM	A. BUILDING: _____ B. WING _____	07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEDFORD CARE CENTER OF MARION	6434 A DALE DR MARION, MS 39342

(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 7/8/2024 through 7/11/2024. 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 requirements and cited M500, M855, and M940.	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		8/16/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MS38BM	A. BUILDING: _____ B. WING _____	07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEDFORD CARE CENTER OF MARION	6434 A DALE DR MARION, MS 39342

(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 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		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MS38BM	A. BUILDING: _____ B. WING _____	07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEDFORD CARE CENTER OF MARION	6434 A DALE DR MARION, MS 39342

(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 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		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MS38BM	A. BUILDING: _____ B. WING _____	07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEDFORD CARE CENTER OF MARION	6434 A DALE DR MARION, MS 39342

(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 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 interviews, record review, and facility policy review the facility failed to ensure resident council members' complaints regarding food that was served cold were recorded and resolved in a timely manner for nine (9) of 11 Resident council members. (Resident #4, #18, #20, #27, #42, #49, #52, #62, and #68)	M 500	Upon notification a food substitution was immediately offered to those residents affected. Social Service Assistant visited residents on 7/12/24 to ensure the issue with the temperature of the food served was resolved and acceptable. Social Services Assistant also completed follow-up interviews with residents on 7/25/24. There were no current food	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MS38BM	A. BUILDING: _____ B. WING _____	07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEDFORD CARE CENTER OF MARION	6434 A DALE DR MARION, MS 39342

(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 500	Continued From page 4 Findings include: Review of the facility's policy, "Resident and Family Grievances" revised 6/1/23 revealed, "... It is the policy of this facility to support each resident's and family member's right to voice grievances without discrimination, reprisal or fear of discrimination or reprisal ...Policy Explanation and Compliance Guidelines ...8. Grievances may be voiced in the following forums ...d. Verbal complaint during resident or family council meetings ...10. Procedure ...d. The Grievance Official will take steps to resolve the grievance ...e. The Grievance Official, or designee, will keep the resident appropriately apprised of progress towards resolution of the grievances ...12. The facility will make prompt efforts to resolve grievances ..." Review of the "Resident Council Minutes" dated 6/27/24 revealed the resident council members complained the nurses take too long to come to the dining room during lunch and dinner and the residents complained the food was cold because of the wait. The "Recommendations/Solutions" dated 7/1/24 revealed an in-service was conducted on dining room times with staff and the dining room schedule was posted on each unit and with the receptionist. Review of January through June 2024 of resident council meeting minutes revealed the June 2024 minutes was the only month in which complaints regarding food being served cold were recorded. During the Resident Council Meeting on 7/8/24 at 2:00 PM, the members revealed they had complained for several months, not just June 2024, that the food was served cold for all meals.	M 500	service complaints and everything was better. All Residents have the potential to be affected by the deficient practice. The social services assistant(SSA) was in serviced on collecting minutes for the resident council meeting(RCM) and reviewing them with the resident council president(RCP). After reviewing, SSA will have RCP to sign in agreement of what was discussed before meeting is adjourned. SSA will email concerns to administrator no later than 2 days after RCM. The SSA will follow up with resolution x7 days or until concerns have been resolved. Old minutes will be reviewed, by the social services assistant, beginning on 7/26/24.The SSA will review minutes with RCP x 12 weeks beginning on the day prior to the August 2024 resident council meeting to ensure concerns are being resolved and or addressed. New and Unresolved concerns will be discussed, and decesions made regarding resolution, with department managers associated with concerns and administrator on the date following each resident council meeting. This process will begin on the day after the resident council meeting of August 2024. All RCM will be reviewed in the monthly Quality Assessment and Assurance Committee meeting monthly for 3 months beginning August 15, 2024 to ensure sustained compliance.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MS38BM	A. BUILDING: _____ B. WING _____	07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEDFORD CARE CENTER OF MARION	6434 A DALE DR MARION, MS 39342

(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 500	Continued From page 5 They explained they originally thought the problem was with the nurses coming to the dining room timely and therefore causing the food to be served cold, however, the problem had not been resolved since the nurses had been coming to the dining room timely. The members said they expected the Social Services Assistant (SSA) to record all their complaints every month and share them with the Dietary Manager (DM) and the Administrator. During an interview on 7/11/24 at 10:21 AM, the SSA explained she was responsible for writing the resident council meeting minutes and confirmed the residents had complained for several months that the meals were served cold. She said she was unsure why the residents' complaints were not included in the April 2024 and May 2024 minutes and determined she may have forgotten to record them. The SSA reported that she had placed the residents' complaints in the DM's box and did not provide a copy for the Administrator. The SSA explained the residents' complaints regarding cold food had been discussed several times during daily stand-up meetings with the interdisciplinary team. During an interview on 7/11/24 at 10:45 AM, with the Director of Nursing (DON), she confirmed she was aware the residents had complained food was served to them cold and was told it was because the nurses were late coming to the dining room. She explained she then began posting nursing assignments indicating which nurses were to serve in the dining room and she had been observing to ensure the nurses were not late getting to the dining room. She confirmed the resident's complaints regarding cold food had been discussed during stand-up meetings.	M 500		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MS38BM	A. BUILDING: _____ B. WING _____	07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEDFORD CARE CENTER OF MARION	6434 A DALE DR MARION, MS 39342

(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 500	Continued From page 6 In an interview on 7/11/24 at 11:13 AM, with the Assistant Dietary Manager, she stated she was unaware the residents were complaining the food served was cold and she had not received any complaints from the resident council for the month of June. She explained the Dietary Manager was not at the facility this week and had not advised her there were complaints regarding cold meals served to the residents. She stated she had recently been attending stand up meetings and was not aware there was any discussion during those meetings that the residents were complaining the food was served to them cold. During an interview on 7/11/24 at 11:18 AM, the Administrator confirmed the residents had previously complained the food was cold and he had instructed Dietary services to serve the dining room first and then serve the residents who complained of cold food on the halls. He had thought the complaints were resolved and was unaware the residents in resident council continued to complain the food was served cold. He stated he had not been given a copy of the resident council meetings for June 2024. Resident #4 A record review of the Admission Record revealed the facility admitted Resident #4 on 8/18/23. A record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 4/29/24 revealed Resident #4 had a Brief Interview for Mental Status (BIMS score of 15, which indicated she was cognitively intact.	M 500		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MS38BM	A. BUILDING: _____ B. WING _____	07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEDFORD CARE CENTER OF MARION	6434 A DALE DR MARION, MS 39342

(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 500	Continued From page 7 Resident #18 A record review of the Admission Record revealed the facility admitted Resident #18 on 4/17/23. A record review of the Quarterly MDS with an ARD of 6/13/24 revealed Resident #18 had a BIMS score of 14, which indicated she was cognitively intact. Resident #20 A record review of the Admission Record revealed the facility admitted Resident #20 on 11/9/22. A record review of the Quarterly MDS with an ARD of 6/27/24 revealed Resident #20 had a BIMS score of 10, which indicated his cognition was moderately impaired. Resident #27 A record review of the Admission Record revealed the facility admitted Resident #27 on 3/9/22. A record review of the Quarterly MDS with an ARD of 6/19/24 revealed Resident #27 had a BIMS score of 15, which indicated he was cognitively intact. Resident #42 A record review of the Admission Record revealed the facility admitted Resident #42 on 3/7/18. A record review of the Quarterly MDS with an	M 500		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MS38BM	A. BUILDING: _____ B. WING _____	07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEDFORD CARE CENTER OF MARION	6434 A DALE DR MARION, MS 39342

(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 500	Continued From page 8 ARD of 5/9/24 revealed Resident #42 had a BIMS score of 15, which indicated she was cognitively intact. Resident #49 A record review of the Admission Record revealed the facility admitted Resident #49 on 1/8/24. A record review of the Quarterly MDS with an ARD of 5/2/24 revealed Resident #49 had a BIMS score of 15, which indicated she was cognitively intact. Resident #52 A record review of the Admission Record revealed the facility admitted Resident #52 on 7/5/23. A record review of the Annual MDS with an ARD of 6/12/24 revealed Resident #52 had a BIMS score of 15, which indicated he was cognitively intact. Resident #62 A record review of the Admission Record revealed the facility admitted Resident #62 on 12/28/22. A record review of the Quarterly MDS with an ARD of 5/23/24 revealed Resident #62 had a BIMS score of 11, which indicated her cognition was moderately impaired. Resident #68 A record review of the Admission Record	M 500		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MS38BM	A. BUILDING: _____ B. WING _____	07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEDFORD CARE CENTER OF MARION	6434 A DALE DR MARION, MS 39342

(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 500	Continued From page 9 revealed the facility admitted Resident #68 on 1/19/24. A record review of the Quarterly MDS with an ARD of 4/18/24 revealed Resident #68 had a BIMS score of 15, which indicated she was cognitively intact.	M 500		
M 855	45.30.7 Food Preparation Food Preparation. Foods shall be prepared by methods that conserve optimum nutritive value, flavor, and appearance. Also, the food shall be acceptable to the individuals served. A file of tested recipes shall be maintained to assure uniform quantity and quality of products. This Statute is not met as evidenced by: Level II Based on observation, interviews, record review, and facility's policy review the facility failed to ensure resident's food was served at an appetizing temperature for one (1) of 15 sampled residents. This had the potential to affect 74 residents receiving food from the kitchen. (Resident # 38) Findings include: A review of the facility's policy "Food Preparation Guidelines" dated 10/5/22 revealed, " ... The facility will prepare foods in a manner to preserve or enhance a resident's nutrition and hydration status ... Definitions ..."Proper (safe and appetizing) temperature" means both appetizing to the resident and minimizing the risk for scalding and burns ... Policy Interpretation and Implementation ...3. Food and drinks will be	M 855	Dietary Manager in Training immediately spoke with Resident #38 about food palatability and temperature concerns. A followup conversation regarding these concerns occured on 7/25/24. Resident stated" everything is now acceptable and just like she likes it". All residents who eat by mouth have the potential to be affected by this deficient practice. The meal delivery system was modified so that the cart service for in-room dining now uses more carts with fewer trays going out on each cart. The cook now immediately puts the insulated lid onto the plate instead of waiting for the tray aid to place the insulated lid after condiments have been added. Dietary staff were in-serviced on 07/22/24 by CDM regarding	8/16/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MS38BM	A. BUILDING: _____ B. WING _____	07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEDFORD CARE CENTER OF MARION	6434 A DALE DR MARION, MS 39342

(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 855	Continued From page 10 palatable, attractive, and at a safe and appetizing temperature. Strategies to ensure resident satisfaction include: ... c. Serving hot foods/drinks hot and cold foods/drinks cold ..." On 7/8/24 at 12:30 PM, during an observation of two (2) lunch meal trays, the meal consisted of fried pork chop, pinto beans, turnip greens, corn bread, fruited gelatin, tea and water. The Administrator brought the two trays directly from the kitchen and the food was cold to taste and touch. On 7/8/24 at 2:18 PM, during an interview with Resident#38, she complained she is currently upset at the facility because she had issues with staff not wanting to reheat her food. She complained her breakfast was always cold and she was tired of it because it had been going on for a while. At 11:15 AM on 7/9/24, during an interview with Resident #38, she explained her breakfast was cold again this morning and she had to get someone to reheat the food. On 7/9/24 at 11:28 AM, during an observation and interview with Dietary #2/Cook, he prepared the meal trays to be served to residents in the dining room. He stated he cannot prepare meal trays for the residents on the hall until all residents in the dining room were served. At 11:42 AM, the cook began preparing the meal trays for the halls. At 11:57 AM, one of the dietary aides began placing meal trays onto the cart but stopped because she had to prepare more silverware for the trays. At 12:00 PM, Dietary #2 had to stop preparing hall trays to make more mechanical soft meat loaf for the residents, and Dietary #1 continued preparing the trays for the residents on	M 855	meal temperature, serving in a timely manner and food palatability. Nursing staff were in-serviced on 07/25/24 by staff development on ensuring meal temperatures are acceptable, meals are delivered timely and alternatives to resolve resident concerns regarding meal temperatures that include reheating and/or providing another tray from the kitchen. . The CDM or Designee will interview 5 residents a week x 12 weeks to ensure food is served at a palatable temperature. This audit began on 7/26/24. Audit findings will be brought to the Quality Assurance Committee monthly x 3 months starting on 8/15/24 to ensure sustained compliance.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MS38BM	A. BUILDING: _____ B. WING _____	07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEDFORD CARE CENTER OF MARION	6434 A DALE DR MARION, MS 39342

(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 855	Continued From page 11 the hall. On 7/9/24 at 12:11 PM, during an observation, the last tray cart was sent to the last hall with two (2) test trays on the cart. The tray cart was an open metal tray cart that was not insulated. There were three (3) insulated carts pushed to the side and one (1) insulated tray cart that did not have a door. The open tray cart was pushed to the hall by a Dietary Aide and Dietary #1 and explained the Certified Nurse Aides (CNAs) on the hall would pass out the trays to the residents. After four (4) minutes a CNA started to pull trays and pass them out to the residents. At 12:23 PM on 7/9/24, during an interview and observation, Dietary #1 tested the temperature of the last tray on the last cart. The temperatures were the following: country meatloaf 80 degrees Fahrenheit (F); garlic mashed potatoes 100 F; buttered green peas 84 F; pork cutlet 80 F; stewed tomatoes 90 F and steamed rice 84 F. The temperatures of the individual food items had dropped from country meatloaf 170 F; garlic mashed potatoes 170 F; buttered green peas 164 F; pork cutlet 160 F, stewed tomatoes 135 F; and steamed rice 170 F. The food on the two test trays were tasted by the State Agency (SA) and Dietary #1 and was cold and not at an appetizing temperature. Dietary #1 explained the food was at room temperature, but confirmed it was cold. She explained if she was served the food at a restaurant, she would send it back because the food was not hot enough for her to eat. At 1:10 PM on 7/9/24, during an interview with CNA #1, she explained Resident #38 had complained that her food was cold, and it had been reported to the kitchen staff several times.	M 855		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MS38BM	A. BUILDING: _____ B. WING _____	07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEDFORD CARE CENTER OF MARION	6434 A DALE DR MARION, MS 39342

(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 855	Continued From page 12 During an interview on 7/11/24 at 11:18 AM, with the Administrator, he confirmed the residents had complained the food was cold. He had dietary to started serving the dining room first and then serve the residents on the hall that were complaining first. He thought the complaints were resolved, and he did not know the resident's council continued to complain in June. He expected all residents to be served food at an appetizing temperature. A record review of the "Admission Record" revealed the facility admitted Resident #38 on 11/19/18 with diagnoses including Bipolar Disorder and Anxiety Disorder. A record review of the "Order Summary Report" with active orders as of 7/9/24, revealed Resident #38 had a Physician's Order, dated 5/3/24, for a Regular diet, Regular texture, and Regular consistency with chopped ham and turkey. A record review of the Annual Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 5/9/24, revealed Resident #38 had a Brief Interview for Mental Status (BIMS) summary score of 15, which indicated she was cognitively intact.	M 855		
M 940	45.32.3 Dishwashing Dishwashing. Commercial or institutional type dishwashing equipment shall be provided in homes with more than twenty-four (24) beds. The dishwashing area shall be separated from the food preparation area. If sanitizing is to be accomplished by hot water, a minimum temperature of one hundred eighty (180) degrees Fahrenheit shall be maintained during the rinsing	M 940		8/16/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MS38BM	A. BUILDING: _____ B. WING _____	07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEDFORD CARE CENTER OF MARION	6434 A DALE DR MARION, MS 39342

(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 940	Continued From page 13 cycle. An alternate method of sanitizing through use of chemicals may be provided if sanitizing standards of the Mississippi State Department of Health Food Code Regulations are observed. Adequate counter-space for stacking soiled dishes shall be provided in the dishwashing area at the most convenient place of entry from the dining room, followed by a disposer with can storage under the counter. There shall be a pre-rinse sink, then the dishwasher and finally a counter or drain for clean dishes. This Statute is not met as evidenced by: Level II Based on observation, staff interview, and facility policy review, the facility failed to ensure the chemical sanitizer for a low-temperature dishwasher had a concentration of at least 50 parts per million (ppm) for one (1) of two (2) dishwasher observations. Findings Include: Review of the facility's policy," Sanitization" with a revision date 10/04/22, revealed, "The food service area will be maintained in a clean and sanitary manner. Policy Interpretation and Implementation ...3. All equipment, food contact surfaces and utensils will be washed to remove or completely loosen soils by using the manual or mechanical means necessary and sanitized using hot water and or chemical sanitizing solutions ...6. Dishwashing machines must be operated using the following specifications ...Low-Temperature Dishwasher (Chemical Sanitization) ...b. Final rinse with 50 parts per million (ppm) hypochlorite (chlorine) for at least 10 seconds ..." On 7/9/24 at 11:08 AM, during an observation and	M 940	The chemical sanitizer was connected to the dish machine and primed so that the sanitizer came out in the correct amount. This was done on 7/9/24 immediately when the issue was discovered. Sanitizer was tested using the chemical test strip and verified to be at the correct parts per million. All residents who eat by mouth have the potential to be affected by this deficient practice. All dietary employees were in-service by the assistant dietary manager on ensuring that chemicals are dispensing properly before starting the wash cycle and when chemicals are changed. This was completed on 7/12/2024. Beginning 7/26/24 dishwasher will be checked daily to ensure that sanitizer is dispensing at 50 parts per million before starting the first cycle of dishwashing and when the sanitizer bottle is changed. Results will be recorded by dietary personnel. CDM, assistant manager or	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MS38BM	A. BUILDING: _____ B. WING _____	07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEDFORD CARE CENTER OF MARION	6434 A DALE DR MARION, MS 39342

(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 940	Continued From page 14 interview of the tray line, Dietary #2/Cook was preparing trays for the residents in the dining room. Dietary #2 frequently stopped the line and placed dishes to the side. He stated that upon inspection, the dishes were not clean. There were 12 small bowls, five (5) plates, three (3) large serving bowls, and one (1) platter set aside. Some of the dishes had large amounts of dried food on them and some of them had small specks of food residue on them. On 7/9/24 at 1:48 PM, in a follow-up interview with Dietary #2, he stated he thought the dishwasher was not cleaning the dishes properly and explained that he never used soiled dishes when preparing meal trays for the residents. On 7/9/24 at 1:59 PM, in an interview with Dietary #1/Assistant Dietary Manager, she confirmed the facility had problems with the dishwasher and it had been rebuilt approximately two (2) months ago. She explained they had minor problems with the dishwasher which required a repairman to come to the facility to repair it. She reported it was the responsibility of the dietary aides to check the dishes before the dishes were stored to make sure they were clean. On 7/9/24 at 2:10 PM, in an observation with Dietary #1 and Dietary #3, there were four (4) dirty plates. Dietary #3 sprayed the dishes and placed them in the low temperature dishwasher. After the dishwasher cycle ended, she removed the plates, and they had specks of food residue on them. The dishwasher temperature reached 130 degrees Fahrenheit (F), which was within the required temperature range and the chlorine measured 10 ppm on the dish surface, which was less than 50 ppm. Dietary #1 confirmed the plates were not clean and the sanitation was less	M 940	administrator will check solution once weekly or at chemical change x 12 weeks beginning 7/29/24.Results will be recorded by dietary personnel.Audit findings will be brought to the Quality Assurance Committee monthly x 3 months starting on 8/15/2024 to ensure sustained compliance.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MS38BM	A. BUILDING: _____ B. WING _____	07/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEDFORD CARE CENTER OF MARION	6434 A DALE DR MARION, MS 39342

(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 940	Continued From page 15 than the required amount. On 7/9/24 at 2:25 PM, in an interview with the Corporate Dietary Consultant, she stated the sanitation had been changed earlier today and was not coming through the tubing properly because the tubing had not been primed. She stated that after priming the tubing, the sanitation reading was 50 ppm. On 7/11/24 at 1:00 PM, in an interview with the Administrator, he stated he was made aware the dietary staff had not primed the sanitation tubing after installing a new container of sanitation in the dishwasher and explained that education and training had begun immediately for the dietary staff as soon as the issue was observed.	M 940		