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
	15CL	A. BUILDING: _____ B. WING _____	05/09/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COPIAH LIVING CENTER	806 WEST GEORGETOWN STREET CRYSTAL SPRINGS, MS 39059

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M 000	Initial Comments During an annual recertification survey conducted by Ascellon, on behalf of the MS State Department of Health, from 5/6/19-5/9/19, the facility was found not to be in compliance for Minimum Standards for Institutions for Aged or Infirm, licensure requirements, with deficiencies cited at M815. The census was 55 at the time of survey and the facility held a license for 60 beds.	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, record review, interview, and review of policies and procedures, the facility failed to: ensure staff knew how to calibrate thermometers, store plates and trays in a sanitary and safe manner, maintain the ceiling in the kitchen in clean manner and in good repair, discard expired items, label and date food/beverage items, and monitor the temperature in the residents' pantry refrigerator. These failures created the potential for the spread of foodborne illness to all 55 residents in the facility. Findings include: Per the United States Department of Agriculture Food Safety and Inspection Services the following	M 815	1) On May 8, 2019, the facility's Dietary Manager calibrated all thermometers and the Dietary Manager and Food Service Employee wiped and dried all stacked meal trays, plates, bowls, and cups. On May 8, 2019 the facility's Maintenance Supervisor was notified about air conditioner vent near dry storage area where it was found that popcorn ceiling had come apart from the dry wall and part of the ceiling near air conditioner vent in dish room had a black stain. All expired items and items not labeled were discarded by facility's Dietary Manager on May 8, 2019. On May 8, 2019, the facility's pantry refrigerator was cleaned and a thermometer was place in refrigerator. Documentation on the refrigerator temperature log began on May	6/15/19

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

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M 815	Continued From page 1 is how to calibrate a dial stem thermometer in ice water: "To use the ice water method, fill a large glass with finely crushed ice. Add clean tap water to the top of the ice and stir well. Immerse the food thermometer stem a minimum of two (2) inches into the mixture, touching neither the sides nor the bottom of the glass. Wait a minimum of 30 seconds before adjusting. (For ease in handling, the stem of the food thermometer can be placed through the clip section of the stem sheath and, holding the sheath horizontally, lowered into the water.) Without removing the stem from the ice, hold the adjusting nut under the head of the thermometer with a suitable tool and turn the head so the pointer reads 32 °F." Review of facility policy entitled "Food Storage Labeling" revised on May 2018, revealed the following: 4. Monitoring storage temperatures. a. A thermometer is kept in all storage areas. b. Temperatures in food storage units are monitored daily. c. Documentation of time and temperature is recorded on a "Temperature Monitoring Log." Kitchen observations on 5/8/19 at 10:52 AM, revealed Food Service Worker (FSW) #1 was asked prior to taking the temperatures of the food on the lunch meal tray line if she could calibrate the thermometer. During the observation FSW #1 was observed with a cup of water with small amount of ice, she was then asked what the dial stem thermometer should read when calibrated and she said zero (0). She was then seen obtaining more ice for the water for the cup being used to calibrate the thermometer. She once again placed the dial stem thermometer in the cup of ice water and once again it read zero (0).	M 815	8, 2019 by the facility's Dietary Manager. 2) On June 13, 2019, the facility's Dietary Manager reviewed Dietary orders and determined that 53 out of 54 residents have the potential to be affected by the spread of foodborne illnesses due to this deficient practice. 3) On May 8, 2019, the facility's Dietary Manager in-serviced Dietary Staff regarding calibrating thermometers properly and in-serviced Dietary Staff on expired food items. On May 9, 2019, the facility's Dietary Manager in-serviced Dietary Staff regarding proper storage and drying of plates, trays, and bowls in a sanitary and safe manner. On May 8, 2019, the facility's Dietary Manager in-serviced Dietary Staff on labeling food/beverage items and proper monitoring of the temperature in the resident pantry refrigerator. On May 14, 2019, the facility's Maintenance Supervisor made contact with the facility's contractors to discuss findings from survey and set a date of June 13, 2019 to repair ceiling around air conditioner vents and to clean/repair black stain located in facility's dietary dish room. On June 13, 2019, repair to the ceiling around air conditioner vents and the black stain located around air vent in facility's dietary dish room was completed and repaired by outside contractors. 4) On May 9, 2019, the facility's Dietary Manager started to observe one (1) food service employee each day, five (5) times a week for one (1) week. The facility's	

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M 815	Continued From page 2 When asked how she would fix that, she was observed trying to get the sheath out to adjust the lug but was not successful. While observing the lunch tray line service it was noted that approximately 30 meal trays were stacked one (1) on top of each other and were wet. Residents' plates and other cups, bowls, etc. were placed on the wet trays. In addition to the wet nesting trays, 15 plates that had been stacked wet, were observed being used to serve residents' meals. Further observation of the kitchen, during the tray line service on 5/8/19 at approximately 11:41 AM, revealed: the popcorn finish of the ceiling around one (1) of the edges of air conditioning ceiling vent near the dry storage was coming off, near the ceiling vent over one (1) corner of the kitchen hood was an area where the popcorn finish of the ceiling had come apart from the dry wall, and a part of the popcorn finish of the ceiling near the ceiling vent located in the dish machine room was noted to have a black stain. An observation of the snack cooler on a cart near the entrance to the main dining room on 5/8/19 at approximately 1:15 PM, revealed it had melted water inside and two (2) four (4) ounce strawberry yogurts dated 5/7/19. At approximately 1:25 PM on 5/8/19, observation was made of the nourishment pantry along with the Certified Dietary Manager (CDM), which revealed the refrigerator was being used to store both staff and residents' food items. In the refrigerator the following issues were noted: a 16.9-ounce bottle of extreme sweet tea was noted to be opened with no name documented, a 12 ounce can of grape soda with no name documented, a 20-ounce bottle of lemonade with no name documented, a small round plastic	M 815	Dietary Manager then observe one (1) food service employee one (1) day each week for four (4) weeks to ensure that the food thermometers are calibrated correctly. On May 9, 2019, the facility's Dietary Manager started to observe food service employees daily for five (5) days for one (1) week and once a week for four (4) weeks to ensure that dishes and meal trays are stored and dried in a sanitary and safe manner. On May 8, 2019, the facility's Dietary Manager and/or food service employee started the process of checking and documenting the temperature of the resident's pantry refrigerator daily. On May 9, 2019, the facility's Dietary Manager and/or food service employee started the process of checking the Resident's pantry refrigerator and the kitchen refrigerator once a week to ensure that expired food items are discarded and food/beverages are labeled and dated. The facility's Maintenance Supervisor will inspect ceiling once a week for the next two (2) months and make recommendations and changes to ensure compliance. The Quality Assurance Committee will evaluate the audits/documentation completed by the facility's Dietary Manager monthly for three (3) months and make recommendations and changes to ensure compliance.	

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M 815	Continued From page 3 container with a lid with tomatoes and cucumbers with salad dressing with no name documented. Further observation of the refrigerator revealed the freezer had no thermometer inside to monitor the internal temperature. The freezer was dirty with a yellowish orange sticky substance that had a plastic bag stuck in it, and a 12 ounce can of cola opened. Interview with the CDM while making the observations revealed she no thermometer was kept in the freezer, staff items had always been stored in that refrigerator with residents' items, and the inside of the freezer was not clean. She also confirmed that the same policies and procedures that were enforced in the kitchen should be followed such as having a thermometer in the freezer to monitor temperatures. Observation of the kitchen on 5/8/19 at 1:35 PM, revealed an open and undated 46-ounce bottle honey consistency tea in the first two (2)-door reach-in refrigerator near the kitchen entrance. Review of the manufacturer's instructions on the bottle indicated the tea should be discarded if not used within 10 days of opening. Interview with the CDM during this observation confirmed the staff had not labeled the bottle with an open date. Interview with the CDM on 5/8/19 at approximately 11:37 AM, revealed they did not have a drying rack for drying trays. Interview with the Housekeeping/Maintenance Supervisor on 5/9/19 at 8:50 AM, revealed he wrote a maintenance request on 12/20/18, for work that had to be done regarding the air conditioning ceiling vents in the kitchen. He reported that he had originally patched those identified areas around the air conditioning (a/c) ceiling vents himself last summer, and the	M 815		

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M 815	Continued From page 4 contractor was going to come to work on it this summer of 2019. When asked if fixing the popcorn around the a/c ceiling vents in the kitchen was something he would normally patch up himself before the contractor came, he responded, "Yes."	M 815		

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	15CL	A. BUILDING: **01 - MAIN BUILDING 01** B. WING _____	**05/07/2019**

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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 observations, the facility failed to properly protect hazardous areas as per NFPA 101 section 19.3.2.1.2. and NFPA 101 section 8.4.2 This deficiency affected three (3) of three (3) smoke compartments and all 55 residents in the facility on the day of survey. Findings include: During the building inspection on May 6, 2019 between 1:30 PM and 2:00 PM, observation revealed unsealed openings in the ceiling around the fire shutters in the all mechanical rooms of the facility. The mechanical rooms were not smoke tight and are incapable of resisting the passage of smoke throughout the facility. It was also observed the make up air for the gas hot water heaters was being taken from the attic.	M1245	1) On June 12, 2019, all unsealed openings in the ceiling around the fire shutters in all mechanical rooms of the facility were sealed by outside contractors. Make up air for the gas hot water heaters will be vented from outside air above the roof on June 19, 2019. Necessary materials have been ordered on June 13, 2019. 2) All residents have the ability to be affected by this deficient practice. 3) The Administrator in-serviced Maintenance Supervisor on June 12, 2019, on the importance of there being no unsealed openings in the ceiling around fire shutters in all mechanical rooms in the facility and the need to vent make up air for the gas hot water heaters from the outside and not from the attic. 4) The Administrator and/or Maintenance Supervisor will monitor for unsealed openings in the ceiling around the shutters in all mechanical rooms of the facility and	6/19/19

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M1245	Continued From page 1	M1245	monitor to assure make-up air for the gas hot water heaters is vented from outside the facility weekly for four weeks and monthly for three months. Any deficient practice found will be cleared immediately and brought to the Administrator for any necessary follow up actions. All findings will be brought to the Quality Assurance Committee quarterly. 5) All corrective actions will be completed by June 19, 2019.	