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M 000	Initial Comments The State Agency (SA) conducted an annual recertification survey at the facility from 07/14/2024 through 07/17/2024. 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, M640, M815, and M855.	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	M 500		8/16/24

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M 500	Continued From page 1	M 500		

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;

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

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M 500	Continued From page 2 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 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	M 500		

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M 500	Continued From page 3 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, record review, resident and staff interviews, and facility policy review, the facility failed to treat residents in a dignified manner, as evidenced by not providing meals consecutively to all residents who were seated at the same table for three (3) of 20 residents	M 500	1. Residents #10, #27, and #160 showed no signs of discomfort or distress from the event. The facility cannot go back and correct this practice. 2. All residents who eat their meals in the dining room of the facility have the potential to be affected by this practice.	

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M 500	Continued From page 4 observed during a dining room observation. Findings include: Record review of the facility's policy "Resident Rights" dated November 23, 2016, revealed " ... It is the policy of this facility to promote and protect the rights of residents residing in this facility. Procedure... 2. This facility will make every effort to assist the resident in exercising his/her rights and to assure that the resident is always treated with ...dignity... 6. Policies governing resident rights are outlined in a separate chapter of this manual entitled Resident Rights... (a) Resident rights. The resident has a right to a dignified existence ... (1) A facility must treat each resident with respect and dignity and care for each resident is a manner and in an environment that promotes ...enhancement of his or her quality of life, recognizing each resident's individually..." On 7/15/24 at 12:00 PM, observed 20 residents sitting in the dining room waiting for lunch with three (3) staff members also in the dining room. During an interview with Licensed Practical Nurse (LPN) #4, she explained "the kitchen staff are having problems in the kitchen and residents are still waiting for lunch. Lunch is usually served around noon, but it is a little late today." At 12:10 PM on 07/15/24, the tray cart came out of the kitchen to be served. Observed two (2) LPNs and one (1) Certified Nurse Aide (CNA) in the dining room and they began passing out trays. Resident #10 was in the dining room sitting at the table on the first row facing the kitchen with another resident. The resident sitting with Resident #10 was served his tray at 12:18 PM, no tray was available for Resident #10, so staff requested his tray and continued to pass out the	M 500	3. The Administrator completed a one-on-one in-service with the Dietary Manager (DM) on Resident Rights, Dignity, the Dining Program in correspondence with providing meals consecutively to all residents who are seated at the same table, Always Available Menu, Menu Alternatives, Food Storage, Personal Hygiene and Safety, Food Handling, and Infection Control Procedures on 07/22/24. The Social Services Director (SSD) completed an education with staff on Resident Rights, Dignity, the Dining Program in correspondence with providing meals consecutively to all residents who are seated at the same table on 07/23/24. A Resident Council Meeting was held on 07/29/24 to review the dining program and the Always Available Menu; no concerns were raised during the meeting. 4. The SSD, Administrative Nurses, Director of Nursing (DON), or Administrator will complete audits to ensure residents are receiving proper care regarding the Dining Program in that meals are provided consecutively to all residents who are seated at the same table and Resident Rights/Dignity are honored by making rounds in the dining room during any of the 3 main mealtimes. The SSD, Administrative Nurses, DON, or Administrator will complete audits to begin on 07/26/24, during any of the 3 main mealtimes to include 3 residents weekly	

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M 500	Continued From page 5 trays to other residents at other tables. At 12:20 PM on 07/15/24, during an interview with LPN #4, she explained all residents are to be served at the same time at the same table, she asked kitchen staff for Resident #10's tray again and other residents' trays also. At 12:25 PM on 07/15/24, during an interview with Resident #10, he explained he had been in the dining room since 11:30 AM and he always eats lunch in the dining room. He feels everyone at a table should be served at the same time and he was here way before the other resident at his table. At 12:26 PM on 07/15/24, Resident #10 still had not gotten his lunch tray and the other resident at his table was through eating and left the dining room. At 12:27 PM on 07/15/24, three (3) lunch trays remained on the cart. LPN #4 explained those trays were not being passed out because those trays are for resident's sitting at the table with resident's whose trays are not on the cart. LPN #4 requested residents' trays from the kitchen staff again. Resident #10 received his lunch tray at this time. At 12:30 PM on 07/15/24, Resident #27 complained that she had not received her lunch tray and her tablemate had been served her tray. LPN #4 explained to the resident, she had asked the kitchen staff for her tray. At 12:33 PM on 07/15/24, Resident #27 received her tray. Staff explained to the resident that her lunch tray had been put on the hall cart.	M 500	for 30 days; then 3 residents monthly for 3 months to ensure residents are receiving proper care regarding the Dining Program in that meals are provided consecutively to all residents who are seated at the same table and Resident Rights/Dignity are honored. Any concerns related to Resident Rights, Dignity, or inadequate serving of meals to residents sitting at the same table will be addressed immediately to begin with a one-on-one in-service education and will move to disciplinary actions as necessary. The results of such audits will be reviewed at the facility□s Quality Assurance Performance Improvement (QAPI) meeting monthly to monitor compliance for a period of 4 months to end on November 26, 2024. The first QAPI meeting to review such audits will be held on 08/16/24. If the QA team identifies non-compliance, the interdisciplinary team will review policies and procedures and submit solutions and/or changes to make as needed and complete further in-service education. 5. Completion date as of 08/16/24.	

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M 500	Continued From page 6 At 12:35 PM on 07/15/24, during an interview with Resident #27, she explained she always eats in the dining room and has been in the dining room since 11:30 AM. She understands the residents that need to be fed should get their food first, but she would like to get her food when her tablemate gets hers. At 12:36 PM 07/15/24, two (2) residents still did not have their trays. At 12:41 PM on 07/15/24, Resident #160 asked the staff where her tray was. LPN #4 explained to her she has requested her tray from the kitchen staff already and is waiting on her tray. Resident #160 complained she is going to miss her smoke break because she has not eaten her lunch yet. At 12:45 PM on 07/15/24, during an interview with Resident #160, she reported she has been in the dining room since 11:30 AM and she always eats in the dining room with her roommate. Her roommate was served her tray at this time, due to staff being afraid the food would be cold due to no cover on the plate. LPN #4 asked for Resident #160's lunch tray four (4) more times before the tray was delivered to the resident at 12:53 PM. During an interview with Certified Nursing Assistant (CNA) #1 at 12:55 PM on 07/15/24, she explained she had to ask several times for residents' trays and confirmed not all residents were served at the same time and that is a dignity concern for the residents. At 1:00 PM on 07/15/24, during an interview with LPN #5, she confirmed the three (3) residents who were not served at the same time as their tablemate, each resident eats in the dining room	M 500		

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daily. The kitchen staff was informed before the trays came out of all the residents in the dining room. She is not sure how the trays for lunch are delivered to the dining room or floor or which one is served first.

On 07/15/24 at 1:30 PM, during an interview with the Dietary Manager, she explained the dining room is served first, then TCU (Transition Care Unit) 1, then West 1, then TCU 2, and then West 2. She explained the nursing staff working in the dining room will notify kitchen staff the residents to be served in the dining room. Sometimes some residents will come in after the names are given and then their trays may be a little later than the others. She expects all residents to be served at the same time and be respected in a dignified manner.

On 07/17/24 at 2:10 PM, during an interview with the Director of Nursing and the Administrator, they both verbalized all residents are to be served at the same time in the dining room before moving on to the next table. Not serving residents at the same table is a dignity issue. They both expect all residents' rights to be respected and each resident to be treated in a dignified manner.

Resident #10

A record review of Resident #10's "Admission Record" revealed the facility admitted the resident on 04/03/24, with the diagnosis of Hemiplegia and Hemiparesis following Unspecified Cerebrovascular Disease Affecting Left Non-Dominant Side.

A record review of Resident #10's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 07/04/24 revealed a

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M 500	Continued From page 8 Brief Interview for Mental Status (BIMS) Summary Score of 15, which indicated the resident was cognitively intact. Resident #27 A record review of Resident #27's "Admission Record" revealed the facility admitted the resident on 05/04/24 with the diagnosis of Chronic Obstructive Pulmonary Disease, Unspecified. A record review of Resident #27's Annual MDS, with an ARD of 05/08/24 revealed a BIMS Summary Score of 13, which indicated the resident was cognitively intact. Resident #160 A record review of Resident #160's "Admission Record" revealed the facility admitted the resident on 11/06/23, with the diagnosis of Paraplegia, Unspecified. A record review of Resident #160's Annual MDS, with an ARD of 05/08/24 revealed a Staff Assessment for Mental Status revealed there were no issues with the resident's short and long-term memory and was coded for modified independence indicating some difficulty in new situations only.	M 500		
M 640	45.21.8 Accidents Accidents. The facility shall ensure that the residents ' environment remains as free of accident hazards as possible, and adequate supervision shall be provided to prevent accidents. If an unexplained accident occurs, this injury must be investigated and reported to appropriate state agencies.	M 640		8/16/24

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M 640	Continued From page 9 This Statute is not met as evidenced by: Level II Based on observation, interviews, and facility policy review, the facility failed to ensure an unattended medication cart was secured and locked for one (1) of three (3) medication carts observed. Findings include: A review of the facility's "Hazardous Areas Devices and Equipment," reviewed 8/2023 revealed, "All hazardous areas, devices, and equipment in the facility will be identified and addressed appropriately to ensure resident safety and mitigate accident hazards to the extent possible ... Identification of Hazards .... 1. A hazard is defined as anything in the environment that has the potential to cause injury or illness. Examples of environmental hazards include, but are not limited to the following: a. Equipment and devices that are left unattended or are malfunctioning ..." A review of the facility's "Storage of Medications," dated 9/5/12 revealed, "Medications and biologicals are stored safely, securely, and properly following manufacturers' recommendations are those of the supplier. The medication supply is accessible only to licensed nursing personnel, pharmacy personnel, or staff members lawfully authorized to administer medications. Procedures ... B. Only licensed nurses, pharmacy personnel, and those lawfully authorized to administer medications are allowed access to medications. Medication rooms, carts, and medication supplies are locked or attended by persons with authorized access ... L.	M 640	1. There were no Residents affected by this practice. The Director of Nursing (DON) removed the medications and the unopened needle and disposed of them and then removed the broken medication cart from the facility on 07/14/24. 2. All residents in the facility have the potential to be affected by this practice. 3. The DON completed an in-service with staff on Hazard Areas, Devices, and Equipment and the Storage and Destruction of Medications on 07/19/24. 4. The Transitional Care Unit (TCU) Manager, Administrative Nurses, Director of Nursing (DON), or Administrator will complete audits to ensure the Resident environment is free of hazards. The TCU) Manager, Administrative Nurses, DON, or Administrator will complete audits to begin on 07/26/24, to include any one hall/area weekly for 30 days; then any one hall/area monthly for 3 months to ensure the Resident environment is free of hazards. Any concerns related to hazards in the facility will be addressed immediately. The results of such audits will be reviewed at the facility□s Quality Assurance Performance Improvement (QAPI) meeting monthly to monitor compliance for a period of 4 months to end on November 26, 2024. The first QAPI meeting to review such audits will be held on 08/16/24. If the QA	

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M 640	Continued From page 10 Outdated, contaminated, or deteriorated medications and those in containers that are cracked, soiled, or without secure closures are removed from stock, disposed of according to procedures for medication disposal ... and reordered from the pharmacy ... if a current order exists ..." During an observation of the medication cart on the 200 Hall on 7/14/24 at 9:00 AM, revealed an unlocked and unattended medication cart. There was an unopened 21 gauge x (by) 1 inch gauge needle lying on the top of the medication cart. Both drawers had more than twenty (20) unsecured pills lying in the bottom of the drawer. The unlocked drawers allowed access to anyone. On 7/14/24 at 9:02 AM, Licensed Practical Nurse (LPN) #1 was observed down the hallway administering medications to residents and was out of the view of the unlocked and unsecured medication cart. On 7/14/24 at 9:30 AM, in an observation and interview, Certified Nursing Aide (CNA) #1 pushed the unsecured medication cart into a shower room. CNA #1 revealed she pushed the cart into the shower room to help the nurse because she knew the medication cart should not be left unattended in the hallway. CNA #1 said she did not notice the needle on the top of the medication cart, nor was she aware the drawers of the cart contained various pills. On 7/14/24 at 9:45 AM, during an interview, LPN #1 confirmed the medication cart was left unlocked and unattended in the hallway by the nurse's station. LPN #1 said the medication cart had been stationed on the hall since Wednesday of this week because the locking mechanism had	M 640	team identifies non-compliance, the interdisciplinary team will review policies and procedures and submit solutions and/or changes to make as needed and complete further in-service education. 5. Completion date as of 08/16/24.	

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broken. The medications were switched over to another medication cart while she was off from work and when she returned to work on Friday, she had noticed the cart had been changed out. LPN #1 explained the cart had been sitting in the hallway since Friday. She stated she had not noticed a needle on top of the cart, and she was not aware there were loose pills in the drawers of the cart. LPN#1 stated a confused resident could have hurt themselves if they had gotten the needle or taken some of the pills in the drawers. She stated "whoever changed out the medication cart should have removed all the medications and stored the cart properly."

During an interview on 7/14/24 at 10:00 AM, the Director of Nursing (DON) explained the medication cart was changed out by the night shift because the cart was broken and would not lock. The DON said the night shift should have removed the needle and the medications out of the cart. The DON explained she had not noticed the cart on the hallway, and she expected the nurses to make sure medication carts are locked in the medication room when they are not being used. The DON confirmed a confused resident could have harmed themselves with the needle and taken the medication that was in the bottom of the drawers.

During an interview on 7/14/24 at 12:30 PM, the Administrator explained she expected the nurses to keep medications and supplies in a secure medication room when the nurse was not using them. The Administrator said the medications should have been destroyed and the broken medication cart should have been taken out of the facility.

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(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 815	Continued From page 12	M 815		
M 815	45.29.1 Safe Food Handling Procedures Safe Food Handling Procedures. Food shall be prepared, held, and served according to current Mississippi State Department of Health Food Code Regulations. This Statute is not met as evidenced by: Level II Based on observation, staff interviews, and facility policy review, the facility failed to ensure spoiled food items were discarded, food items such as seasonings and spices were not open and exposed, and the food prep area was free from contamination for two (2) of two (2) kitchen observations. This has the potential to affect all residents receiving meals from the facility's dietary department. Findings included: A review of the facility's policy "Food Storage," revised 07/11/2024, revealed, "Fresh vegetables should be checked and sorted for ripeness ...should be inspected for decay ...dry products should be kept in tightly sealed containers ..." A review of the facility's policy "Infection Prevention and Control," dated 10/6/2017, revealed, "The goals of the infection prevention and control program are to: A. Decrease the risk of infection to residents and personnel ...C. Identify and correct problems relating to infection prevention and control practices ...D. Maintain compliance with state and federal regulations related to infection and prevention ..." On 07/14/24 at 9:07 AM, during an interview and	M 815	1. No Residents were directly affected by this practice. 2. All residents who receive meals from the kitchen in the facility have the potential to be affected by this practice. 3. The Dietary Manager (DM) removed and disposed of the 3 bell peppers on 07/14/24. The DM properly secured the 15 containers of seasonings on 07/14/24. The DM completed an in-service to all dietary staff on Food Storage, Personal Hygiene and Safety, Food Handling, and Infection Control Procedures on 07/16/24. The Administrator completed a one-on-one in-service with the DM on Resident Rights, Dignity, the Dining Program in correspondence with providing meals consecutively to all residents who are seated at the same table, Always Available Menu, Menu Alternatives, Food Storage, Personal Hygiene and Safety, Food Handling, and Infection Control Procedures on 07/22/24.	8/16/24

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	30SR	A. BUILDING: _____ B. WING _____	07/17/2024

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M 815	Continued From page 13 observation of the kitchen with the Cook, there were three (3) green bell peppers that had soft, pliable spots and areas of white biological growth. There were 15 containers of seasonings that were not closed, and the seasonings were exposed. The Cook acknowledged the overly ripe bell peppers and the exposed seasonings. The Cook reported she was unaware the produce was over-ripe and reported she and the Dietary Manager (DM) were responsible for maintaining food quality in the kitchen. On 07/15/24 at 11:14 AM, during an observation, the Cook picked up a glove from the floor and placed it on a food prep table where pureed tomatoes and sandwiches were being prepared. On 07/15/24 at 11:16 AM, in an interview with the Cook, she acknowledged that she had picked up a glove off the floor and placed it on the food prep table. The cook stated she knew food was being prepared on the table, but she did not want to place the glove back into the container with clean gloves. She confirmed the floor was considered dirty and the glove should have been discarded appropriately. On 07/15/24 at 1:24 PM, an interview with the DM revealed she was aware of the issues regarding spoiled peppers, exposed seasonings, and the Cook placing a glove on the food prep table from the floor. The DM stated it was the responsibility of the cook and herself to make sure spoiled foods were discarded. The DM reported whoever opened an item should make sure it was not left open, with the contents exposed. The DM stated she expected spoiled foods to be discarded and the seasonings to be closed. She also stated she expected items that were picked up off of the floor are discarded appropriately.	M 815	4. The DM, Director of Nursing (DON), or Administrator will complete audits to ensure that food is stored appropriately and that the dietary staff is following policy and procedure regarding food safety requirements. The DM, DON, or Administrator will audit the kitchen for proper food storage and food safety one time weekly for 4 weeks; then one time monthly for 3 months to ensure that food is stored appropriately and that the dietary staff is following policy and procedure regarding food safety requirements to begin on 07/26/24. Any concerns related to food storage or food safety will be addressed immediately. The results of such audits will be reviewed at the facility□s Quality Assurance Performance Improvement (QAPI) meeting monthly to monitor compliance for a period of 4 months to end on November 26, 2024. The first QAPI meeting to review such audits will be held on 08/16/24. If the QA team identifies non-compliance, the interdisciplinary team will review policies and procedures and submit solutions and/or changes to make as needed and complete further in-service education. 5. Completion date as of 08/16/24.	

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M 815	Continued From page 14 On 07/17/24 at 9:24 AM, an interview with the Administrator stated the issues in the kitchen should not have occurred. It was her expectation that items be stored and discarded appropriately.	M 815		
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 observations, interviews, record reviews, test tray evaluation, and facility policy review, the facility failed to ensure the resident's food was at an appetizing temperature for one (1) of 16 sampled residents. (Resident #53). This has the potential to affect all residents receiving meals prepared by the facility's dietary department. Findings include: A review of the facility's policy titled "Food Temperatures," dated 03/19/20 revealed, "Food should be served at the proper temperature to ensure food safety and palatability. Procedure: ... 8. Palatability of foods determines appropriate temperatures at bedside or tableside food. Generally, hot food is palatable between 110 degrees Fahrenheit (F) and 120 degrees Fahrenheit (F) ..."	M 855	1. Residents #49, #5, #3, #39, #44, #and #36 did not show any signs of discomfort or distress from the event. The Facility cannot go back and correct this practice. 2. All residents who receive meals from the facility have the potential to be affected by this practice. 3. The Administrator attended the Resident Council Meeting in June 2024 to introduce herself and get any concerns from the Residents, cold food was not mentioned. A technician from Crestco came out to evaluate and diagnose the steam table in the kitchen on 07/23/24. The needed part was ordered by the technician on 07/23/24 to be installed as soon as possible, a date to be determined by Crestco. The Administrator reviewed the Resident	8/16/24

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M 855	Continued From page 15 On 07/14/24 at 11:24 AM, during an interview, Resident #53 complained the food had been served cold at times. On 07/14/24 at 11:25 AM, during an interview with Certified Nurse Aide (CNA) #7, she explained she had been at the facility since April 2024, and residents had complained about the food being cold. On 07/14/24 at 11:45 AM, during an interview with Dietary Department Cook/Staff #4, she revealed two (2) of the four (4) compartments on the steam table did not work. The cook reported she poured boiling water into one of the inoperable compartments to use it. The cook revealed the Maintenance Department had been informed that the steam table could not be repaired. The cook stated she was informed that the steam table would have to be replaced. On 07/15/24 at 11:35 AM, during an observation of the kitchen staff as they prepared trays, the staff were not covering plates as they prepared them. There were up to six (6) racks of trays on a cart with no lids on the plates. At 11:39 AM on 07/15/24, during an observation of the steam table food temperatures, the scalloped corn was 170 degrees, garlic pepper pork loin was 160 degrees, and zucchini, tomatoes, and mushrooms were 170 degrees. At 12:05 PM on 07/15/24, the first tray cart left the kitchen to go to the dining room. None of the dining room trays had a plate cover. At 1:14 PM on 07/15/24, the last open tray cart containing four (4) trays left the kitchen to go to the hall.	M 855	Council Meeting minutes from the meeting on 07/29/24, there were no dietary complaints or concerns regarding cold food. 4. The Dietary Manager (DM), Social Services Director (SSD), Administrative Nurses, Director of Nursing (DON), or Administrator will complete audits to ensure the residents□ food is at an appropriate temperature. The DM, SSD, Administrative Nurses, DON, or Administrator will complete audits to begin on 07/26/24, to include 3 residents weekly for 30 days; then 3 residents monthly for 3 months to ensure residents are receiving food at appropriate temperatures. Any concerns related to cold food will be addressed immediately. The results of such audits will be reviewed at the facility□s Quality Assurance Performance Improvement (QAPI) meeting monthly to monitor compliance for a period of 4 months to end on November 26, 2024. The first QAPI meeting to review such audits will be held on 08/16/24. If the QA team identifies non-compliance, the interdisciplinary team will review policies and procedures and submit solutions and/or changes to make as needed and complete further in-service education. 5. Completion date as of 08/16/24.	

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M 855	Continued From page 16 On 07/15/24 at 1:18 PM, the test tray reached the State Agency (SA) in the conference room. The food temperatures revealed garlic pepper pork loin with gravy at 110 degrees, zucchini and tomatoes at 100 degrees, and corn at 110 degrees. The food was lukewarm to taste. The Dietary Manager confirmed the food was lukewarm and not at an appetizing temperature. At 2:05 PM on 07/15/24, during an interview, CNA #5 explained Resident #53 and other residents had complained about the food being cold for several months. On 07/17/24 at 10:50 AM, during a phone interview with the facility's Registered Dietitian, she explained she was not aware residents were complaining about the cold food. On 07/17/24 at 2:15 PM, during an interview, the Administrator explained she was made aware recently that the residents had been complaining about cold food and that the steam table was not working properly. She expected all food to be delivered to the residents at an appetizing temperature. A record review of the Admission Record of Resident #53 revealed the facility admitted the resident on 01/24/24, with diagnoses that included Bilateral Primary Osteoarthritis of Knee and Essential Hypertension. The significant change Minimum Data Set (MDS) for Resident #53, with an Assessment Reference Date (ARD) of 06/18/24, revealed a Brief Interview for Mental Status (MDS) score of 15, which indicated the resident was cognitively intact.	M 855		

MSDH - Health Facilities Licensure and Certification

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