

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 64HH	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/27/2021
NAME OF PROVIDER OR SUPPLIER HILLCREST NURSING CENTER, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1401 FIRST AVENUE NORTHEAST MAGEE, MS 39111		
(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 conducted an annual recertification survey along with a complaint investigation (CI MS #17611) from 8/24/21 to 8/27/21. During the survey, the SA determined that the facility was not in compliance with the requirements of participation for Medicare and Medicaid and cited F641, and F812. The SA did not substantiate CI MS #17611 related to poor quality of care, and no deficiencies were cited related to the complaint. At the time of survey, the facility census was 89 and the facility was licensed for 120 beds.	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, record review and facility policy review the facility failed to prevent the possible spread of foodborne illness for 83 of 89 residents residing in the facility. Findings Include: A review of the facility's policy, "Food Storage Labeling", revision date 5/2018, the facility will ensure the safety and quality of food by following good storage and labeling procedures. The facility's, policy, "Recommended Food Storage Chart", dated 9/2012, condiments open 6 months in cooler and salad dressing open 3 months in cooler.	M 815	* On August 24,2021, the facility refrigerator was cleaned and food items not labeled were discarded by the Facility Administrator. * On August 27,2021, the Facility's Assistant Director of Nursing (ADON) reviewed dietary orders, made rounds, and assessed all residents and determined 83 out of 89 residents have the potential to be affected by possible spread of foodborne illness due to deficient practice. * On August 25,2021, the Facility's	9/27/21

Mississippi State Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

09/13/21

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 64HH	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/27/2021
NAME OF PROVIDER OR SUPPLIER HILLCREST NURSING CENTER, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1401 FIRST AVENUE NORTHEAST MAGEE, MS 39111		
(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 A review of the Food and Drug Administration (FDA) Food Code revealed a section titled "Preventing Contamination from Other Sources" that "FOOD shall be protected from contamination....". On 08/24/21 at 10:33 AM, an initial tour of the kitchen with the Interim Dietary Manager (IDM) revealed the following: The walk in cooler contained a one (1) gallon sweet pickle relish, 1/3 full, with an opened date of 6/30 with no year indicated. There was black mold on the outside and rim of the container. There was a one (1) gallon container of barbeque sauce, 1/4 full, not labeled with the date opened, that had black and green mold at the top of the container and around the rim. There was a one (1) gallon container of Italian Dressing, 1/3 full, with an opened date of 5/21 with no year indicated. The expiration date on this container was illegible. There was black mold on the outside of the container and around the rim. There was an one (1) gallon container of dill pickle chips 2/3 full with an opened date of 8/12 with no year recorded that had an expiration date of 4/12/20. This container had black mold at the top of the container. In an interview on 8/25/21 at 10:55 AM with the IDM, she stated food containers with mold had the possibility of causing foodborne illness. She further stated mold could affect a lot of things for the residents. The IDM state the residents already had compromised immune systems. The IDM stated the items should have been discarded and staff should date all items before placing them in the cooler. She agreed the barbeque sauce container was not dated. On 8/26/21 at 11:08 AM in an interview with Dietary Cook #2, she stated the containers with	M 815	Administrator in-serviced Dietary staff regarding cleaning bottles/containers of food items before placing them in the refrigerator for storage and to check coolers for proper labeling and dating of food items being stored. On 9/13/21, facility held QA meeting with no changes to current policies related to storage of food. * On August 31,2021, the Facility Administrator and/or food service employee started the process of checking the kitchen refrigerator once a week for four weeks and then once a month for two months to ensure that food items in bottles/ containers are clean and properly labeled and dated. The Quality Assurance Committee will evaluate audits/documentation completed monthly for three months and make recommendations and changes to ensure compliance.	

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 64HH	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/27/2021
NAME OF PROVIDER OR SUPPLIER HILLCREST NURSING CENTER, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1401 FIRST AVENUE NORTHEAST MAGEE, MS 39111		
(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 2 mold should have been thrown away and it could have made the residents sick. She stated the mold could possibly get in the food. She stated anyone in the kitchen might check the food in the cooler. On 8/26/21 at 2:42 PM in an interview with IDM #1 she stated it was the responsibility of the cook to check and dispose of the molded food items. On 8/26/21 at 4:10 PM in an interview with Administrator, he stated the molded containers should have been pulled and discarded. He stated it was the cook and dietary staff's responsibility to check the food items. He stated there was currently an interim dietary manager and it was currently the administrator's responsibility to oversee the dietary staff. The administrator stated he had been in the kitchen frequently to check on dietary staff and expected them to discard foods when needed. An interview on 08/27/21 at 01:50 PM with Licensed Practical Nurse #1, the Infection Preventionist, she stated residents could get upset stomachs and mold could cause foodborne illness. She stated if the date revealed the item was good but it had mold on it, the dietary staff needed to throw it away.	M 815		