| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 25A190 | A. BUILDING _____ B. WING _____ | 01/27/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| TALLAHATCHIE GENERAL HOSP ECF | 201 SOUTH MARKET ST CHARLESTON, MS 38921 |

| (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 |
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| F 000 | INITIAL COMMENTS<br><br>The State Agency (SA) conducted an annual recertification survey at the facility from 1/24/22 through 1/27/22. During the survey, the SA determined the facility was not in compliance with the requirements for participation in Medicare and Medicaid. The SA cited F812 related to food labeling and expiration dates.<br><br>The facility held a license for 98 beds and had a census of 75 at the time of the survey. | F 000 | | |
| F 812 SS=E | Food Procurement,Store/Prepare/Serve-Sanitary<br>CFR(s): 483.60(i)(1)(2)<br><br>§483.60(i) Food safety requirements.<br>The facility must -<br><br>§483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities.<br>(i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations.<br>(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.<br>(iii) This provision does not preclude residents from consuming foods not procured by the facility.<br><br>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety.<br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, staff interview, and facility policy review, the facility failed to date and label foods in the walk in refrigerator and dispose of | F 812 | 1. All expired items and improperly labeled items were discarded by the Dietary Manager (DM) on 01/24/22. | 3/3/22 |

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

Electronically Signed | 02/09/2022

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| F 812 | Continued From page 1<br>expired foods in the refrigerator for one (1) of two (2) kitchen tours.<br><br>Findings include:<br><br>Review of the facility policy, dated 9/04 and most recently revised on 10/17, titled, "Storage of Refrigerated Food", revealed it is the policy that the facility ensures the quality and safety and sanitation of refrigerated foods through accepted storage practices. Procedure 5. revealed all opened foods are labeled with common name of food, date stored and use-by date.<br><br>During the initial tour of the dietary department on 1/24/22 at 10:15 AM, an observation of the walk-in refrigerator revealed the following out of date foods in the refrigerator:<br>Three (3) five (5) pound containers of Tuna salad with an expiration date of 1/9/22. Two of the containers were unopened and one was one-fourth (1/4) full.<br>Two (2) five pound containers of cottage cheese with an expiration date of 9/17/21<br>One (1) plastic container of meat mixture, 1 half quart of yellow liquid, and 1 quart of red liquid unlabeled and with no expiration dates.<br>1 opened, partially used case of individual packets of sour cream with an expiration date of 8/9/21<br>1 opened partially used case of individual serving cups of Blue cheese dressing expired 11/28/20.<br>1 opened partially used case of Thousand Island packets out of date 3/21<br>Six (6) 1/2 gallon cartons of soy milk out of date on 11/8/21<br>1/2 full one gallon jug of mayonnaise not labeled /dated for expiration. | F 812 | 2. The facility has determined that sixty-nine of the seventy-five residents have the potential to be affected by failure to properly date and label foods and failure to dispose of expired foods.<br>3. An in-service was conducted on 01/28/22 with all dietary staff, excluding those on Medical Leave, on “Food labeling, dating, food temps, storage of foods” by the Consultant Registered Dietitian. All dietary staff currently on Medical Leave will be in serviced by the Dietary Manager or Consultant Registered Dietitian upon their return from leave.<br>4. The DM performed inspections of food storage areas on 01/24/22, 01/28/22, 02/04/22 and 02/07/22 to ensure proper storage and labeling. Beginning 02/8/22, the DM or Dietary Team Leader (DTL) will perform food storage inspections daily times two weeks then twice weekly times four weeks then weekly times four months to ensure all foods are properly stored and labeled and all expired items are properly discarded. Beginning 02/11/22, the Consultant Registered Dietitian (RD) will perform food storage inspections weekly times eight weeks then monthly times four months. Statement of deficiencies and plan of correction were reviewed by Quality Assurance Committee on 02/09/22. All findings from inspections by DM, DTL, and RD will be reported to the Quality Assurance (QA) Committee monthly times two months for evaluation of effectiveness and compliance; the QA Committee will make recommendations and/or changes as needed. If concerns are identified after the initial two month | |

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| F 812 | Continued From page 2<br><br>An interview, on 1/24/22 at 10:30 AM, with the Dietary Manager (DM), revealed that the yellow and red liquid was chicken soup and tomato soup and it should be labeled and dated. The DM stated that she told her staff that they should be checking the dates and throwing these things (expired items) away.<br><br>An interview, on 1/26/22 at 02:20 PM, with the Administrator (ADM) confirmed that out of date foods could cause illness.<br><br>An interview on 1/27/22 at 10:35 AM, with the DM confirmed the dietary staff had not been following the facility policy for labeling food in the refrigerator. | F 812 | period the QA Committee will continue monthly review of findings; if compliance has been found, the QA Committee will review inspection findings quarterly. | |