STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255308	A. BUILDING _____ B. WING _____	05/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STONE COUNTY REHABILITATION AND NURSING CTR INC	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) COMPLETION DATE
F 000	INITIAL COMMENTS The State Agency (SA) conducted an annual recertification survey and Complaint Investigation (CI) MS#28982, at the facility from 5/27/25 through 5/29/25. The SA investigated CI MS#28982 for Resident/Patient/Client Neglect, and Quality of Care/Treatment. There were no citations related to the complaint investigation. During the annual recertification survey, the SA determined the facility was not in compliance with the requirements of participation in Medicare and Medicaid and cited F812. The facility is licensed for 59 beds and had a census of 50 on the day of SA entrance.	F 000		
F 812 SS=F	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (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. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced	F 812		7/15/25

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		06/08/2025

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 812	Continued From page 1 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 ..." 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	F 812	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 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.	

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F 812	Continued From page 2 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 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.	F 812	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 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	

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F 812	Continued From page 3	F 812	compliance has been met. Quality Assurance/QAPI meeting schedule for 6/10/25 and monthly. Completion Date: July 15, 2025	