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
	82MC	A. BUILDING: _____ B. WING _____	09/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARTHA COKER GREEN HOUSE HOME	2041 GRAND AVE YAZOO CITY, MS 39194

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M 000	Initial Comments The State Agency (SA) conducted an annual re-certification survey with one (1) complaint investigation (CI) MS# 25378, at the facility from 9/24/24 through 9/26/24. 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. The SA identified non-compliance and cited M 610 related to Activities of Daily Living (ADL) care for MS CI #25378. The SA also cited M 815 and M 1570. The census at the time of the survey was 56 and the facility is licensed for 60 beds.	M 000		
M 610	45.21.2 Activities of daily living Activities of daily living. Each resident shall receive assistance as needed with activities of daily living to maintain the highest practicable well being. These shall include, but not be limited to: 1. Bath, dressing and grooming; 2. Transfer and ambulate; 3. Good nutrition, personal and oral hygiene; and 4. Toileting. This Statute is not met as evidenced by: Level II Based on observation, elder and staff interview, and facility policy review, the facility failed to provide the necessary nail care for an elder dependent on staff for assistance with Activities of Daily Living (ADL) for two (2) of sixteen sampled	M 610	1. Nails were cleaned and trimmed for Elder #7 and Elder #31 on September 24, 2024. A 100% audit of the nails of all elders was also performed on September 24, 2024. Any nails noted to be overly long or unclean were trimmed and cleaned accordingly at that time. 2. All elders who require assistance for	11/1/24

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M 610	Continued From page 1 elders. Elder #7 and #31 Findings Include: Review of the facility policy titled, "Nail Care" dated 10/2022 revealed, "Policy: The purpose of this procedure is to provide guidelines for the provision of care to a resident's nails for good grooming and health... 3. Routine cleaning and inspection of nails will be provided during ADL care on an ongoing basis ...." Resident #31 During an observation and interview on 9/24/24 at 11:25 AM, with Elder #31 revealed long jagged fingernails on both hands measuring approximately three-eighths (3/8) inch in length with a dark brown substance underneath. The elder revealed he would like his nails cut. On 9/24/24 at 11:32 AM, an interview and observation with Registered Nurse (RN) #1 revealed the Shahbaz's were responsible for cutting the elder's nails that were not diabetic. She explained that if an elder was a diabetic, the nails must be cut by a RN and diabetic nails were usually cut monthly. RN #1 revealed Elder #31 was a diabetic and confirmed his nails were long and dirty, which could result in skin injury and infection. Record review of the "Admission Record" revealed the facility admitted Elder #31 on 1/05/24 with a medical diagnosis of Cervical Disc Disorder with Myelopathy. Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 7/02/24 revealed, under section C, a BIMS	M 610	nail care have the potential to be affected by this deficient practice. 3. All direct caregivers were in-serviced on the importance of routine nail care as a part of daily hygiene beginning September 25, 2024. Registered Nurse (RN) Clinical Coordinators, Minimum Data Set (MDS) Coordinator and Director of Nursing will monitor the documentation for nail care of 3 elders in the electronic medical record (EMR) weekly for 3 weeks, beginning October 6, 2024. Licensed Practical Nurse (LPN) Charge Nurses will document nail conditions for all elders with each body audit, done weekly, beginning the week of October 6, 2024. LPN will perform nail care for any diabetic elders prior to or during the weekly body audit. 4. RN Clinical Coordinators will perform audits of nail care for all elders weekly for 4 weeks, then monthly until December 31, 2024. A Quality Assurance and Performance Improvement (QAPI) committee meeting will be held on November 1, 2024, to review the results of the RN audits and revise the Plan of Correction (POC) if additional concerns are identified. The POC will be reviewed at each monthly QAPI meeting thereafter until December 31, 2024.	

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M 610	Continued From page 2 summary score of 15, which indicated Elder #31 was cognitively intact. Resident #7 During an observation and interview, on 9/24/24 at 11:40 AM, with Elder #7 revealed long fingernails observed on both hands, measuring approximately one-half (1/2) inch in length. The elder voiced it had been a while since her nails had been cut and revealed she would like it done. An interview with RN #1 on 9/25/24 at 7:40 AM, confirmed Elder #7's nails were long and revealed she could easily scratch herself. Record review of the "Admission Record" revealed the facility admitted Elder #7 on 11/02/21 with a medical diagnosis of Alzheimer's Disease. Record review of the MDS with an ARD of 8/5/24 revealed, under section C, a Brief Interview for Mental Status (BIMS) summary score of 10, which indicated Elder #7 was moderately cognitively impaired. An interview with the Administrator (ADM) on 9/25/24 at 1:48 PM, revealed, it was her expectation for nail care to be done daily. She explained that nail care was part of personal hygiene and should be looked at during bathing and done when needed.	M 610		
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	M 815		11/1/24

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M 815	Continued From page 3 Code Regulations. This Statute is not met as evidenced by: Level II Based on observation, staff interview, record review, and facility policy review, the facility failed to maintain a clean and sanitary refrigerator, label, and date open items in the refrigerator and freezer for one (1) of six (6) houses and failed to check and record food temperatures before serving meals for four (4) of six (6) houses reviewed during survey. Findings Include: House #5 Review of the facility policy titled, "Cleaning of Food and Nonfood Contact Surfaces" with a revision date of 1/24, revealed under, "Food Contact Surfaces ... To prevent cross -contamination, kitchenware and food-contact surfaces of equipment shall be washed, rinsed, and sanitized after each use and following any interruption of operations during which time contamination may have occurred." Also revealed, "Food Contact Surfaces" (meaning: those surfaces of equipment and utensils which food normally comes in contact, and those surfaces from which food may drain, drip, or splash back onto food or surfaces normally in contact with food.) Review of the facility policy titled "Dating and labeling of Food in Production" undated, revealed under, "Standard: All foods, including prepared items, bulk foods, frozen foods, and ingredients present in a (Proper Name) facility must be labeled at all times. Foods requiring a date mark	M 815	1. A 100% audit of all food storage areas for cleanliness was performed on September 24, 2024. All food storage areas and appliances were ensured to be clean and sanitized at that time. Any food items noted that were noted without labels or improperly stored were discarded at this time. 2. All elders have the potential to be affected by this deficient practice. 3. The Shahbazim were in-serviced beginning on September 24, 2024, as to their responsibility for keeping all food storage areas clean and sanitary on a continuous basis. They were also in-serviced regarding the required labeling (with date indicated) for all opened bulk food items, and regarding the appropriate storage of items within the pantry and refrigerator/freezer. All Shahbazim were also educated as to the recording of food temperatures in the logbook for every meal without exception. 4. Dietician, Registered Nurse (RN) Clinical Coordinators and Shahbaz Guide will audit the food storage areas of each Green House for cleanliness weekly for 4 weeks, beginning September 30, 2024, then monthly until December 31, 2024. Any bulk food items noted will be checked for appropriate labeling during these audits. The dietician, RN Clinical Coordinators and Shahbaz Guide will also audit temperature logs of each Green House for completion during these audits, on a weekly basis for 4 weeks, then	

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M 815	Continued From page 4 shall be labeled with the common name, preparation date, discard date, and associate initials." Initial tour of the kitchen at House # 5 on 9/24/24 at 11:55 AM, revealed a white refrigerator in the pantry area contained an empty, brown, cardboard egg crate in the bottom of the refrigerator that was observed to be wet with a white substance. The shelf above held two (2) containers of milk that were not stored in an upright position which resulted in milk leaking into the bottom of the refrigerator and on the egg carton. An observation on 9/24/24 at 12:06 PM, of the refrigerator in the kitchen area of the House #5 revealed a dark red liquid that covered the interior bottom of the refrigerator pull out crisper drawer. The top crisper drawer contained a large package [5 pounds (lbs.)] of sliced cheese with a torn blue wrapper that was undated and was dried out and hard around the edges. The freezer side of the refrigerator held a large clear plastic bag of tater tots that had been opened and was unlabeled and undated. An interview with Shahbaz #3 on 9/24/24 at 12:11 PM, revealed that anyone could clean out the refrigerators when they were dirty and needed cleaning. She explained the red substance in the kitchen refrigerator crisper drawer was blood from raw ground beef that had been stored until it was cooked for lunch today. She stated, "It must have leaked out of the bag." Shahbaz #3 confirmed the sliced cheese was not any good and should be thrown away. She revealed the cheese, and the tater tots had been opened and were not labeled and dated but should have been. She confirmed the pantry refrigerator had spilled milk that had	M 815	monthly until December 31, 2024. A Quality Assurance and Performance Improvement (QAPI) committee meeting will be held on November 1, 2024, to review the results of these audits and revise the Plan of Correction (POC) if additional concerns are identified. The POC will be reviewed at each monthly QAPI meeting thereafter until December 31, 2024.	

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M 815	Continued From page 5	M 815		

saturated the lower refrigerator. Shahbaz #3 revealed all the issues identified could make the Elder's sick.

House #1, #2, #4, and #6 Temperature Logs

Review of the facility policy titled, "Food Handling Guidelines (HACCP) Hazard analysis and critical control points," with a revision date of 1/24, revealed Minimum Safe Internal Temperatures: Hot food temperatures must be checked before the cooking process is ended. ... Hot Holding Temperatures: Foods should be held hot for service at a temperature of 135 degrees or higher. ... Cold Holding Temperatures: Foods should be held cold for service at a temperature of 41 degrees or less. ...

Record review of the September 2024 "Food Temperature Logs" for House # 1 revealed the breakfast and lunch meal temperatures were not logged for the dates of 9/2, 9/9, 9/10, 9/16, and 9/23. The facility was unable to account for the meal temperature logs for the dates of 9/3, 9/4, 9/5, 9/6, 9/7, 9/8, 9/11, 9/12, 9/13, 9/14, 9/15, 9/17, 9/18, 9/19, 9/20, 9/21, 9/22, 9/24, and 9/25.

Record review of the September 2024 "Food Temperature Logs" for House # 2 revealed the lunch and dinner temperatures were not logged for 9/1, 9/2, 9/7, and 9/8. The dinner temperatures were not logged for the following dates 9/3, 9/4, 9/5, 9/9, 9/10, 9/11, 9/12, 9/13, 9/14, 9/15, 9/16, 9/17, 9/18, 9/19, 9/20, 9/21, 9/22, 9/23, and 9/24.

Record review of the August 2024 "Food Temperature Logs" for House #4 revealed the breakfast and lunch meal temperatures were not logged for the dates of 8/14, 8/15, 8/16, 8/17,

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M 815	Continued From page 6 8/18, 8/19, 8/20, and 8/21. The facility was unable to account for the meal temperature logs from 8/22/24 until 9/25/24. On 9/24/24 at 12:00 PM, at House #4 an interview with Shahbaz #2 revealed she did not check the food temperatures for the lunch meal today. She revealed that she was sure she was trained to check the temperatures but confirmed she had not been checking them for any meal she had cooked in a long time. Record review of the September 2024 "Food Temperature Logs" for House #6 revealed the Dinner temperatures were not logged for the following dates 9/14, 9/16, 9/18, and 9/20. On 9/15 and 9/17 the temperatures were not logged for breakfast, lunch, or dinner. On 9/19 the temperatures were not logged for lunch and dinner. The facility was unable to account for the meal log for the dates of 9/1-9/13, 9/21, 9/22, and 9/23. An interview with Shahbaz #4 on 9/25/24 at 10:38 AM, in House # 6 revealed the food temperatures were to be checked before serving each meal and logged. She confirmed there was missing documentation in the logbook to prove that the temperatures were being checked with each meal. She explained that staff do the temperatures out of habit and then forget to log it down because they get busy and forget. Shahbaz #4 confirmed, if it is not logged, there would be no way to ensure that it was done. An Interview with Shahbaz #1 on 9/24/24 at 12:05 PM, revealed she was not safe certified and had no knowledge of checking the holding food temperatures. She voiced that she was not trained in that.	M 815		

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M 815	Continued From page 7 An interview with the Registered Dietician (RD) on 9/25/24 at 12:51 PM, revealed that the Shahbaz's were trained upon hire on the duties in the kitchen including taking and logging holding food temperatures, cleaning and the storage of food products. He revealed this was part of their job responsibilities. He revealed each house has a safe serve certified Shahbaz that does the cooking. The RD confirmed that the food holding temperatures should be checked before serving every meal. He revealed all Shahbaz's were trained, and they have also had in-services on ensuring foods were labeled and dated when they opened. He revealed the blood left in the refrigerator crisper tray was not acceptable and should have been cleaned at the point it was observed. The RD confirmed these things discussed could make the elders sick. He stated, "It could cause food poisoning, at the very least some upset stomachs." He then revealed he was unable to find any food temperature logs for the Month of September 2024 for House #4 and found blanks in the temperature logs for Houses #1, #2, and #6. In a follow-up interview with the RD on 9/25/24 at 3:05 PM, revealed the facility does not have any forms that the house's document the cleaning of the refrigerators. He revealed he audits the houses at least monthly for cleanliness, storage of items, items labeled and dated, and the problems were reported to the Administrator and the Shahbaz Coordinator. An interview with the Administrator (ADM) on 9/25/24 at 1:48 PM, revealed that they were making audits on the houses weekly to ensure the food temperatures were being done and logged but had since changed to monthly. She	M 815		

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M 815	Continued From page 8 revealed the Shahbaz's knew that when things were opened, they must be labeled and dated and voiced they all had been in-serviced on this. She confirmed that when the refrigerator needed cleaning because of a spill, it should be cleaned and not left for someone else. The ADM explained that they go over all these things and the kitchen responsibilities monthly in the Shahbaz meeting. She confirmed that these issues discussed could cause spoilage of food or an infection for the Elders.	M 815		
M1570	48.58.1 Infection Control The following infection control standards shall be met: 1. The facility must maintain and document an effective infection control program that protects patients, families, visitors, and facility personnel by preventing and controlling infections and communicable diseases. 2. The facility must have an active surveillance program that includes specific measures for prevention, early detection, control, education, and investigation of infections and communicable diseases in the facility. There must be a mechanism to evaluate the effectiveness of the program(s) and take corrective action when necessary. The program must include implementation of nationally recognized systems of infection control guidelines to avoid sources and transmission of infections and communicable diseases. 3. The facility must follow accepted standards of practice to prevent the transmission of infections and communicable diseases, including the use of	M1570		11/1/24

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M1570	Continued From page 9 standard precautions. This Statute is not met as evidenced by: Level II Based on observation, staff interview, record review, and facility policy review, the facility failed to use hand hygiene during wound care to prevent the possibility of the spread of infection for one (1) of four (4) care observations. Elder #44 Findings Include: Review of the facility policy titled "Clean Dressing Change" with no revision date revealed under, "Policy: It is the policy of this facility to provide wound care in a manner to decrease potential for infection and/or cross-contamination." Record review of Elder #44's Treatment Administration Record (TAR) for September 2024, revealed an order dated 9/24/24, "Apply collagen powder to wound bed. May dampen collagen powder with normal saline before application. Apply sureprep to peri area around wound, cover with bordered dressing daily until healed. every day shift for sacral wound". An observation of sacral wound care for Elder #44, with Licensed Practical Nurse (LPN) #1 on 9/25/24 at 11:40 AM, revealed she removed the soiled dressing from the sacrum and continued the treatment to the wound without performing hand hygiene and applying a new pair of gloves. An interview with LPN #1 on 9/25/24 at 11:47 AM, confirmed she did not wash her hands after removing Elder #44's soiled dressing. LPN #1 revealed she should have washed her hands to ensure the wound did not get infected.	M1570	1. The Licensed Practical Nurse (LPN) who performed wound care for the affected elder was in-serviced by the Director of Nursing (DON) on September 25, 2024, as to the proper technique and the policy related to dressing changes. The affected elder's wound was assessed on September 26, 2024, by the wound care physician. No signs or symptoms of infection or irritation were noted to the wound during this evaluation. 2. All elders requiring wound care have the potential to be affected by this deficient practice. 3. Beginning on September 25, 2024, all nurses that might be required to perform wound care (both registered nurses and licensed practical nurses) were required to attend an in-service with the Director of Nursing (DON) related to wound care and infection control. A competency check-off for wound care technique and infection control protocols was completed by all these nurses as of October 6, 2024. 4. Infection Prevention and Control Registered Nurse (RN) or Director of Nursing will monitor wound care performance weekly for one elder for 4 weeks beginning October 6, 2024, then monthly until December 31, 2024, to ensure that procedures and techniques for wound care are followed appropriately. A Quality Assurance and Performance Improvement (QAPI) committee meeting will be held on November 1, 2024, to review and revise the Plan of Correction (POC) if additional concerns are identified.	

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M1570	Continued From page 10 An interview with the Infection Control Nurse on 9/25/24 at 3:36 PM, confirmed improper hand hygiene during wound care was an infection control concern and could cause a wound infection. Record review of the "Admission Record" revealed the facility admitted Elder #44 on 2/09/21 with medical diagnoses that included Unspecified Dementia and Pressure Ulcer of Sacral region stage 3.	M1570	The POC will be reviewed at each monthly QAPI meeting thereafter until December 31, 2024.	