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
	50CH	A. BUILDING: _____ B. WING _____	11/21/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHOCTAW RESIDENTIAL CENTER	135 RESIDENTIAL CENTER RD CHOCTAW, MS 39350

(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 re-certification survey from 11/18/19 to 11/21/19. During the survey, the SA determined the facility was not in compliance with State Licensure Regulations for the Aged or Infirm, and cited State Statutes at M915. The census at the time of the survey was 102 with a bed capacity of 120.	M 000		
M 915	45.31.9 Equipment and Utensil Construction Equipment and Utensil Construction. Equipment and utensils shall be constructed so as to be easily cleaned and shall be kept in good repair. This Statute is not met as evidenced by: Level II Based on observation, staff interview, and facility policy review, the facility failed to ensure a safe and sanitary kitchen environment as evidenced by; rust on the stove, excessive grease build up, and pans of water used during cooking with floating particles in the water; for two (2) of two (2) dietary tours. Findings include: Review of the facility's "Cleaning Instructions, Range and Griddle Ovens" policy, revealed it is the policy of the facility that equipment shall be maintained in a clean and sanitary condition. The procedure revealed ranges should be cleaned daily or as needed and the griddles should be cleaned after each use. An observation on 11/18/19 at 10:00 AM, during the initial tour, revealed the outside surface of the	M 915	* The range was immediately cleaned on 11/18/19 by the dietary manager. The pan of water was removed and immediately disposed of on 11/18/19 by the Dietary Manager. * All residents that receive food prepared on the range and in the oven had the potential to be affected by this alleged deficiency practice. * A new range was ordered on 11/20/19 and was installed on 12/5/19. The old range was kept clean prior to the new range being installed. The old range was removed from the building and will be disposed of by the maintenance department. Dietary manager and staff were in serviced on policy for cleaning and maintaining sanitary conditions of all equipment on 11/25/19 by Staff Development Director.	12/12/19

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M 915	Continued From page 1 left side door on the gas stove was totally covered with reddish brown material and the right oven door two-thirds (2/3) covered with reddish brown material. Observation of the inside of the oven revealed two (2) pans sitting under the racks with water inside the pans. There was a thick cream-colored film on the bottom of both pans and tan and brownish particles floating in the water. The left side of the stove was coated with brownish sticky substance. The grill top area had liquid oil over the top. The rear left burner had grayish colored ash-like material under the grate. An interview on 11/18/19 at 10:40 AM, with the Dietary Manager (DM), revealed the stove was rusted and this had been on the stove since it was brought in from another venue in 1989. She confirmed the side of the stove was covered with old grease and there was oil on the grill section. She stated this could be a fire risk. The DM stated the pans of water are in the oven because they use the oven to proof their rolls. She stated she thought the water had a lime buildup in it. She stated the pans are washed three (3) times a week. The DM confirmed the water was dirty and should not be in the oven. She stated this could be a serious issue due to germs, fungus, or listeria. The DM stated the gray material on the burner was probably paper ashes from the staff lighting the burner because the pilot light goes out. She stated this could increase the risk of a fire. The DM revealed the stove was used on a daily basis. An interview on 11/19/19 at 11:03 AM, with the Administrator (ADM), revealed she had seen the stove and her plan is to work on getting a new stove. The ADM confirmed the stove was "caked up with crud". She stated it was dirty and dangerous.	M 915	* A monitoring system has been put into place to ensure proper cleaning of the range. The infection control nurse will check the cleaning schedule for weekly compliance. It will be monitored weekly x four, every other week x four, then monthly beginning 12/11/19. The results of the monitoring will be reported to Quality Assurance Performance Improvement Committee quarterly by Infection Control nurse to determine compliance or if any changes in monitoring should be changed.	

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	50CH	A. BUILDING: **01 - MAIN BUILDING 01** B. WING _____	**11/22/2019**

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M1245	45.41.1 Date of Construction & Life Safety... Date of Construction and Life Safety Code Compliance. 1. Buildings constructed after the effective date of these regulations shall comply with the edition of the Life Safety Code (NFPA 101) effective on the date of construction. 2. Buildings constructed prior to the effective date of these regulations shall comply with Chapter 13 of the Life Safety Code (NFPA 101), 1985 edition. This Statute is not met as evidenced by: Based on record review and interviews, the facility failed to properly perform fire drills as per NFPA 101 section 19.7.1.2. This deficiency affected all residents in the facility on the day of survey. Findings include: During document review on November 22, 2019 at 11:20 AM, the facility could not provide adequate and complete documentation of a fire drills conducted on any work shifts during the last calendar year of 2019.	M1245	* A fire drill was conducted on the 7-3 shift to monitor the effectiveness of our procedure. * The facility acknowledges that all residents of the facility could be affected by this alleged deficient practice; however the bed confined and un-ambulatory residents would be the most affected. * The Maintenance director was in serviced by the Staff Development Coordinator on 11/23/19 on the proper procedure for conducting fire drills. He was also in serviced by Staff Development Coordinator on proper maintenance of all documents. A log was developed for the maintenance director to have a record of fire drills to be conducted timely. Fire drills are to be conducted 1 per shift per quarter. * The safety officer will be monitoring for correct and timely fire drills monthly. The safety officer will report results of monitoring quarterly to QAPI to determine	12/12/19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 12/13/19

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M1245	Continued From page 1	M1245	compliance or if any changes to monitoring should be changed to monitoring should be changed. Safety officer will report to the administrator any issues or concerns with fire drills.	