

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 52NO	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/12/2021
NAME OF PROVIDER OR SUPPLIER NOXUBEE COUNTY NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 78 HOSPITAL RD MACON, MS 39341		
(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 complaint survey from 5/11/21 to 5/12/21. During the survey, the SA determined that the facility was not in compliance with the Minimum Standards of Operation for Institutions for the Aged or Infirm for state licensure requirements. The SA substantiated the complaint for MS #16646 related to the physical environment and dietary services. The SA cited deficiencies F812 and F 925. The SA did not substantiate MS #17060 for injury of unknown origin, and no deficiencies were cited. The facility was licensed for 60 beds and had a census of 56 at the time of the survey.	M 000		
M 815 SS=E	45.29.1 Safe Food Handling Procedures Safe Food Handling Procedures. Food shall be prepared, held, and served according to current Mississippi State Department of Health Food Code Regulations. This Statute is not met as evidenced by: Based on observation, staff interview and facility policy review, the facility failed to provide a clean and sanitary kitchen for two (2) of three (3) tours of the dietary department. The facility policy titled "Storage of Refrigerated Food", dated 10/17 revealed, "The facility ensures the quality and safety and sanitation of refrigerated foods through accepted storage practices...5. All open foods are labeled with common name of food, date stored and use-by-date. 6. Time and temperature control (TCS) foods held at forty-one (41) degrees Fahrenheit or lower may be stored for seven (7) days." The facility policy titled "Employee Work	M 815	M815: Employee Work Practices/Eating drinking in Dietary Department Employee Work Practices/Eating drinking in Dietary Department 1. A: The open container was removed from dietary department on 5/11/21. The Dietary Employee with the open container was counseled by Dietary Manager on 5/11/21. B: All dietary staff were in-serviced on 5/19/21 on facility policy (Employee Work Practices) that states Food Service Employees shall follow sanitary practices	6/30/21

Mississippi State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

06/24/21

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 52NO	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/12/2021
NAME OF PROVIDER OR SUPPLIER NOXUBEE COUNTY NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 78 HOSPITAL RD MACON, MS 39341		
(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 815	Continued From page 1 Practices", dated 10/17 revealed "Food service employees shall follow sanitary practices to prevent the spread of foodborne illnesses...4. Food service employees are not allowed to eat or drink in the food and nutrition services department except when tasting food to evaluate quality. A drink from a covered container with a straw may be used if kept out of the food preparation area." The policy titled, "Food Storage Labeling", dated 10/17, revealed "The facility will ensure the safety and quality of food by following good storage and labeling procedures...1. All food items must be labeled with the date they are received... Time and temperature control (TCS) foods can be stored for seven days if held at forty-one (41) degrees Fahrenheit or lower." On 5/11/21 at 10:35 AM, an observation with the Dietary Manager (DM) revealed one half (½) gallon opened container of buttermilk with an expiration date of 4/24/2021. A five (5)-pound container of sour cream one eighth (1/8th) full, and two un-opened 5-pound containers of cream cheese. One of the containers of cream cheese had a best if used by date of November 2020 and the second container of cream cheese had a best if used by date of January 2021. On 5/11/21 at 11:45 AM, an observation of the food prep tabletop in the kitchen revealed an open container of energy drink. Dietary Staff #2 confirmed the opened can of energy drink belonged to her and that she should not have it in the food prep area. On 05/11/21 at 2:00 PM, an interview with the DM revealed the out of date items could contribute to a foodborne illnesses, lack of taste quality, and	M 815	to prevent the spread of foodborne illness which states that employee are not allowed to eat or drink in the food area and nutrition department except where testing food to evaluate quality. 2. All Residents have the potential to be affected by the deficient practice 3. A: All Dietary Staff will attend a Directed in-service training on Safe/Sanitary work practices including eating and drinking in the dietary department on 6/30/21. The Directed In-service will be conducted by Nutrition System Registered Dietician whom is not involved with the care of the residents of this facility. B: Dietary Supervisor or designee will monitor all dietary staff on a daily basis and document findings starting 6/30/21 daily times six months for any staff not following facility policies on safe sanitary practices including eating or drinking in dietary department area. C: Any Dietary Staff found to be non-compliant with these safe practices including eating or drinking in the dietary department area will be counseled at that time according to the facility personal policy. D: Dietary Manager will conduct in-services for all Dietary Staff on facility policies related to safe employee work practices including eating and drinking in the dietary department starting 5/19/21 and will be held at least quarterly for a year and as needed. E: Dietary Manager will document any	

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 52NO	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/12/2021
NAME OF PROVIDER OR SUPPLIER NOXUBEE COUNTY NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 78 HOSPITAL RD MACON, MS 39341		
(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 815	Continued From page 2 possible loss of appetite and that the expired items should have been discarded. On 5/11/21 at 2:15 PM, an interview with Dietary staff #2 revealed that having personal open cans of drink in the kitchen could result in a spill and could spread germs. Dietary staff #2 confirmed she was not supposed to have personal food or drink in the kitchen. On 05/11/2021 at 3:50 PM, in an interview with RegisteredNurse (RN) #1 confirmed there had not been any outbreaks of foodborne illnesses in the facility. On 05/12/2021 at 12:10 PM, in an interview with the Administrator revealed she had not previously been aware of the problems in the kitchen, such as, outdated foods in refrigerator until yesterday.	M 815	incident where a dietary employee is found to be deficient in following safe work practices including but not limited to eating or drinking in the kitchen area. 4. Dietary Manager will report the findings to the Administrator/Quality Assurance Performance Improvement committee monthly times six months and re-evaluate starting 6/28/21. The Administrator will be responsible to ensure compliance. The following refers to the storage of refrigerated foods: 1. A: All items/foods in the refrigerator was inventoried, checked for expiration date, and labeled to include date stored and use by date on 5/11/21. All expired items were disposed of on 5/11/21. B: All dietary staff were in-serviced on 5/19/21 by Dietary Manager on proper storage of refrigerated food to ensure the facility follows all safe practices to provide safe and quality foods 2. All resident have the potential to be affected by the deficient practice. 3. A: Dietary Manager will appoint a dietary staff member who will be responsible for checking the refrigerator twice a day to ensure all food are stored with proper expiration date and labels. Dietary Manager created a log form to be placed on the refrigerator door to document the twice daily checks by Dietary Staff on	

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 52NO	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/12/2021
NAME OF PROVIDER OR SUPPLIER NOXUBEE COUNTY NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 78 HOSPITAL RD MACON, MS 39341		
(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 815	Continued From page 3	M 815	5/20/21. B: All Dietary Staff will attend a Directed In-Service training on Store/Prepare/Serve-Sanitary-Safe Handling Procedures including proper labeling/storage of refrigerated foods on 6/30/21. The Directed In-Service will be conducted by Nutrition Systems Registered Dietician whom is not involved with care of the residents of this facility. C: Dietary manager will conduct a bi-weekly audit beginning 6/30/21 for 6 months of the dating and labeling of foods stored in the refrigerator to ensure that the dietary staff are dating and labeling food properly. D: Registered Dietician will inspect storage of refrigerated items starting 6/1/21 and monthly times 6 months to ensure compliance with proper storage. 4. The Dietary Manager/Registered Dietician will report the findings of their audits monthly times twelve months to the Administrator and to the Quality Assurance Performance Improvement committee to ensure compliance with proper food storage. The Quality Assurance Performance Improvement committee will review findings starting 6/28/21 of their audit and make any further recommendations as needed. The Administrator/Dietary Manager will be responsible to ensure compliance.	