

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 03AC	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/26/2019
---	--	--	--

NAME OF PROVIDER OR SUPPLIER LIBERTY COMMUNITY LIVING CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 323 INDUSTRIAL PARK DRIVE LIBERTY, MS 39645
---	---

(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 licensure survey from 11/24/19 through 11/26/19. During the survey, the SA determined the facility was not in compliance with the State Licensure Regulations for the Aged or Infirm, and cited the State Statute M815. The facility was licensed for 80 beds, and had a census of 64, at the time of survey.	M 000		
M 815	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: Level II Based on observation, staff interview, record review and facility policy review, the facility's staff failed to wear hair nets to prevent food-borne illnesses. The facility also failed to separate the dented cans, and label/date received and stored foods; for one (1) of two (2) dietary tours. Findings include: Review of the facility's "Staff Attire" policy, revised 09/17, revealed: All staff will have their hair off the shoulders, confined in a hair net or cap, and facial hair properly restrained. Review of the facility's "Receiving" Policy Statement, revised 09/17, revealed: All can goods will be appropriately inspected for dents, rust or bulges. Damaged cans will be segregated	M 815	1. Cook #1 and Dietary Aide #1 put on hair nets on 11/24/19. The 7# can of chocolate pudding was removed from the canned goods section to the designated area for damaged goods on 11/24/19 by Cook #1. The apple cobbler located in the cooler was discarded by the Dietary Manager on 11/24/19. The container of cornbread was dated by the Dietary Manager on 11/24/19. The sixteen (16) cases of water, two (2) boxes of coffee and tea, the twenty-three (23) loaves of white sandwich bread and thirteen (13) packages of hamburger buns were dated with receipt dates on 11/24/19	1/6/20

Mississippi State Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Electronically Signed

TITLE

(X6) DATE

12/20/19

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 03AC	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/26/2019
NAME OF PROVIDER OR SUPPLIER LIBERTY COMMUNITY LIVING CTR		STREET ADDRESS, CITY, STATE, ZIP CODE 323 INDUSTRIAL PARK DRIVE LIBERTY, MS 39645		
(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 and clearly identified for return to vender or disposal, as appropriate. All food items will be appropriately labeled and dated either through manufacturer packaging or staff notation by staff. An initial tour of the dietary department, on 11/24/19 at 1:50 PM, revealed, Dietary Aide #1 and Cook #1 was observed in the kitchen, with no hair net in place. Review of the food storage room revealed one (1) 7-pound can of dented chocolate pudding, in the canned goods section. An observation, inside of the cooler, revealed a container of apple cobbler without a date or name on the container, a plastic container of corn bread without a date or name. There were 16 cases of water, two (2) boxes of coffee and tea, 23 loaves of white sandwich bread, 13 packs of hamburger buns, without a received date on them. During an interview, on 11/24/19 at 2:20 PM, Cook #1 stated hair nets should be worn at all times; we just didn't put them on. Cook #1 stated it could cause contamination of food. She also stated dented cans should have been removed and put in the dented can section, in the storage room. Cook #1 stated, the items without a date, came in Thursday, and should have been put up and dated by now. During an interview, on 11/24/19 at 2:40 PM, the Dietary Manager (DM) revealed, staff have been trained to wear hair nets at all times, because not wearing hair nets in the kitchen can contaminate the food. The DM stated dented cans should be moved to the dented can section. Upon delivery, all food should be dated and stored. The DM stated food needs to be labeled and dated, when it is put in the cooler; this prevents food being given to residents, which could be spoiled.	M 815	by the Dietary Manager. 2. Individuals receiving meals prepared by the dietary department have the potential to be affected by this alleged deficiency. 3. An in service was conducted on November 25, 2019, by the Divisional Manager of Health Care Services with regards to uniform apparel and hair restraint. An in service was conducted by the Dietary Manager on November 26, 2019, to educate dietary staff regarding receipt dating incoming supplies. An in service was conducted on November 26, 2019, by the Dietary Manager to educate dietary staff on the importance of separating damaged goods from usable goods to prevent contamination. 4. The Administrator will be responsible for inspecting the dietary department to include the cooler, food storage areas and dietary staff. The inspections will be conducted two (2) times per week for four (4) weeks. Findings will be reported to the Quality Assurance Committee by the Administrator monthly. The Quality Assurance Committee will have the responsibility in determining whether the issue has been resolved.	

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

LIBERTY COMMUNITY LIVING CTR

323 INDUSTRIAL PARK DRIVE
LIBERTY, MS 39645

Mississippi State Department of Health
STATE FORM