

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 41CH	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/16/2019
NAME OF PROVIDER OR SUPPLIER CEDARS HEALTH CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 2800 WEST MAIN STREET TUPELO, MS 38801		
(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) determined during an annual recertification survey, conducted from 1/13/19 through 1/16/19, the facility was not in compliance with the Mississippi Regulations for Minimum Standards for Institutions for Aged or Infirm with deficiencies cited at M815. The facility had a census of 137, with a license for 140 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, staff interview, and facility policy review, the facility failed to properly thaw chicken in a manner to prevent possible food borne illness for one (1) of nine (9) Greenhouse homes and the main facility, during the kitchen tour. This had the potential to affect 10 of 137 residents. Findings Include: Review of the facility policy, "Food Handling Guidelines", with a revision date of 1/18, revealed: Thaw Frozen Meat/Poultry/Seafood, Under refrigeration at a temperature of 41 degrees or less, or under running water, as a part of the cooking process. On 01/14/19 at 09:16 AM, an observation and	M 815	This plan of correction is in response to Statement of Deficiencies demonstrates our good faith and desire to continue to improve the quality of care and services provided to our elders. M 815 The facility will thaw chicken in a manner to prevent possible food borne illness. • Certified Nursing Assistant (CNA) #1 was in-serviced and re-trained on proper thawing techniques for frozen meats by Certified Nutritionist and Executive Chef on January 14, 2019. Certified Nutritionist provided in-service and re-education to all staff, on January 23, 2019 and January 24, 2019, on proper handling of food, including proper thawing	2/6/19

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

TITLE

(X6) DATE

Electronically Signed

02/05/19

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 41CH	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/16/2019
NAME OF PROVIDER OR SUPPLIER CEDARS HEALTH CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 2800 WEST MAIN STREET TUPELO, MS 38801		
(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 interview with Shabaz #1, during the 400 Greenhouse kitchen tour, revealed chicken sitting in the sink, thawing at room temperature. Shabaz #1 stated the 11:00 PM-7:00 AM shift was responsible for getting the meat out for lunch, so that it can be thawed in time for cooking. The Shabaz stated the chicken had been sitting out "since this morning". Shabaz #1 stated the proper thawing method would be to place the meat to be prepared in the refrigerator to thaw, but this is the way they have always thawed their meat. Observation of chicken revealed it was completely thawed. During an interview, on 1/14/19 at 10:00 AM, Shabaz #1 stated the Dietician told her to throw the chicken away and they would get some more. During an interview, on 01/15/19 at 1:48 PM, the Registered Dietician (RD) confirmed food should be thawed in the refrigerator or under running water to prevent possible food borne illnesses. She stated she instructed the Shabaz to discard the chicken that was thawing in the sink, and she obtained more chicken for the residents' lunch. The RD stated she, along with other team members, monitors the safety and sanitation of food preparation. She stated she had planned an in-service next week with the Greenhouse employees regarding food sanitation and safety; that this is part of the facility's yearly education with the Shabaz staff.	M 815	techniques, minimum safe temperatures for cooking and holding hot/cold foods, proper thermometer calibration, proper storage of food for both refrigerator and freezer, proper hand-washing and glove usage, and wearing aprons and hairnet in the correct way. • All residents have the potential to be affected by the issues cited in the statement of deficiencies. • Dining Service Management Team will ensure all new hired employees that handle food, will receive ServSafe certification and proper food handling training prior to doing any food production/handling beginning January 23, 2019. - Dining Service Managers will conduct monthly kitchen safety and sanitation audit beginning January 23, 2019, to ensure kitchen maintained in a clean and organized condition, and that proper techniques for thawing and cooking are being utilized. - Dining Service Managers will conduct weekly checks, beginning January 23, 2019 x four weeks in the Greenhouses to ensure proper food handling. - Dining Services Managers will conduct monthly checks beginning February 13, 2019 x six months in the Greenhouse s to ensure proper food handling. • Nutrition Care Manager and or Dining Service Manager will report the results of monthly kitchen safety and sanitation audits as well as weekly/monthly checks to the community's Quality Assurance	

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 41CH	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/16/2019
NAME OF PROVIDER OR SUPPLIER CEDARS HEALTH CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 2800 WEST MAIN STREET TUPELO, MS 38801		
(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	M 815	Performance Improvement weekly meetings. These results and this Plan of Correction will be monitored weekly at Quality Assurance Performance Improvement meetings, weekly for 4 weeks and then monthly for 6 months until such time consistent substantial compliance has been achieved.	