STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30CD	A. BUILDING: _____ B. WING _____	12/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF MOSS POINT	3401 MAIN STREET MOSS POINT, MS 39563

(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 and a Complaint Investigation (CI), MS #26776, at the facility, from 12/02/24 through 12/05/24. CI MS #26776 was investigated for resident abuse, resident safety, and quality of life and there were no deficiencies cited related to the complaint. 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 M815 and M1570.	M 000		
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 interview, and facility policy review, the facility failed to store food in accordance with professional standards for food safety related to foods not labeled, food with no identified date, exposed foods, a scoop left in the flour bin, and an unclean ice machine for one (1) of two (2) kitchen observations. Findings included: A record review of the facility's policy, "Refrigerated Storage," effective June 1, 2013, revealed, "It is the policy of this facility to store, prepare, and serve foods in accordance with federal, state, and local sanitary codes... 7. All foods will be properly wrapped and/or stored in	M 815	1. The Dietary Manager (DM) took the ice machine in the kitchen out of service on 12/2/2024. The six (6) trays containing portioned glasses of various liquids were labeled and dated by the DM on 12/2/2024. The open bag of breaded chicken strips was discarded by the DM on 12/2/2024. The open bag of hamburger buns was discarded by the DM on 12/2/2024. The scoop in the flour bins was removed by the DM on 12/2/2024. The open bag of dehydrated onions and the 3 open spice jars were discarded by the DM on 12/2/204. The bottle of lemon juice that was not refrigerated was discarded by the DM on 12/2/2024 2. The center identified that all residents in the center, who receive meals from the	1/6/25

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M 815	Continued From page 1 sealed containers and dated and labeled." A record review of the facility's policy, "Dry Storage," effective August 1, 2012, revealed, " ...8. Scoops will not be stored in bulk containers." On 12/02/2024 at 10:22 AM, during an observation and interview of the kitchen with the Dietary Director (DD), the ice machine revealed dirt-like stains along the interior, in contact with the ice. When the DD wiped the soiled areas with a white towel, the smudge transferred onto the towel. An observation of Refrigerator #2 revealed six (6) trays containing portioned glasses of various liquids with no label or date. Freezer #1 was observed to contain one (1) opened bag of breaded chicken strips, leaving the food exposed, with no date. An observation of the pantry revealed one (1) opened bag containing six (6) hamburger buns, left exposed, and a scoop left in the flour bin, touching the flour. Additionally, one (1) opened bag of dehydrated onions was left exposed. On the spice rack, three (3) spice jars were noted with the lids open, leaving the spices exposed. A bottle of lemon juice was noted with manufacturer's instructions to refrigerate after opening, but it was left unrefrigerated. The DD confirmed the dirt-like stains inside the ice machine, undated food, exposed foods, and the scoop left in the flour bin. She stated she was responsible for monitoring food safety but admitted she had tried to clean the ice machine unsuccessfully. The DD reported she did not know the nature of the stains and had not tested the machine for bio-growth, as the Maintenance Director was responsible for such checks. On 12/02/2024 at 10:52 AM, during an interview, Cook #1 stated that cooks are responsible for monitoring food safety and labeling. The cook	M 815	dietary department, have the potential to be affected by the same deficient practice. 3. The DM was in-serviced by the District Manager of dietary services on the proper labeling, dating, storage, and cleaning of the kitchen areas on 12/5/24. DM in-serviced dietary staff on the proper labeling, dating, storage, and cleaning of the kitchen areas on 12/5/24. 4. To monitor the performance of our corrective action and to assure sustainability, the DM will review all storage areas, freezers, cooler, and the ice machine 5 x per week x 12 weeks to ensure all items within the kitchen are properly stored in a sanitary manner. The DM or the Dietary Manager in Training will monitor 5 x per week for 12 weeks sanitations rounds for 12 weeks to ensure proper storage, dating, labeling, and the ice machine are correct and maintained in a sanitary condition, beginning 12/6/2024. Any negative findings will be brought by the DM to the QAPI (Quality Assurance Performance Improvement) meeting monthly beginning 1/2/2025 for a minimum of three months or until substantial compliance noted.	

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M 815	Continued From page 2 confirmed that staff are in-serviced monthly on food safety. On 12/05/2024 at 9:08 AM, during an interview, the Administrator he had been told of the issues observed in the kitchen. He stated he would ensure, through self-monitoring, that the DD maintains food quality and sanitation in the kitchen. He also stated he would implement a strong plan of correction to address unsafe food storage.	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		1/6/25

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M1570	Continued From page 3 standard precautions. This Statute is not met as evidenced by: Level II Based on observation, staff interviews, record reviews, and facility policy reviews, the facility failed to follow infection control practices by not implementing Enhanced Barrier Precautions (EBP) for a resident at high risk for Multidrug-resistant Organisms (MDRO) for one (1) of 21 sampled residents. (Resident #203) Findings included: A review of the facility's policy "Transmission Based Precaution", dated 2022, revealed, " ...Enhanced Barrier Precautions recommendation is to consider expanding the use of PPE (Personal Protective Equipment) and refer to the use of gown and gloves during high-contact resident care activities that provide opportunities for transfer of MDROs to staff hands and clothing. MDROs may be indirectly transferred from resident-to-resident during these high-contact care activities. Nursing home residents with wounds and indwelling medical devices are at especially high risk ..." A record review of the "Admission Record" revealed the facility admitted Resident #203 on 08/26/2024 with diagnoses including Gastrostomy Status and Encounter for Attention to Tracheostomy. A record review of the "Order Summary Report"with active orders as of 12/4/24 revealed Resident #203 had a Physician's Order, dated 11/20/24 for Occupational Therapy (OT) and a Physician's Order dated 12/3/24 for enteral	M1570	1. Enhanced Barrier Precautions (EBP) interventions were put into place 12/5/24 for resident #203, at high risk for Multidrug Resistant Organisms (MDRO), and Occupational Therapist (OT)was in-serviced on EBP when providing care for resident #203 by Director of Nursing Services (DNS) on 12/6/2024. 2. All residents at high risk for Multidrug Resistant Organisms (MDRO) with Enhanced Barrier Precautions has the potential to be affected by deficient practice. 3. An audit by DNS was conducted for residents with need for EBP and education to staff was provided by DNS/Assistant Director of Nursing Services (ADNS) on 12/6/24. DNS/ADNS in-serviced staff on following EBP on residents identified at high risk for MDRO and EBP needs on 12/6/24. Occupational Therapist (OT)was in-serviced on EBP when providing care for resident #203 by DNS on 12/6/2024. 4. To monitor the performance of our corrective action and to assure sustainability, the DNS/ADNS/Director of Clinical Education (DCE) will review 5 residents 3 days per week x 12 weeks to ensure EBP implementation for residents beginning 12/9/2024. Any negative findings will be brought to the Quality Assurance Performance Improvement meeting monthly for a minimum of 3 months beginning 1/2/2025, by the DNS for review and revision as necessary.	

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M1570	Continued From page 4 feedings. On 12/02/2024 at 10:55 AM, observed an Occupational Therapist in Resident #203's room. The Occupational Therapist was providing hand therapy and applying moisturizer to the resident's lips. The resident, who was non-verbal, had a tracheostomy in place and a feeding pump infusing. A sign on the resident's door indicated "Enhanced Barrier Precautions," with a picture of the required PPE to wear during care. PPE, including gowns and gloves, was available on the hall and at other residents' doors. The OT was observed wearing gloves and a surgical mask but no gown. On 12/02/2024 at 2:30 PM, during an interview with Registered Nurse (RN) #1, she explained all residents with wounds, gastrostomy tubes, tracheostomies, or catheters were on EBP, which are designed to protect residents from infections brought in by staff. She confirmed all staff, including therapy staff, had been in-serviced on enhanced barrier precautions and stated the OT should have worn a gown while providing care for Resident #203. On 12/03/2024 at 12:15 PM, during an interview with the OT, she confirmed providing therapy for Resident #203 on 12/02/2024, including hand exercises and oral care. She admitted she did not wear a gown while providing care. She stated she was aware of the enhanced barrier signage and had been educated on the purpose of enhanced barrier precautions, which is to prevent residents from contracting infections from staff. She explained she only wears PPE when the PPE is located on the resident's door itself, but confirmed PPE was readily available on the hall.	M1570		

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M1570	Continued From page 5 On 12/03/2024 at 3:20 PM, during an interview with the Director of Nursing (DON), she confirmed that staff are expected to follow proper infection precautions while providing care. She stated the OT should have worn a gown while providing therapy at the bedside for a resident with a gastrostomy tube and tracheostomy. She reported that PPE was readily available on the hall, noting that the absence of PPE hanging on the door was not a valid reason to omit proper precautions.	M1570		