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
	30RC	A. BUILDING: _____ B. WING _____	02/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVER CHASE VILLAGE	5090 GAUTIER VANCLEAVE ROAD GAUTIER, MS 39553

(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 02/03/2025 through 02/06/2025. 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.	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, interviews, record review, and ServSafe Coursebook review, the facility failed to label and date food stored in the refrigerator and freezer and failed to dispose of spoiled foods for one (1) of four (4) days of kitchen observations. Findings included: A review of the "ServSafe Coursebook, 8th Edition", 2022, revealed, " ...Labeling Food for Use On-Site: Any item not stored in its original container must be labeled... The label must include the common name of the food ..." On 02/03/2025 at 10:17 AM, during an observation of the kitchen and interview with the Dietary Manager (DM), the following observations were made in Refrigerator #1: a clear plastic bag containing three (3) cucumbers, one (1) of which	M 815	The following plan of correction is not intended to be an admission of guilt or used for any purpose other than the purpose stated herein. 1. All foods identified not properly dated and labeled were removed by the DIetary Manager on 2/3/2025 from the refrigerator, freezer, and dry goods area. 2. All residents may have the potential to be affected by this deficient practice. 3. On 2/3/2025, the Dietary Manager began an in-service training with all the dietary staff on the proper dating and labeling of foods. Completed by 2/14/2025 4. The Dietary Manager will monitor the refrigerator, freezer, and dry goods area weekly times four weeks then every two weeks times three months beginning 2/10/2025 to ensure all foods are properly dated and labeled. Results of the Quality Assessment and Performance	3/6/25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30RC	A. BUILDING: _____ B. WING _____	02/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVER CHASE VILLAGE	5090 GAUTIER VANCLEAVE ROAD GAUTIER, MS 39553

(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 815	Continued From page 1 had a black colored biological growth resembling mold and two (2) showing breakdown and a bag of discolored brown shredded lettuce. In the freezer, an opened bag of chicken tenders and an opened bag of pepperoni were observed without labels or opened dates. In the dry goods area, an opened bag of Oreo pieces in a clear ziplock bag was observed undated, along with a one-gallon ziplock bag of graham cracker crumbs that was not dated or labeled, and an opened bag of vanilla wafers in a ziplock bag that was also not dated or labeled. The DM confirmed these observations and stated his expectations for staff were to follow guidelines and properly store food for residents. He further stated that the facility received a produce truck delivery every Thursday. On 02/04/2025 at 11:04 AM, during an interview, the Registered Dietitian (RD) stated that staff were expected to follow guidelines for food preparation and storage. She stated that she supported the DM and confirmed that kitchen staff followed ServSafe standards and policies regarding dating, labeling, and food storage. The RD confirmed that she was aware of the findings observed during kitchen observation. A review of the facility's staff in-service training titled "Dating and Labeling, Food Storage," completed on 09/23/2024, revealed the staff received training regarding ServSafe standards related to food dating and labeling.	M 815	Improvement will be taken to Quality Assessment and Assurance Committee on 2/27/2025 and monthly thereafter for review and any systemic changes made as needed. The revisions will be developed and approved by the Quality Assessment and Assurance Committee to ensure the Plan of Correction is achieved and sustained. The Quality Assessment and Assurance Committee includes but not limited to the Medical Director, Administrator, Director of Nursing, Infection Preventionist, and at least two members of the facility staff.	