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
	66SR	A. BUILDING: _____ B. WING _____	05/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STONE COUNTY REHABILITATION AND NURSING CT	1436 EAST CENTRAL AVENUE 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 and Complaint Investigation (CI) MS #28982, from 05/27/25 through 05/29/25. The SA investigated CI MS #28982 for assess/monitor, inappropriate feeding assistance, facility staffing. There were no citations related to the complaint investigations. 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 requirement 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: Based on observation, interview, and facility policy review, the facility failed to store and serve food in accordance with professional standards for food safety related to two (2) opened spice bottles on the spice rack, changing gloves without hand washing and the cook dropping food on the service line counter then picking it up and placing it on the residents plate for 2 of 2 kitchen observations. Findings include: A review of the facility's policy, "Preventing Foodborne Illness-Food Handling" revised August 2018, revealed, " ...1. This facility recognizes that the critical factors implicated in foodborne illness are: a. Poor personal hygiene of food services employees ..."	M 815	Preparation and/or execution of this plan does not constitute admission or agreement by the provider that a deficiency exist. This response is also not to be construed as an admission of fault by the facility, its employees, agents or other individuals who draft or may be discussed in this response and plan of correction. This plan of correction is submitted as the facility's credible allegation of compliance. 1. The immediate actions taken for the resident's found to have been affected include: The dietary staff members involved immediately re-washed their hands and donned new gloves until meal service was complete. Potentially	7/15/25

Mississippi State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		06/08/25

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M 815	Continued From page 1 A review of the facility's policy, "Food Receiving and Storage" revised July 2014, revealed, "Foods shall be ...stored in a manner that complies with safe food handling practices ...opened containers must be ...sealed or covered during storage." On 05/27/25 at 10:14 AM, during an observation and interview of the kitchen with the Registered Dietician and Nutritionist (RDN), on the spice rack 2 bottles of spices were left opened, leaving the spices exposed. On 05/28/25 at 11:11 AM, during an observation and interview with the Cook, a piece of cubed chicken fell and landed on the service line counter. The Cook picked the chicken up from the service line counter and placed it on the resident's plate. Throughout the lunch service the Cook was observed changing gloves on three occasions without washing hands before donning new gloves. The Cook acknowledged that she dropped the cubed chicken pieces and placing them on the plate and that she failed to wash her hands before putting on new gloves. The Cook confirmed it is her responsibility to maintain a sanitary environment. The Cook stated she has been trained and knows the correct way to operate in the kitchen. The Cook affirmed that the staff receive in-service training once a month on the topic of food safety. On 05/28/25 at 12:34 PM, in an interview with the Interim Administrator revealed she acknowledged the opened spice bottles, the Cook failing to wash her hands between glove changes and the Cook picking up food from the counter of the food line and placing the food back on the resident's plate. The Administrator stated as the interim supervisor for the kitchen she is responsible for maintaining	M 815	contaminated resident trays were set aside and new trays were prepared for those residents 5/28/25 by the dietary staff. Staff members involved were promptly in-serviced on proper sanitary techniques for service on the tray line on 5/28/25 by the Registered Dietitian The spice bottles were immediately discarded on 5/28/25 by the Registered Dietitian. All other spice bottles were checked for proper storage on 5/28/25 by Registered Dietitian. 2. Identification of other residents having the potential to be affected was accomplished by: The facility has determined that all residents who consume food by mouth have the potential to be affected. 3. Actions taken/systems put into place to reduce the risk of future occurrence include: All dietary staff has been in-serviced on the facility's policies and practice guideline for maintaining sanitary tray line by Registered Dietitian on 5/28/25, 6/3/25 and 6/9/25. In-service training includes observation of each employee performing the procedure. A "Validation Checklist" was completed for each dietary employee to determine if the employee was performing the procedure correctly by the Dietary Manager and Registered Dietitian on 6/3/25, 6/4/25 and 6/6/25. Findings were reviewed with each employee. Review of findings with each employee including corrective action as needed. 4. How the corrective actions will be	

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M 815	Continued From page 2 safety in the service and storage of food. The Interim Administrator stated the staff will be in-serviced and going forward she expects excellent service from the kitchen staff. Level II Widespread Based on observation, interview, and facility policy review, the facility failed to store and serve food in accordance with professional standards for food safety related to two (2) opened spice bottles on the spice rack, changing gloves without hand washing and the cook dropping food on the service line counter then picking it up and placing it on the residents plate for 2 of 2 kitchen observations. Findings include: A review of the facility's policy, "Preventing Foodborne Illness-Food Handling" revised August 2018, revealed, " ...1. This facility recognizes that the critical factors implicated in foodborne illness are: a. Poor personal hygiene of food services employees ..." A review of the facility's policy, "Food Receiving and Storage" revised July 2014, revealed, "Foods shall be ...stored in a manner that complies with safe food handling practices ...opened containers must be ...sealed or covered during storage."	M 815	monitored to ensure the practice will not reoccur: The Dietary Manager will complete the validation reports of the dietary staff performing procedures to ensure staff performance is in accordance with the facility policy. Validation checklists will be reviewed by the Dietary Manager weekly for 4 weeks, then every 2 weeks times 4 weeks then monthly or until such time consistent substantial compliance has been achieved. Food storage will be monitored by the Dietary Manager daily and a weekly food storage checklist will be maintained starting 5/28/25 weekly. Ongoing. This plan of correction will be monitored at the monthly Quality Assurance meeting until such time consistent substantial compliance has been met. Quality Assurance/QAPI meeting schedule for 6/10/25 and monthly. Completion Date: July 15, 2025	

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