| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 255050 | A. BUILDING _____ B. WING _____ | 11/21/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| JEFFERSON DAVIS COMMUNITY HOSPITAL ECF | 1320 WINFIELD STREET PRENTISS, MS 39474 |

| (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 |
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| F 000 | INITIAL COMMENTS<br><br>The State Agency (SA) conducted an annual recertification survey at the facility from 11/18/2024 through 11/21/2024. During the survey, the SA determined the facility was not in compliance with the requirements of participation in Medicare and Medicaid and cited F812.<br><br>The facility had a census of 43 and was licensed for 55 beds. | F 000 | | |
| F 812 SS=D | Food Procurement,Store/Prepare/Serve-Sanitary<br>CFR(s): 483.60(i)(1)(2)<br><br>§483.60(i) Food safety requirements.<br>The facility must -<br><br>§483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities.<br>(i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations.<br>(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.<br>(iii) This provision does not preclude residents from consuming foods not procured by the facility.<br><br>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety.<br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, staff interview, and facility policy review, the facility failed to store food in accordance with professional standards for food safety related to expired foods, overly ripe | F 812 | 1) On 11/18/2024, the Patient Service Manager (PSM) discarded the expired and unlabeled food items, spoiled fruits and vegetables. PSM also discarded | 12/27/24 |

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

Electronically Signed | 12/03/2024

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| F 812 | Continued From page 1<br>produce, and scoops stored in dry bins touching food items for one (1) of two (2) kitchen observations.<br><br>Findings included:<br><br>A review of the facility's policy titled "Storing: Food and Equipment" revealed, " ...Team members must store food in a manner that ensures quality, freshness, and safeguards against foodborne illness... Items to Label. Ensure all food items are labeled ...How Long to Keep ...Generally, food should be discarded or used by the use-by date. The use-by date is the last date the manufacturer recommends use of the food and also may be referred to as the expiration date ...Containers ...Cover, label, and date all leftovers... Store scoops in a covered area ...not in food containers."<br><br>A review of the facility's policy titled "HACCP (Hazard Analysis and Critical Control Points) and Food Preparation Guidelines," revised 01/2024, revealed, "Fruits and Vegetables... Inspect for signs of spoilage, bruises, and damage ..."<br><br>On 11/18/2024 at 10:13 AM, during an observation with the Patient Service Manager (PSM) and the Food Services Director (FSD), in Refrigerator #1 there were three (3) aluminum pans with cut iced cake slices with no label or date, one (1) opened container of facility-made peanut butter with a prep date of 11/11/2024 and a use-by date of 11/17/2024, one (1) half bologna sandwich with no label or date, two (2) unopened packs of ham with a use-by date of 10/28/2024, and one (1) unopened pack of bologna with a use-by date of 09/29/2024. In Refrigerator #2, there was one (1) opened container of cooked | F 812 | foods that had been in contact with scoops.<br><br>2) 39 Residents who use dietary services have the potential to be affected by this deficient practice. On 11/18/2024, the PSM assessed all stored foods and no other items were identified with safety related concerns.<br><br>3) On 11/25/2024, the Regional Registered Dietician began an in-service for all dietary staff regarding the facilty policies "Storing: Food and Equipment" and "HACCP (Hazard Analysis and Critical Control Points) and Food Preparation Guidelines" with completion date of 12/02/2024. The in-services included "Out of date food", "Label/Dating", "Scoops" and "Open containers". All new dietary staff will be in-serviced in orientation. On 12/02/2024, the Quality Assurance (QA) Committee reviewed policies "Storing: Food and Equipment" and "HACCP (Hazard Analysis and Critical Control Points) and Food Preparation Guidelines" and no recommendations to change the policy.<br><br>4) The Patient Service Manager (PSM) will complete "Dietary Compliance Log" inspection 5 x week x 2 weeks, then 3 x week x 4 weeks, to identify any food safety concerns beginning 12/02/2024. The Registered Dietician (RD) will complete a bi-weekly inspection of the entire dietary department for 6 weeks for safety concerns and complete a "Registered Dietician Inspection" | |

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| F 812 | Continued From page 2<br>cauliflower with no label or date, thirty-three (33) bell peppers with soft spots and black and/or white biological growth, and seven (7) tomatoes with soft spots and biological growth. In Refrigerator #3, there was one (1) aluminum foil-wrapped food item identified as pork loin with no label or date, and one (1) opened pack of bologna with a faded and unidentifiable date. In the pantry, a scoop was inside the sugar bin, touching the sugar. On the spice rack, scoops were stored inside the containers and touching the food items in a 4-pound container of kosher salt, a 4-pound container of black pepper, and a 4-pound container of onion powder.<br><br>On 11/18/2024 at 11:30 AM, during an interview, the Cook stated that all kitchen staff are responsible for checking food for expiration and safety, and this monitoring should occur daily. The Cook confirmed that staff are in-serviced on food safety one (1) to two (2) times per month.<br><br>On 11/18/2024 at 11:44 AM, during an interview, the PSM acknowledged the scoops left in the dry bins, overly ripe produce, expired foods, and unlabeled food items observed. The PSM stated that all staff are responsible for checking the food for quality, labeling, and expiration dates.<br><br>On 11/18/2024 at 11:50 AM, during an interview, the FSD confirmed the findings, including overly ripe produce, scoops left in dry bins, and expired and unlabeled food. The FSD stated that it is everyone's responsibility to check foods for quality and expiration dates, which should take place daily. The FSD stated she conducts monthly in-services on food safety.<br><br>On 11/21/2024 at 9:45 AM, during an interview, | F 812 | beginning 12/03/2024. Any issues that are noted will be addressed immediately and corrected. The "Dietary Compliance Log" and "Registered Dietician Inspection" will be evaluated weekly x 6 weeks beginning 12/05/2024 in facility's weekly Quality Assurance Committee Meeting. | |

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| F 812 | Continued From page 3<br>the Administrator acknowledged the concerns observed in the kitchen. The Administrator confirmed that the FSD and PSM are responsible for monitoring food expiration dates and proper storage. He stated that going forward, he expects the kitchen to be in complete compliance. | F 812 | | |