STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25JA	A. BUILDING: _____ B. WING _____	10/06/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MS STATE VETERANS HOME-JACKSON	4607 LINDBERGH DRIVE JACKSON, MS 39209

(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 licensure survey at the facility 10/4/17 through 10/6/17. 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 M500 and M935. The census was 146 and the facility held a license for 150 beds.	M 000		
M 500	45.17.2 Residents' Rights Residents' Rights. The residents' rights policies and procedures ensure that each resident admitted to the facility: 1. is fully informed, as evidenced by the resident's written acknowledgment, prior to or at the time of admission and during stay, of these rights and is given a statement of the facility's rules and regulations and an explanation of the resident's responsibility to obey all reasonable regulations of the facility and to respect the personal rights and private property of other residents; 2. is fully informed, and is given a written statement prior to or at time of admission and during stay, of services available in the facility, and of related charges including any charges for services covered by the facility's basic per diem rate; 3. is assured of adequate and appropriate medical care, is fully informed by a physician or nurse practitioner/physician assistant of his medical conditions unless medically contraindicated (as documented by a physician or nurse practitioner/physician assistant in his medical record), is afforded the opportunity to	M 500		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25JA	A. BUILDING: _____ B. WING _____	10/06/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MS STATE VETERANS HOME-JACKSON	4607 LINDBERGH DRIVE JACKSON, MS 39209

(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 500	Continued From page 1	M 500		

participate in the planning of his medical treatment, to not be limited in his/her choice of a pharmacy or pharmacist provider in accordance with state law, as referenced in House Bill 1439, which states that the facility shall not limit a resident ' s choice of pharmacy or pharmacy provider if that provider meets the same standards of dispensing guidelines required of long term care facilities, to refuse to participate in experimental research, and to refuse medication and treatment after fully informed of and understanding the consequences of such action;

4. is transferred or discharged only for medical reasons, or for his welfare or that of other residents, or for nonpayment for his stay (except as prohibited by sources of third-party payment), and is given a two weeks advance notice in writing to ensure orderly transfer or discharge. A copy of this notice is maintained in his medical record;

5. is encouraged and assisted, throughout his period of stay, to exercise his rights as a resident and as a citizen, and to this end may voice grievances, has a right of action for damages or other relief for deprivations or infringements of his right to adequate and proper treatment and care established by an applicable statute, rule, regulation or contract, and to recommend changes in policies and services to facility staff and/or to outside representatives of his choice, free from restraint, interference, coercion, discrimination, or reprisal;

6. may manage his personal financial affairs, or is given at least a quarterly accounting of financial transactions made on his behalf should the facility accept his written delegation of this

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25JA	A. BUILDING: _____ B. WING _____	10/06/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MS STATE VETERANS HOME-JACKSON	4607 LINDBERGH DRIVE JACKSON, MS 39209

(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 500	Continued From page 2	M 500		

responsibility to the facility for any period of time in conformance with State law;

7. is free from mental and physical abuse;
8. is free from restraint except by order of a physician or nurse practitioner/physician assistant, or unless it is determined that the resident is a threat to himself or to others. Physical and chemical restraints shall be used for medical conditions that warrant the use of a restraint. Restraint is not to be used for discipline or staff convenience. The facility must have policies and procedures addressing the use and monitoring of restraint. A physician order for restraint must be countersigned within 24 hours of the emergency application of the restraint;
9. is assured security in storing personal possessions and confidential treatment of his personal and medical records, and may approve or refuse their release to any individual outside the facility, except, in the case of his transfer to another health care institution, or as required by law of third-party payment contract;

10. is treated with consideration, respect, and full recognition of his dignity and individuality, including privacy in treatment and in care for his personal needs;

11. is not required to perform services for the facility that are not included for therapeutic purposes in his plan of care;

12. may associate and communicate privately with persons of his choice, may join with other residents or individuals within or outside of the facility to work for improvements in resident care, and send and receive his personal mail unopened, unless medically contraindicated (as

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25JA	A. BUILDING: _____ B. WING _____	10/06/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MS STATE VETERANS HOME-JACKSON	4607 LINDBERGH DRIVE JACKSON, MS 39209

(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 500	Continued From page 3	M 500		

documented by his physician or nurse practitioner/physician assistant in his medical record);

13. may meet with, and participate in activities of, social, religious and community groups at his discretion, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record);

14. may retain and use his personal clothing and possessions as space permits, unless to do so would infringe upon rights of other residents, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record);

15. if married, is assured privacy for visits by his/her spouse; if both are inpatients in the facility, they are permitted to share a room, unless medically contraindicated (as documented by the attending physician or nurse practitioner/physician assistant in the medical record); and

16. is assured of exercising his civil and religious liberties including the right to independent personal decisions and knowledge of available choice. The facility shall encourage and assist in the fullest exercise of these rights.

This Statute is not met as evidenced by:
Level II

Based on observation, staff interview, facility policy review, and record review the facility failed to resolve grievances voiced during the resident council meeting related to meals being served late as evidenced by three (3) of six (6) months of

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25JA	A. BUILDING: _____ B. WING _____	10/06/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MS STATE VETERANS HOME-JACKSON	4607 LINDBERGH DRIVE JACKSON, MS 39209

(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 500	Continued From page 4 Resident Council Minutes revealed grievances of late meal service and and one (1) of two (2) meal observations revealed breakfast served 30 minutes late. Findings include: Review of the facility "Grievances" policy, dated July 17, 2012, revealed the facility maintains and supports a Resident Council. Grievances/Complaints made by the Resident Council will be turned in to the Social Worker by the Council President and will be addressed in the same manner as any other grievance. Findings/responses will be given to the Resident Council President for reporting to the Council upon the next scheduled meeting. On 10/5/17 at 11:00 AM, a group meeting with the Resident Council President and six (6) other members was conducted. All residents in attendance complained the meals are often late, up to an hour at times. The President revealed they had complained in council meetings several months and it got better for awhile and now they are late again. The President stated they are all in the dining room on time, the food is ready, the Certified Nursing Assistants (CNA's) are ready to serve the trays, but there is no Nurse in the room so they have to wait. The group revealed because they have to wait sometimes the food is cold. The group revealed they have complained but had quit because they don't think it helped. Record review of the resident council meeting minutes, revealed on 6/27/17, the council complained the food is always late, food is cold, and the staff is not on time to pass out meals. Review of the council meeting minutes on 7/25/17, revealed complaints of late meals.	M 500		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25JA	A. BUILDING: _____ B. WING _____	10/06/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MS STATE VETERANS HOME-JACKSON	4607 LINDBERGH DRIVE JACKSON, MS 39209

(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 500	Continued From page 5 Review of the council meeting minutes on 8/29/17, revealed the council voiced concerns they had in regards to their meals being served properly and promptly. Review of Resident Council Concerns Action Plans revealed acknowledgement of meal trays late, cold and items missing from the trays, dated 6/27/17. The Action Plan, addressed by Dietary, dated 6/27/17, revealed training, write up for staff being late, and temperatures taken to ensure correct temperature. The Action Plan, addressed by Nursing, dated 6/27/17, acknowledged the staff were late to serve meals. The Action Plan was a mandatory in-service to address the issue and in-service on rounds. Both Action Plans were signed by the Administrator. The next Action Plan, dated 7/25/17, addressed by Dietary, acknowledged concerns of late meals and revealed the Action Plan of closer management on time and schedules with more training for staff. There was no further documented Action Plan for the Resident Council concerns of meal service. There was no documented follow-up to ensure the Resident Council grievances were resolved. On 10/6/17 at 1:07 PM, an interview with the Activities Director (AD) revealed the Resident Council did bring up the late delivery of meals for three (3) to four (4) months and acknowledged that it had not been completely resolved. The AD revealed she was aware that sometimes the food is ready but they have to wait because a nurse is not in the dining room. She stated the process for grievances made in Resident Council is to give a copy of the complaint to the appropriate department and they write an action plan and a copy is given to the Administrator.	M 500		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25JA	A. BUILDING: _____ B. WING _____	10/06/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MS STATE VETERANS HOME-JACKSON	4607 LINDBERGH DRIVE JACKSON, MS 39209

(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 500	Continued From page 6 On 10/6/17 at 7:50 AM, an observation was made in the Dining Room and residents were sitting at the tables and waiting for their meal. The meal was scheduled to be served at 7:50 AM, and the first tray was delivered at 8:20 AM. The residents waiting in the dining room, which attended the group meeting, voiced complaints about the delay in the tray delivery. On 10/5/17 at 1:00 PM, an interview with the Registered Dietician revealed that sometimes they have to wait in the dining room to serve trays while waiting on a nurse. On 10/5/17 at 1:05 PM, an interview with Dietary #1 revealed that everybody is in the dining room, but they just have to wait on the Registered Nurse (RN) before trays are passed. On 10/6/17 at 1:39 PM, an interview with the Director of Nursing (DON), revealed the Restorative Nurse is responsible for going to the dining room during meals and currently they do not have a Restorative Nurse. The DON revealed that they announce when the trays are ready and the RN should go to the dining room. She stated that no trays can be served until the nurse is in the dining room. The DON revealed she was aware that there was an issue with the tray delivery on the weekend but was not aware of a problem during the week and she did realize sometimes the RN is tied up and she maybe needed to assign another Nurse. On 10/6/17 at 3:15 PM, an interview with the Administrator revealed she was only aware of a couple of times the meals were late, but did not know there were complaints (grievances). She acknowledged the meals should be served on time and grievances followed up on.	M 500		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25JA	A. BUILDING: _____ B. WING _____	10/06/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MS STATE VETERANS HOME-JACKSON	4607 LINDBERGH DRIVE JACKSON, MS 39209

(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 935	45.32.2 Kitchen Kitchen. 1. Size and Dimensions. The minimum area of kitchen (food preparation only) for less than twenty-five (25) beds shall be a minimum area of two hundred (200) square feet. In facilities with twenty five (25) beds to sixty (60) beds, a minimum of ten (10) square feet per bed shall be provided. In facilities with sixty-one (61) to eighty (80) beds, a minimum of six (6) square feet per bed shall be provided for each bed over sixty (60) in the home. In facilities with eighty-one (81) to one hundred (100) beds, a minimum of five (5) square feet per bed shall be provided for each bed over eighty (80). In facilities with more than one hundred (100) beds proportionate space approved by the licensing agency shall be provided. Also, the kitchen shall be of such size and dimensions in order to: a. Permit orderly and sanitary handling and processing of food. b. Avoid overcrowding and congestion of operations. c. Provide at least three (3) feet between working areas and wider if space is used as a passageway. d. Provide a ceiling height of at least eight (8) feet. 2. Equipment. Minimum equipment in kitchen shall include: a. Range and cooking equipment. Facilities with more than twenty-four (24) beds shall have	M 935		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25JA	A. BUILDING: _____ B. WING _____	10/06/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MS STATE VETERANS HOME-JACKSON	4607 LINDBERGH DRIVE JACKSON, MS 39209

(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 935	Continued From page 8 institutional type ranges, ovens, steam cookers, fryers, etc., in appropriate sizes and number to meet the food preparation needs of the facility. The cooking equipment shall be equipped with a hood vented to the outside as appropriate. b. Refrigerator and Freezers. Facilities with more than twenty-four (24) beds shall have sufficient commercial or institutional type refrigeration/freezer units to meet the storage needs of the facility. c. Bulletin Board. d. Clock. e. Cook's table. f. Counter or table for tray set-up. g. Cans garbage (heavy plastic or galvanized). h. Lavatories, hand washing; conveniently located throughout the department. i. Pots, pans, silverware, dishes, and glassware in sufficient numbers with storage space for each. j. Pot and Pan Sink. A three compartment sink shall be provided for cleaning pots and pans. Each compartment shall be a minimum of twenty-four (24) inches by twenty (24) inches by sixteen (16) inches. A drain board of approximately thirty (30) inches shall be provided at each end of the sink, one to be used for stacking soiled utensils and the other for draining clean utensils. k. Food Preparation Sink. A double compartment	M 935		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25JA	A. BUILDING: _____ B. WING _____	10/06/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MS STATE VETERANS HOME-JACKSON	4607 LINDBERGH DRIVE JACKSON, MS 39209

(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 935	Continued From page 9 food preparation sink shall provide for washing vegetables and other foods. A drain board shall be provided at each end of the sink. l. Ice Machine. At least one ice machine shall be provided. If there is only one (1) ice machine in the facility it shall be located adjacent to but not in the kitchen. If there is an ice machine located at nursing station, then ice machine for dietary shall be located in the kitchen. m. Office. An office shall be provided near the kitchen for the use of the food service supervisor. As a minimum, the space provided shall be adequate for a desk, two chairs and a filing cabinet. n. Coffee Tea and Milk Dispenser. (Milk dispenser not required if milk is served in individual cartons). o. Tray assembly line equipment with tables, hot food tables, tray slide, etc. p. Ice Cream Storage. q. Mixer. Institutional type mixer of appropriate size for facility. r. Food Processor. This Statute is not met as evidenced by: Level II Based on observation, staff interview, and facility policy review, the facility failed to maintain the stove, oven and cookware in a clean and safe operating manner for four (4) of four (4) dietary tours and failed to label perishable food items with the open date and use-by date for one (1) of	M 935		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25JA	A. BUILDING: _____ B. WING _____	10/06/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MS STATE VETERANS HOME-JACKSON	4607 LINDBERGH DRIVE JACKSON, MS 39209

(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 935	Continued From page 10 four (4) dietary tours. Findings include: Review of the facility's "3.4 Storing: Food And Equipment", policy, noted: Policy - Team members must store food in a manner that ensures quality, freshness and safeguards against foodborne illness ... LABEL, Items to Label: Ensure all food items are labeled. Be especially cautious to label all food items that are: Not kept in their original containers, including condiments (e.g. salad dressing, ketchup, etc.), TCS food prepared onsite, Purchased ready-to-eat food, Label Information: Each label must contain the following information: Product name (or a common name or identifying description), Use-by date, Date the product was prepared or opened, Time Prepared and team member initials where applicable." During the initial tour of the kitchen, on 10/4/17 at 11:10 AM, an observation of the six (6) burner gas stove revealed all six (6) grates on the stovetop were coated with thick, black buildup and the six (6) gas burners were not seated level to the top of the stove. The double oven doors below the stovetop were splattered with orange, grease-like material. The two (2) stacked convection ovens to the right of the stove had gold, grease-like splatters down the sides next to the stove and on the front doors of both ovens. The control panel on each oven was stained a copper color with black particles on the flat area beneath the knobs and gold, sticky grease and grime material in the seams around the doors. 30 sheet pans, three (3) skillets, two (2) boilers and two (2) stockpots were coated with thick, black buildup.	M 935		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25JA	A. BUILDING: _____ B. WING _____	10/06/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MS STATE VETERANS HOME-JACKSON	4607 LINDBERGH DRIVE JACKSON, MS 39209

(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 935	Continued From page 11 An observation of the kitchen on 10/5/17, at 3:15 PM, with Dietary #2, the Dietary Manager, revealed three (3) unlabeled, partially full bags of grits on a metal table in the corner by the door to the dining room. The top of the bags were folded down. In the large walk-in cooler, the following unlabeled foods were observed : one half (1/2) of an onion wrapped in clear plastic, one (1) sandwich in a zip lock bag, an approximate 4 x 2 inch slab of chicken deli meat wrapped in clear plastic wrap, and a full size metal steam pan with raw chicken breasts covered in aluminum foil. The Dietary Manager confirmed the above foods were not labeled during the tour. An interview with Dietary #1 on 10/6/17 at 11:50 AM, revealed that the facility does not have a policy on cleaning but they do have cleaning schedule. Dietary #1 stated that food it to be labeled after opening and stated, "It's wrapped, labeled with the date and the use by date, that's seven (7) days, but we give it three (3) days. All foods such as meats should be labeled and dated after wrapping." During an interview on 10/6/17 at 1:00 PM, the Administrator confirmed that the thick, black buildup on the stove and cookware were a fire hazard.	M 935		