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
	66AG	A. BUILDING: _____ B. WING _____	03/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AZALEA GARDENS NURSING CENTER	530 HALL ST WIGGINS, MS 39577

(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 at the facility from 3/3/2025 through 3/06/2025. 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 use hand hygiene, discard overly ripe produce, and failed to calibrate a food thermometer prior to checking food temperatures, for two (2) of two (2) kitchen observations. Findings included: A review of the facility's "Food Safety Policy," dated November 2023, revealed, "Food will... be stored, prepared... with professional standards for food service safety. Policy Guidelines 1. Food safety practices shall be followed throughout the facility's entire food handing process ...Elements of the process include the following ...b. Storage of food in a manner that helps prevent deterioration or contamination of the food, including from the growth of microorganisms... 3. Facility shall inspect all food, food products, and	M 815	1.On 3/3/2025 the Certified Dietary Manager (CDM) completed inspection of all food items in the pantry and discarded 7 sweet potatoes, 1 onion, and an opened bag of raisins. No other potentially compromised food items were identified. The CDM was in serviced by the Registered Dietician (RD) on the Food Safety Policy on 3/3/2025. On 3/3/2025, dietary aide #2 was in serviced on Handwashing Guidelines for Dietary Employees Policy by the CDM. On 3/4/2025, the Cook was in serviced, by the CDM on how to calibrate a thermometer to ensure the Record of Food Temperature Policy is being followed correctly. All thermometers were calibrated at this time by CDM. 2.All residents who receive food from dietary department have the potential to be affected.	4/10/25

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M 815	Continued From page 1 beverages for safe transport and quality upon delivery/receipt and ensure timely and proper storage ...7. Staff shall adhere to safe hygienic practices to prevent contamination of foods from hands or physical objects. a. Staff shall wash hands according to facility procedures ..." A review of the facility's "Record of Food Temperatures Policy," dated November 2023, revealed, " ...It is the policy of this facility to record food temperatures daily to ensure food is at the proper serving temperature(s) before trays are assembled ...Policy Guidelines ...14. Food temperatures will be verified using a thermometer which is... calibrated to ensure accuracy..." On 03/03/2025 at 10:17 AM, during an observation of the kitchen and an interview with the Certified Dietary Manager (CDM), seven (7) sweet potatoes and one (1) onion with soft spots and white biological growth were observed in the pantry. Additionally, a bag of raisins was found open and exposed. Dietary Aide (DA) #2 was observed placing cartons of juice in the refrigerator and retrieved a plastic drink lid from the floor, discarded it, and continued placing five (5) juice cartons into the refrigerator without washing her hands. The CDM acknowledged that the staff member should have performed hand hygiene after retrieving the plastic drink lid from the floor and confirmed the presence of overly ripe produce and opened and exposed food items in the pantry. The CDM further stated that she and the Assistant Dietary Manager (ADM) were the only staff responsible for selecting produce from storage for the food preparation area, ensuring that no staff member would have mistakenly used the overly ripe produce. On 03/03/2025 at 10:30 AM, during an interview,	M 815	3.On 3/3/2025 the CDM in serviced all dietary staff on the Food Safety Policy. On 3/3/2025 the CDM in serviced all dietary staff on the Handwashing Guidelines for Dietary Employees. A demonstration was performed by the Infection Prevention (IP) and return demonstrations of all dietary staff was conducted at this time. The CDM and Assistant Dietary Manager (ADM) in serviced all dietary staff on how to calibrate a thermometer with a visual demonstration and staff return demonstrations on 3/4/2025. The facility keeps a food temperature log each shift and checks the thermometer is at 32 degrees before each temperature check. The staff will recalibrate the thermometer as needed. 4.3/10/2025 the CDM or ADM began inspecting all received pantry goods, pantry temperatures and the pantry for properly stored foods and fresh produce that may need discarded three, (3) days a week for four, (4) weeks. Beginning on April 7, 2025 the RD or Administrator will perform audits of the food storage areas one time a week for four, (4) weeks. The audit results will be brought to the monthly Quality Assessment and Assurance (QAA) Committee meeting on 4/10/2025 for review and recommendations and will be taken to the QAA Committee for two (2) months. Beginning on 3/10/2025 the IP observed dietary staff handwashing and return demonstrations as needed for two, (2) times a week for four, (4) weeks then will	

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M 815	Continued From page 2 DA #2 confirmed that she retrieved the plastic drink lid from the floor and continued handling food items without performing hand hygiene. She acknowledged that she should have stopped and washed her hands before continuing food preparation. The Dietary Aide stated that staff receive monthly in-service training on infection control. On 03/04/2025 at 11:00 AM, during an observation of the meal tray line and an interview the Cook was unable to explain how to properly calibrate a food thermometer before checking and recording food temperatures. The Cook stated that the thermometer should be calibrated to 22 degrees but did not use ice to calibrate the thermometer, despite the ADM providing ice for the process. The Cook acknowledged that she failed to properly calibrate the thermometer and stated that she was nervous. The Cook further stated that she normally would have calibrated the food thermometer using ice. On 03/04/2025 at 11:20 AM, during an interview with the ADM, she confirmed that the Cook should have properly calibrated the food thermometer before use, which was why she had placed ice near her. The ADM emphasized the importance of ensuring thermometer accuracy to obtain correct food temperature readings. The ADM stated that her expectation was that all staff would correctly calibrate thermometers before use. The ADM also stated that staff receive monthly in-service training on infection control. On 03/06/2025 at 10:24 AM, during an interview, the Administrator acknowledged that she was aware of the presence of overly ripe and opened and exposed food items in the pantry, the Dietary Aide's failure to use hand hygiene after retrieving	M 815	audit one (1) time a week for four (4) weeks. The audit results will be brought to the monthly QAA Committee meeting on 4/10/25 for review and recommendations and will be taken to the QAA Committee for two (2) months. On 3/10/2025 the CDM and or the ADM began performing checks of food temperatures and thermometer calibration as needed by dietary staff two, (2) times a week for four, (4) weeks then will audit one (1) time a week for four (4) weeks. The audit results will be brought to the monthly QAA Committee meeting on 4/10/25 for review and recommendations and will be taken to QAA Committee for two (2) months.	

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M 815	Continued From page 3 an item from the floor, and the Cook's failure to calibrate the food thermometer. The Administrator stated that she expected staff to correctly monitor food temperatures for safety reasons and to ensure that food items were not stored in a deteriorated state. The Administrator confirmed that staff were expected to follow appropriate handwashing procedures to maintain food safety.	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 standard precautions. This Statute is not met as evidenced by:	M1570		4/10/25

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M1570	Continued From page 4 Level II Based on observation, staff interview, record review, and facility policy review, the facility failed to ensure a nurse performed hand hygiene, changed gloves, and discarded a feeding tube syringe after it dropped onto the floor during a medication administration observation for one (1) of three (3) residents reviewed for medication administration. (Resident #31) Findings included: A review of the facility's "Infection Prevention and Control Program Policy," dated February 2024, revealed, " ...The facility has established and maintains an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections as per accepted national standards and guidelines. Policy Guidelines ...d. Standard Precautions ...b. Hand hygiene shall be performed in accordance with the facility's established hand hygiene procedures ...d. Licensed staff shall adhere to safe injection and medication administration practices, as described in relevant facility policies ...p. Staff Education ...a. Facility staff receive training relevant to their specific roles and responsibilities regarding the facility's infection prevention and control program, including policies and procedures related to their job function ..." A record review of the facility's "In-Service Attendance Record," dated 01/13/2025, 01/14/2025, and 01/17/2025, revealed that staff receiving training related to "Infection Control Principles", including "importance of hand hygiene ..."	M1570	1.On 3/4/2025, Licensed Practical Nurse,(LPN)#2 was in serviced on the Infection Prevention and Control Program and Policy by Infection Preventionist, IP. 2.All residents with a feeding tube has the potential to be affected. 3.The IP in serviced all nurses, on 3/4/2025, on the Infection Prevention and Control Program and Policy to ensure accuracy with hand hygiene, handling of clean and dirty materials and disposal of contaminated gloves that are outlined in the Infection Prevention and Control Program and Policy. 4.On 3/10/2025 the IP began observing hand hygiene and infection control measures used when handling clean and dirty supplies and return staff demonstrations for hand hygiene two, (2) times a week for a period of four, (4) weeks then will audit one (1) time a week for four (4) weeks. The audit results will be brought to the monthly Quality Assessment and Assurance (QAA) Committee meeting on 4/10/2025 for review and recommendations and will be taken to the QAA Committee for two (2) months.	

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M1570	Continued From page 5 On 03/04/2025 at 8:16 AM, during a medication administration observation for Resident #31, Licensed Practical Nurse (LPN) #2, while wearing gloves, retrieved the Percutaneous Endoscopic Gastrostomy (peg) tube syringe, which fell to the floor. LPN #2 picked up the syringe and proceeded to administer medications via the resident's peg tube without discarding the contaminated syringe, performing hand hygiene, or changing her gloves. On 03/05/2025 at 8:20 AM, during an interview, LPN #2 confirmed she failed to change gloves, wash hands, or use a new syringe. LPN #2 stated that the resident could develop an infection from using contaminated gloves and syringe. She explained that she should have removed the gloves, sanitized her hands, and used a new syringe. LPN #2 stated she was nervous and was not thinking clearly. On 03/05/2025 at 1:00 PM, during an interview, the Director of Nursing (DON) stated that LPN #2 should have changed her gloves, sanitized her hands, and used a new syringe to prevent the resident from developing an infection. On 03/06/2025 at 1:41 PM, during an interview, Registered Nurse (RN) #2/Infection Preventionist stated that the nurse should have changed her gloves, sanitized her hands, and used a new syringe. RN #2 also confirmed that LPN #2 had been trained regarding infection control practices. On 03/06/2025 at 1:43 PM, during an interview, the Administrator stated that she expects staff to follow infection control policies to prevent residents from acquiring infections.	M1570		

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M1570	Continued From page 6 A record review of Resident #31's "Admission Record" revealed the facility admitted the resident on 01/10/2024 with diagnoses including Unspecified Dementia. A record review of Resident #31's Significant Change In Status Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 12/28/2024 revealed he had a Brief Interview for Mental Status (BIMS) score of 3, which indicated his cognition was severely impaired.	M1570		