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
	34JC	A. BUILDING: _____ B. WING _____	03/05/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JONES CO REST HOME	683 COUNTY HOME ROAD ELLISVILLE, MS 39437

(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 from 3/2/21-3/5/21. The SA determined the facility was not in compliance with Minimum Standards of Operation for Institutions for the Aged or Infirm, state licensure requirements. The SA cited 45.28, M 805 at a Level II. The facility held a license for 122 beds, with a census of 100.	M 000		
M 805	45.28 FOOD SERVICES: GENERAL FOOD SERVICES: GENERAL This Statute is not met as evidenced by: Level II Based on observation, staff interviews, and facility policy reviews, the facility failed to properly sanitize the food processors for pureed diets which could affect 11 of 11 residents receiving puree diets for one (1)of three (3) days survey. Findings include: FACILITY Kitchen Review of the facility policy titled "Dietary Employee Hygiene and Personal Cleanliness", revealed, "Purpose: To maintain a high level of sanitation during all activities in the food service area...Test solutions with test strips regularly to ensure that they are maintaining the proper strength of sanitizer for food contact surfaces...Concentration - not using enough sanitizing agent will result in an inadequate reduction of microorganisms."	M 805	(1) On 3/3/21, at 11:05 AM, Dietary Staff Member #1 replaced the empty sanitizer container on the three-compartment sink with a full container. On 3/3/21, a one on one staff education was conducted by the Dietary Manager for Dietary Staff Member #1 regarding the practice of visualizing the sanitizer container to ensure sanitizer is present prior to washing equipment in the three-compartment sink. (2) All residents consuming foods by mouth have the potential to be affected by the practice of improper food services equipment sanitation. (3) On 3/8/21, the Registered Dietician and Dietary Manager conducted verbal education to remaining Food Service staff regarding the practice of visualizing the sanitizer container to ensure sanitizer is present prior to washing equipment in the three-compartment sink. On 3/15/21, the Registered Dietician	4/16/21

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M 805	Continued From page 1 On 03/03/21, 11:02 AM, during an Observation of the kitchen three compartment sink revealed a dietary staff member #1 was washing a food processor. Dietary staff member #1 washed the food processor in the soapy water, rinsed it in the second sink and placed the food processor in the third sink of clear water. The dietary member took the food processor out of the water and was walking away when the State Agency (SA) ask the Dietary Staff Member #1 if she knew how to sanitize the equipment. Dietary Staff Member #1 placed the sanitizer strip in the water. The strip did not change color to indicate the recommended level of sanitizer necessary to sanitize items washed. The staff member placed the strip in the water again. The strip did not change colors. The dietary staff member turned on the sanitation machine and nothing came out. The dietary staff member looked under the sink and noticed the sanitation jug was empty. On 03/03/21, 11:10 AM, an interview with Dietary Staff Member #1 revealed she did not know there was no sanitization solution in the sink. The Dietary Staff Member said the Cooks are responsible for making sure the sanitization solution was changed. The Dietary Staff Member confirmed by not sanitizing the equipment could cause food borne illness. During an interview on 03/05/21, at 10:17 AM, with Dietary #2 revealed she was responsible for checking the sanitation of the three compartment sink on 3/3/21. Dietary #2 said she was busy and had not checked the sanitation at that time. Dietary #2 said she had not washed any pots and pans at that time. Dietary #2 said it is the responsibility of everybody in the kitchen to check the sanitation prior to washing equipment. The	M 805	conducted a formal in-service for all Food Service staff regarding how to clean and sanitize in a three-compartment sink, procedures for checking quaternary ammonium in sanitizing sink, and how to document on the newly developed 3-Well Sink Sanitizer Check Logs. On 3/31/21, the Quality Assurance Performance Improvement (QAPI) Committee, Registered Dietician, and Dietary Workers met and conducted a Root Cause Analysis (RCA) to identify root causes of the three-compartment sink being out of sanitizer solution. The root cause was identified as all staff were not educated on checking levels of quaternary ammonium in sanitizing sink. The committee developed actions based on identified root causes. On 3/31/21, the committee revised the Infection Control Policy for Food Services Department to expand guidance for proper sanitation. The committee also reviewed the new 3-Well Sink Sanitizer Check log without any changes. This log is used for documenting the visual check of the quaternary ammonium sanitizer levels before each use and replacing the container if it is found to be empty. The committee reviewed the Temperature and Sanitizer Level Log and approved continued use without any changes. The Temperature and Sanitizer Level Log will be completed by the user of the three-compartment sink after each meal to verify appropriate quaternary ammonium sanitizer level. Corrective action will be taken at the time if levels are found to be less than 200 Parts Per Million (PPM). The committee also developed a	

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M 805	Continued From page 2 sanitation is checked every day along with temperatures and placed on the log. During an interview on 03/05/21, at 10:40 AM, the Dietary Manager confirmed Dietary #1 should have checked the sanitation prior to cleaning the food processor. Dietary # 1 did not know to check the sanitation. The manager said the logs are done daily by the cook. The logs are checked daily by the assistant dietary manager. The dietary manager confirmed by not sanitizing the food processor could cause the residents to get sick. The dietary manager also said the facility has eleven residents with pureed diets. During an interview on 03/05/21, at 11:19 AM, the Administrator confirmed Dietary #1 should have checked the sanitation prior to washing the food processor. The Administrator said this could cause the residents to get sick. Record review of a Dietary Inservice conducted 11/24/20, which included the three compartment sink sanitization, revealed Dietary #1 and #2 signed as attended. Record review of a Dietary Inservice conducted 3/2/21, which included the three compartment sink, revealed Dietary #1 and #2 signed as attended.	M 805	competency checklist to verify basic knowledge of food safety sanitation practices, including use and operation of the three-compartment sink, and log completion. The competency checklist will be completed for all current Food Services employees every six months, and for all newly hired Food Services employees within one week of hire and every six months thereafter. On 4/1/21, facility-wide training on Principles of Transmission- Based Precautions and Hand Hygiene from online infection prevention training courses offered by the CDC. Training will continue until all staff have received the required training. New employees will receive this education on hire. (4) Beginning on 4/1/21, the Dietary Manager or Lead Cook will conduct daily audits to verify the “3-Well Sanitizer Check Log” and the “Temperature and Sanitizer Level Log” has been correctly completed. Corrective action will be taken at the time for issues identified. The Registered Dietician will audit the logs weekly for three months to verify correct completion and report to the Administrator for any issues identified. Audit reports will be reviewed by the Quality Assurance Performance Improvement (QAPI) Committee monthly beginning on 4/14/21 for three months. The QAPI Committee will make any recommendations or changes if needed to ensure compliance.	