STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255271	A. BUILDING _____ B. WING _____	12/20/2018

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

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F 000	INITIAL COMMENTS The State Survey Agency (SA) conducted an annual recertification survey from 12/17/18 through 12/20/18. During the survey, the SA determined the facility was not in compliance with Medicare and Medicaid requirements of participation. The SA cited the regulatory deficiencies F809 and F812. At the time of the survey, the census was 68, and the facility had a license for 80 beds.	F 000		
F 809 SS=E	Frequency of Meals/Snacks at Bedtime CFR(s): 483.60(f)(1)-(3) §483.60(f) Frequency of Meals §483.60(f)(1) Each resident must receive and the facility must provide at least three meals daily, at regular times comparable to normal mealtimes in the community or in accordance with resident needs, preferences, requests, and plan of care. §483.60(f)(2)There must be no more than 14 hours between a substantial evening meal and breakfast the following day, except when a nourishing snack is served at bedtime, up to 16 hours may elapse between a substantial evening meal and breakfast the following day if a resident group agrees to this meal span. §483.60(f)(3) Suitable, nourishing alternative meals and snacks must be provided to residents who want to eat at non-traditional times or outside of scheduled meal service times, consistent with the resident plan of care. This REQUIREMENT is not met as evidenced by: Based on observation, record review, facility policy review, resident interview, and staff	F 809	1. Those residents identified as diabetic and others desiring nutritional	2/1/19

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

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F 809	Continued From page 1 interview, the facility failed to provide residents with a night-time nutritional snack for one (1) of three (3) days observed. This included 13 of 16 residents interveiwed during the Resident Council meeting, Resident #15, Resident #18, Resident #21, Resident #23, Resident #24, Resident #25, Resident #32, Resident #45, Resident #51, Resident #53, Resident #54, Resident #55, and the Resident with Medical Records # 1192 Findings include: A review of the facility's policy titled, "Snacks (Between Meals and Bedtime (serving)", dated August 25, 2014, revealed that the purpose of the procedure is to provide the resident with adequate nutrition. The facility policy stated that bedtime snacks for diabetic residents are part of the treatment plan. The nurse should supervise and document the amount taken. A review of the facility policy titled, "Frequent Meals", dated June 1, 2000, revealed that it is the policy of this facility that each resident receive at least three (3) meals daily, as well and an evening or bedtime snack if desired. The facility policy further stated that bedtime snacks of nourishing quality are offered routinely to all residents not on diets prohibiting bedtime nourishment. An observation of the nurses' station area on 12/19/2018 from 5:00 PM to 6:30 PM, revealed that no snacks had been brought to the nurse's station for the residents. A record review of a facility document, authored by the Dietary Manager/ Dietary Staff Member (DSM) #1, dated 12/19/2018, revealed that snack	F 809	supplements received snacks prepared by dietary staff and delivered by nursing staff at 7:45 PM on December 19, 2018. 2. All residents/patients who receive diets/meals have the potential of harm by the alleged deficiency. 3. An in-service was conducted by the Director of Nursing (DON) on December 21, 2018, with 100% nursing staff involved with nutritional supplement/snacks delivery. This in service addressed the need for distributing nutritional supplements/snacks for diabetic residents/patients and the importance of offering nutritional supplements/snacks to those residents desiring one. The facility policy "Frequent Meals" and "Snacks Between Meals and Bedtime" was reviewed and discussed during the in service. This in service also instructed nursing staff on procedure of delivering nutritional supplements, the course of action to pursue should snacks not be prepared by dietary. Nursing staff will contact dietary to prepare snacks/nutritional supplements. Nursing staff was made aware of additional nutritional supplements located in the medication room. Nursing staff will report any issues of non-receipt of snacks/nutritional supplements to the Director of Nursing (DON) or the Administrator. An in service was conducted by the Administrator and Dietary Manager for all	

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F 809	Continued From page 2 times are 10:00 AM, 2:00 PM, and 8:00 PM. The facility document stated that the facility will offer snacks such as graham crackers, peanut butter crackers, ice cream, cookies, and oatmeal pies. The facility document stated punch, juice, and water are offered with the snacks. The facility document stated that night-time snacks are a half of a pimento cheese sandwich and/or peanut butter and jelly sandwiches and milk. The facility document also stated that the Dietary Staff takes it to the nurse's station and the nursing staff passes the snacks out. The facility document stated that snacks are passed out by Certified Nursing Assistants (CNA) and the Activity staff during games or in their rooms. During a Resident Council Meeting that was held on 12/19/2018 at 01:20 PM, in which 16 residents attended, revealed that some of the residents that attended the Resident Council Meeting had a concern related to not receiving or not being offered a snack at night. During the Resident Council Meeting, 13 of the 16 residents agreed that providing snacks was something that the staff had stopped doing. The 13 residents were as follows: Resident #15, Resident #18, Resident #21, Resident #23, Resident #24, Resident #25, Resident #32, Resident #45, Resident #51, Resident #53, Resident #54, Resident #55, and the Resident with Medical Records # 1192. During the Resident Council meeting Resident #23 stated, "A lot of us are diabetic and we need a snack at night." During an interview on 12/19/18 at 2:42 PM with License Practical Nurse (LPN) #1, it was confirmed that the DSMs bring snacks for the residents, before the end of the DSM's shift in the evenings. LPN #1 stated that a while back,	F 809	Dietary Staff on January 4, 2019. Dietary staff were retrained on the facility policy of timely preparation and delivery of nutritional supplements/snacks for diabetic residents. This in service included the need for additional nutritional supplements/snacks for those residents desiring a snack. "Frequent Meals" Policy and "Snacks Between Meals and Bedtime" policy was reviewed with Dietary staff at this inservice. The Dietary Staff were provided a list of those residents who currently have diabetic orders for medication and diabetic diets/meals. Nutritional supplements/snacks will be labeled for diabetic residents to ensure preparation and delivery. Individual orders were obtained by the residents' physician(s) for each diabetic resident to receive a night time (HS)snack. This order was placed in the medication administration record (MAR)for nursing documentation for those residents/patients. 4. An audit system has been implemented to ensure nutritional supplements/snacks are prepared, delivered and distributed to diabetic residents/patients who receive a diet/meal and for those residents desiring snacks/nutritional supplements. The system established is for Dietary Staff to sign the audit sheet upon delivery of nutritional supplements/snacks to the nurses' station and nursing staff will be	

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F 809	Continued From page 3 maybe two (2) months ago, the DSMs stopped sending the snacks out before they left. LPN #1 stated she would have to go to the kitchen and remind the DSMs that before they leave, she needed snacks on her unit. LPN #1 also revealed that the DSMs continue to not send juice to the nurses' station in the evenings for the closed unit. During an interview on 12/19/18 at 3:45 PM, Certified Nursing Assistant (CNA) #1 revealed that she had observed residents going to the nurses' station to in the evening, and getting snacks that the DSMs brings out before they leave. CNA #1 stated that she takes snacks to some resident's rooms that she knows always wants a snack. CNA #1 stated that she offered snacks to the other residents who are awake when she is passing them out. CNA #1 stated that she works on the 3:00 PM -11:00 PM shift. CNA #1 stated that there are different types of snacks for the residents to choose from, such as pimento cheese sandwiches, peanut butter and jelly sandwiches, milk, crackers, and ice cream. During an interview on 12/19/18 at 3:48 PM, with LPN #2, it was revealed that she has seen snacks brought almost most every night. LPN #2 was then asked, what does almost every night mean? LPN #2 then stated that almost every night means, "They (the DSMs) do not bring them out once or twice a week." LPN #2 stated that on those occasions, if a resident wants a snack, the nursing staff gets them a snack from the kitchen or from the vending machine. During an interview on 12/19/18 5:17 PM, CNA #2 confirmed that the DSMs bring the snacks out most of the time, but not every day. CNA #2 stated that if the DSMs do not bring something for	F 809	responsible for signing the audit sheet upon distribution of nutritional supplements/snacks. The Director of Nursing and/or Administrator will review the audit three (3) times per week for three (3) months to ensure nutritional snacks are being prepared, delivered and offered to ensure facility compliance. Audit results will be reported to the Quality Assurance Committee monthly.The audits will be reviewed by the Quality Assurance Committee and it will be the responsibility of the Quality Assurance Committee to make recommendations and updates to the plan of correction. It will be the responsibility of the Quality Assurance Committee to determine if the issue is resolved.	

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F 809	Continued From page 4 the residents, she will just go and ask them for snacks for the closed unit, where she works. CNA #2 stated that sometimes the DSMs will call them and ask if they need snacks. CNA stated, "We have half a loaf of bread and a jar of peanut butter in the closed unit's little kitchenette and we could make a sandwich for the residents, if we needed to." During an interview on 12/20/2018 at 6:15 PM, with Resident #21, she revealed the residents do not receive, nor was she offered, an evening or bedtime snack the night before. Review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 10/29/2018, revealed Resident #21 had a Brief Interview of Mental Status (BIMS) score of 15, indicating intact cognition. During an interview on 12 /20/2018 at 6:20 PM, with Resident Council President/Resident #23, she revealed that she did not see any snacks at the nurse's station. Resident #23 also stated that she had not received, nor had she been offered a snack the night before. Review of the Annual MDS with an ARD of 10/30/2018, revealed Resident # 23 had a BIMS score of 15, indicating intact cognition.	F 809		
F 812 SS=E	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly	F 812		2/1/19

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F 812	Continued From page 5 from local producers, subject to applicable State and local laws or regulations. (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. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observation, facility policy review, and staff interview the facility failed to follow proper sanitation practices to prevent the outbreak of foodborne illness. Finding Include: A review of the facility policy titled, "Food: Preparation", dated September 2017, revealed that all foods are prepared in accordance with the FDA Food Code. The facility policy also noted that the dining services staff will be responsible for food preparation procedures that avoid contamination by potentially harmful physical, biological, and chemical contamination. An observation of the food tray line temperature measurement process on 12/18/2018 at 11:15 AM, revealed that Dietary Staff Member (DSM) #2 wiped the food thermometer with the same brown paper towel between measuring the temperatures of different foods. It was also observed that DSM #2 allowed the handle of the food thermometer to enter the food whose temperature was being measured. DSM #2 was	F 812	1. All thermometers were sanitized by Dietary Staff on December 20, 2018. The Dietary Staff employee was in serviced by the Dietary Manager on the proper procedure of obtaining food temperatures in a safe and sanitary manner per facility policy HCSG016, "Cross Contamination." 2. There is a potential for cross contamination for all residents who receive meals/diets with this alleged deficient practice. 3. An in-service was conducted by the Administrator and Dietary Manager on January 4, 2019, to re-educate dietary staff of the importance of individually sanitizing/cleaning thermometers and proper use in obtaining food temperatures. 100% of dietary staff attended. The Registered Dietician conducted a check off on the procedure on January 21, 2019, for 100% of dietary staff.	

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F 812	Continued From page 6 observed holding the food temperature thermometer with her right forefinger and right middle finger. DSM #2 also was observed allowing her right ring finger and her right 5th finger of her gloved hand to enter into the food, while she was measuring the temperature of different foods. A review of the facility's in-service records titled, "Cross Contamination", and dated 12/17/2018, revealed that the purpose of the in-service was to educate all new hires and current employees on the importance of identifying and addressing situations or conditions where potential cross contamination could occur. The in-service record was signed by DSM #2, confirming that she had read and understood this in-service. During an interview on 12/18/2018 at 1:00 PM, the Dietary Manager/DSM #1, revealed that the wiping of the thermometer between foods with the same brown paper towel, was not the correct sanitation practice when taking the temperature of foods. DSM #1 also revealed the handle of the thermometer coming in contact with the food whose temperature was being measured, was not the correct sanitation practice. DSM #1 stated that DSM #2's gloved fingers should not have come in contact with the food whose temperature was being measured. DSM #1 stated that DSM #2 had failed to provide proper sanitation. During an interview on 12/18/2018 at 1:06 PM, DSM #2 she confirmed that she had wiped the food thermometer with the same brown paper towel in between different food items. DSM #1 stated that she was not aware that the handle of the thermometer was in the food whose temperature was being measured. DSM #2 also	F 812	The Dietary Manager added additional thermometers for dietary staff use. This will prevent the need for using the same thermometer for each item. 4. The Dietary Manager will observe dietary staff obtaining temperature for various meals at various times three (3) times per week for four (4) weeks to ensure the facility policy and sanitation practices are practiced. Results observed will be reported to the Quality Assurance Committee monthly by the Dietary Manager. It will be the responsibility of the Quality Assurance Committee to determine further action for non-compliant outcomes should they continue. The Registered Dietician will observe the procedure one (1) time per month on facility visit. Observations will be reported to the Administrator. The Administrator will report the Registered Dietician's observations to the Quality Assurance Committee monthly. It will be the responsibility of the Quality Assurance Committee to determine the length of observation needed. New Dietary staff hires will be trained by the Dietary Manager on the facility policy (HCSG 016--Cross Contamination) and the correct procedure for obtaining food temperatures and how to ensure sanitary practices are followed prior to assignment to the tray preparation line.	

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F 812	Continued From page 7 stated that she was not aware of her fingers entering the food whose temperature was being measured. DSM #2 confirmed that it was not proper sanitation practice for the handle of the thermometer to enter the food or for her fingers to enter the food item whose temperature was being measured.	F 812	4. The Dietary Manager's observation and results will be reported to the Quality Assurance Committee monthly. It will be the responsibility of the Quality Assurance Committee to make recommendations and updates to the plan of correction. It will be the responsibility of the Quality Assurance Committee to determine if the issue is resolved.	

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K 000	INITIAL COMMENTS 42 CFR 483.70(a) The facility meets the applicable provisions of the 2012 (existing) Edition of the Life Safety Code (LSC) of the National Fire Protection Association (NFPA). There were no LSC deficiencies cited during this survey.	K 000		

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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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E 000	Initial Comments *EMERGENCY PREPAREDNESS* Survey conducted on 12/19/18 reveals the above facility meets all applicable Federal, State and local emergency preparedness requirements. No deficiencies were identified.	E 000		

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