STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255316	A. BUILDING _____ B. WING _____	08/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GROVE	11 PECAN DRIVE COLUMBIA, MS 39429

(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) COMPLETION DATE
F 000	INITIAL COMMENTS The State Agency (SA) conducted an annual recertification survey at the facility from 08/26/2024 through 08/29/2024. During the survey, the SA determined the facility was not in compliance with the requirements of participation in Medicare and Medicaid and cited F689 and F812. The facility had a census of 84 and was licensed for 86 beds.	F 000		
F 689 SS=D	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and facility policy review, the facility failed to safely store and lock hazardous cleaning chemicals in one (1) of four (4) shower rooms observed during the annual survey. Findings Include: A review of the facility policy titled "Hazardous Materials/Chemicals and Waste-Storage," revised on 11/7/23, revealed, "Purpose: To provide a policy whereby hazardous materials/chemicals and waste can be stored in a safe manner to prevent injury to patients, personnel, or visitors.	F 689	1.Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice. A) On 8/26/2024 the hazardous materials/chemicals were immediately removed from the unlocked shower room and stored in a locked closet. B) On 8/26/2024 maintenance personnel immediately placed a key pad lock on the outside shower door (where these chemicals were being stored). From now on residents will not be able to enter the	10/11/24

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 09/12/2024

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F 689	Continued From page 1 Policy: It is the policy of this facility that all hazardous materials are received into the department by appropriate personnel and stored in a supply closet suitable for chemicals... Storage areas are kept locked and secured from the public at all times to prevent injury to patients, personnel, or visitors... Hazardous waste storage and processing areas will be free of clutter and effectively separated from patient care... All Hazardous Waste is to be kept in a locked and secure area inaccessible to the general public ..." An observation of the south shower room on 8/26/24 at 10:30 AM revealed two (2) spray plastic containers of Clorox cleaner and one (1) spray plastic container of Medco Rinse Agent sitting on the top of a shelf, unattended and not secured. A second observation of the south shower room on 8/26/24 at 11:40 AM revealed the same two (2) spray plastic containers of Clorox cleaner and one (1) spray plastic container of Medco Rinse Agent sitting on top of a shelf, still unattended and unsecured. On 8/26/24 at 4:00 PM, during an observation and interview the Director of Nursing (DON) confirmed that the chemicals were sitting on top of a shelf in the shower room, unattended. The DON stated that both the Clorox cleaner and Medco Rinse Agent should have been locked inside a cart, as they are biohazard chemicals. She confirmed that there were no wandering residents in the facility and that there had been no incidents involving chemicals in the last 12 months. During an interview on 8/26/24 at 4:20 PM, the	F 689	shower room and will not be at risk for any potential incidents involving hazardous chemicals. C) The Director of Nursing did an in-service with her staff that were present on 8/27/2024 on the importance of keeping the shower room door locked at all times and keeping chemicals stored in the appropriate manner. D) The Director of Nursing put out a memo to all of her staff on 8/27/2024 to make them aware of the risk associated with storing chemicals in the manner that we were storing them and made them aware of the new lock we placed on the shower room door. 2.Address how the facility will identify other residents having the potential to be affected by the same deficient practice. A) All residents that are mobile and have the ability to move about the facility on their own were identified to be at risk to be potentially affected by this deficient practice. 3.Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur. A) The facility purchased a storage closet and placed in the shower room so that chemicals could be stored and would not be left out in the open. B) Beginning 9/12/2024, a check off sheet titled "EAST WING SHOWER ROOM" will be left in the shower room	

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F 689	Continued From page 2 Administrator confirmed that chemicals should not be left unattended anywhere in the facility and should always be securely locked. The Administrator acknowledged that the chemicals could be harmful if residents accessed them. A review of the "Medco Rinse Agent" Material Safety Data Sheet (MSDS), prepared on 2/2/09, revealed that exposure to the eyes, skin, respiratory tract, or gastrointestinal tract could be irritating. A review of the "Clorox Germicidal Bleach" Safety Data Sheet (SDS), revised on 12/11/20, revealed that in case of eye or skin contact, inhalation, or ingestion, immediate medical attention is required.	F 689	and the Certified Nursing Assistant Coordinator or Charge Nurse will check each day to ensure that the shower room door is locked and that the chemicals are being stored in the closet. C) On 9/11/24, Director of Nursing posted an in-service on our company message board about the importance of keeping the shower room door locked at all times and keeping chemicals stored in the appropriate manner. 4. Indicate how the facility plans to monitor its performance to make sure that solutions are lasting. A) This plan of correction was brought before our Quality Assurance Performance Improvement Council on 9/12/2024 and accepted into our Quality Assurance system at this time. B) Beginning 9/13/2024, the Certified Nursing Assistant Coordinator will go over the check off sheet titled "EAST WING SHOWER ROOM" each week during our Quality Assurance Performance Improvement Council meetings for 4 weeks to ensure that the shower room door is remaining locked and the chemicals are being stored in the new closet. C) Beginning on 9/12/2024, the Director of Nursing is to do unannounced rounds in the shower room at once a week for 4 weeks to ensure the door is remaining locked and that the chemicals are being stored in the closet. D) On 10/11/2024 a Quality Assurance meeting will be held to discuss the	

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F 689	Continued From page 3	F 689	findings of our monitoring of the shower room & to decide if our daily and weekly checks should continue. 5. Indicate the date the corrective actions will be completed. A) These actions will be completed on 10/11/2024.	
F 812 SS=D	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observations, interviews, and facility policy review, the facility failed to ensure proper sanitation procedures were utilized during dishwashing, as evidenced by, the minimum water temperature of the low-temperature	F 812	1. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice.	10/11/24

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F 812	Continued From page 4 dishwasher machine was not reached during two dishwasher observations for two (2) of four (4) dietary tours. Findings Include: A review of the facility's policy titled "Machine Warewashing," revised on 09/12/11, revealed, "Chemical Sanitizing Machines use a low temperature to clean and sanitize. Follow the dishwasher manufacturer's guidelines. Suggested temperature = 120 degrees. If the dish machine cannot be used, dishes should be washed according to the procedures for washing pots and pans in the three-compartment sink." During an observation on 08/28/24 at 12:01 PM, Dietary Cook #2 demonstrated how the low-temperature dishwasher worked. It was noted that the chemical sanitizer was within the recommended manufacturer's guidelines, however, the thermometer of the machine only measured 60 degrees Fahrenheit (F). At that time, the Dietary Supervisor ran the machine three (3) more times, but the temperature remained at 60 degrees F. Dietary Worker #3, who normally checked the dishwasher temperature, used an analog thermometer to manually check the water temperature. The temperature was 110.6 degrees F. On 08/28/24 at 12:43 PM, the Administrator observed the rinse cycle of the dishwasher and confirmed the dishwashing thermometer was not working. On 08/29/24 at 9:09 AM, the Dietary Supervisor was observed running the dishwasher. She stated that they continued to use the dishwasher	F 812	A) Upon notification that the dish machine was not reaching proper temperature on 8/28/2024, the maintenance department troubleshot and it was determined that an outside company would need to address the problem. B) On 8/28/2024 a contractor was contacted and a technician arrived within a few hours to diagnose the issue. The problem was identified by the contractor's technician and the appropriate parts were ordered. C) On 8/29/2024 the technician returned with the appropriate part and repaired the dishwasher. The water temperature was checked to ensure that the proper temperature was obtained. 2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice. A) All residents that received food from the kitchen in a washable container were identified to be at risk due to this deficient practice. 3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur. A) On 8/29/2024, the Dietary Manager held an in-service for all dietary staff regarding proper protocol for checking the temperature of the water in the dish machine, how to record temperatures on the log located in the dish room & on	

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F 812	Continued From page 5 as the temperature, manually checked that morning, revealed it reached 114 degrees F. She added that chemicals were also used in the dishwasher. The Dietary Supervisor stated that she was also pre-rinsing the dishes with hot water and dishwashing liquid. The policy was reviewed with the Dietary Supervisor, and it stated that if the dishwasher could not be used, dishes should be washed according to the procedure used for washing pots and pans in the three-compartment sink. The Dietary Supervisor confirmed that she had not been following this procedure. On 08/29/24 at 9:45 AM, Dietary Cook #2 was observed testing the three-compartment sink with test strips and demonstrated that the chemical levels were within the manufacturer's recommended guidelines. On 08/29/24 at 9:57 AM, during an interview, the Maintenance Supervisor stated that the dishwasher servicing company had arrived the previous afternoon around 4:00 PM and informed the facility that the part for the dishwasher had to be obtained from a nearby town, and they should be back later that day. On 08/29/24 at 11:10 AM, the Administrator confirmed that the dishwasher servicing company had been in the building earlier that morning and was in the process of obtaining a part to ensure that the dishwasher's temperature reached and recorded the recommended temperature. On 08/29/24 at 12:27 PM, the kitchen staff were observed washing dishes in the three-compartment sink.	F 812	following the proper procedures of dish washing in the event the dish machine does not meet the appropriate temperature. B) To further ensure the dietary staff maintain the proper sanitation of the dishes, the policy titled "Machine Warewashing" has been posted beside dish machine in the event that the water temperature of the dish machine is not appropriate. C) The policy titled "Machine Warewashing" has been added to the orientation process for all dietary staff upon hire. 4. Indicate how the facility plans to monitor its performance to make sure that solutions are lasting. A) This plan of correction was brought before our Quality Assurance Performance Improvement Council on 9/12/2024 and accepted into our Quality Assurance system at this time. B) Beginning on 9/4/2024 the Dietary Manager began checking the temperature of the dish machine water at each meal time, Monday through Friday. The Dietary Manager is recording the temps on a log and/or initialing behind staff to ensure accuracy. This will continue through October 11, 2024. C) Beginning 9/13/2024, the Dietary Manager will bring any negative findings to our weekly Quality Assurance Performance Improvement Council meetings for ideas on how to improve our plan of correction.	

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F 812	Continued From page 6	F 812	D) On 10/11/2024 a Quality Assurance meeting will be held to discuss the findings of our monitoring of the dish machine temperature & to decide if our daily and weekly checks should continue. 5. Include dates when corrective action will be completed A) These actions will be completed on 10/11/2024.	