

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 74BR	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/27/2019
NAME OF PROVIDER OR SUPPLIER BILLDORA SENIOR CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 314 ENOCHS ST TYLERTOWN, MS 39667		
(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 a State Licensure survey from 6/24/19 through 6/27/19. During the survey the SA determined the facility did not meet the licensure requirements for the State Minimum Standards for the Aged and Infirm. The SA cited M825. The facility was licensed for 68 beds and had a census of 52 at the time of survey.	M 000		
M 825	45.30.1 Meal and Nutrition Meal and Nutrition. At least three (3) meals in each twenty-four (24) hours shall be provided. The daily food allowance shall meet the current recommended dietary allowance of the Food and Nutrition Board of the National Research Council of the National Academy of Science adjusted for individual needs. A standard food planning guide (e.g., food pyramid) or Nutrient Based Menu (determined by nutritional analysis) shall be used for planning and food purchasing. It is not intended to meet the nutritional needs of all residents. This guide must be adjusted to consider individual differences. Some residents will need more or less due to age, size, gender, physical activity, or state of health. This Statute is not met as evidenced by: Level II Based on observation, resident interview, staff interview, and facility statement, the facility failed to obtain approval from the Resident Counsel related to timing of meals, evening meals to morning meals, and provide a substantial snack between those meal times. Based on two (2) of four (4) days observed and 10 Resident Counsel members.	M 825	M825 Frequency of Meals/Snacks at Bedtime 1. The Dietary Manager, the Director of Nursing, and the Administrator held a meeting with Resident Council, on 6/26/19. The daily meal times were revised according to Resident Council request. Dietary staff was in-serviced on 6/28/19, by the Dietary Manager on new	8/23/19

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

TITLE

(X6) DATE

Electronically Signed

08/07/19

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 74BR	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/27/2019
NAME OF PROVIDER OR SUPPLIER BILLDORA SENIOR CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 314 ENOCHS ST TYLERTOWN, MS 39667		
(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 825	Continued From page 1 Findings Include: Review of the facility statement, concerning Meal times, revealed Breakfast started at 7:00 AM and dinner started at 4:00 PM. There is a 15 hour lapse in between dinner and breakfast, unless a substantial snack was served in between. During resident group meeting on 06/25/2019 at 10:09 AM, the members of the Resident Council complained about supper time. The council said that there's too much time between supper and breakfast. The group said supper comes out at 4:00 PM and breakfast is at 7:00 AM. Resident #12 said he talked to the Administrator and the Director of Nursing (DON) and asked them if the facility could provide the residents a large breakfast, small lunch and a large dinner to hold the residents until breakfast the next day. Resident #41, the Resident Council President, said she has been in other facilities and she had never eaten dinner that early. The resident's also stated they did not eat dinner at 4:00 PM at home. Observation on 06/25/19 at 03:40 PM, revealed the tray line temperatures were completed and the first trays to the rooms came out at 4:03 PM. During an interview on 06/26/19 at 02:23 PM, the Dietary Manager confirmed the evening meal comes out at 4:00 PM and breakfast starts at 7:00 AM. The Dietary manager said the resident will get a snack in between meals if they ask for one. the Dietary manager confirmed the residents that did not ask for a snack did not get one. Observation on 06/26/2019 at 4:00 PM,	M 825	meal times 7:00 a.m., 11:00 a.m., and 5:00 p.m. Substantial Snacks will be provided between meals and bedtime by dietary and nursing starting on 8/5/19. 2. All facility residents who receive meals and snacks in dietary have the potential to be affected by this practice. The Dietary Manager made rounds on 7/1/19, 7/2/19, 7/3/19 and 7/5/19 during all three meals observing the times that meals were bought out to residents. No issues or concerns were identified or voiced during the observation. 3. The Dietary Manager conducted an in-service on 6-28-19, with dietary staff which included emphasizing the changes in meal serving times approved by Resident Council and reviewed importance of substantial snacks being provided. Nursing staff was in-serviced by Staff Development Nurse on 6/26/19, on the new meal times and substantial snacks. 4. The Dietary Manager, the Director of Nursing, and the Staff Development Nurse will observe meal times being served three (3) times a week for six (6) weeks starting on 8/5/19, to ensure meals are being served at the appropriate times as requested by Resident Council. Resident satisfaction of meal service will be reviewed monthly at Resident Council meeting and through random interviews with residents. Any problems identified will be addressed, corrected, and reported by the Administrator and Dietary Manager to the Quality Assurance Performance Improvement Committee monthly to maintain substantial compliance and make changes to the plan of correction as	

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 74BR	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/27/2019
NAME OF PROVIDER OR SUPPLIER BILLDORA SENIOR CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 314 ENOCHS ST TYLERTOWN, MS 39667		
(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 825	Continued From page 2 confirmed the supper meals came out on the floor to be served. During an interview on 06/30/19 at 03:35 PM, the Administrator confirmed the evening meals started at 4:00 PM and breakfast at 7:00 AM. The Administrator said the residents had never complained about not having enough food to last through the night. Members that were present at Resident group meeting was Resident #3, #11, #12, #19, #23, #30, #39, #41, #45, and #52.	M 825	necessary.	