STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255104	A. BUILDING _____ B. WING _____	05/05/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRENADA LIVING CENTER	1950 GRANDVIEW DRIVE GRENADA, MS 38901

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F 000	INITIAL COMMENTS The State Agency (SA) conducted an annual recertification survey at the facility from 5/2/22 to 5/5/22. During the survey, the SA determined the facility was not in compliance with Medicare and Medicaid regulations for participation. The SA cited deficiencies at F636, and F812. The facility had a census of 70 at the time at the survey and held a license for 110 beds.	F 000		
F 636 SS=D	Comprehensive Assessments & Timing CFR(s): 483.20(b)(1)(2)(i)(iii) §483.20 Resident Assessment The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity. §483.20(b) Comprehensive Assessments §483.20(b)(1) Resident Assessment Instrument. A facility must make a comprehensive assessment of a resident's needs, strengths, goals, life history and preferences, using the resident assessment instrument (RAI) specified by CMS. The assessment must include at least the following: (i) Identification and demographic information (ii) Customary routine. (iii) Cognitive patterns. (iv) Communication. (v) Vision. (vi) Mood and behavior patterns. (vii) Psychological well-being. (viii) Physical functioning and structural problems. (ix) Continence. (x) Disease diagnosis and health conditions. (xi) Dental and nutritional status. (xii) Skin Conditions.	F 636		6/1/22

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

Electronically Signed | 05/18/2022

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F 636	Continued From page 1 (xiii) Activity pursuit. (xiv) Medications. (xv) Special treatments and procedures. (xvi) Discharge planning. (xvii) Documentation of summary information regarding the additional assessment performed on the care areas triggered by the completion of the Minimum Data Set (MDS). (xviii) Documentation of participation in assessment. The assessment process must include direct observation and communication with the resident, as well as communication with licensed and nonlicensed direct care staff members on all shifts. §483.20(b)(2) When required. Subject to the timeframes prescribed in §413.343(b) of this chapter, a facility must conduct a comprehensive assessment of a resident in accordance with the timeframes specified in paragraphs (b)(2)(i) through (iii) of this section. The timeframes prescribed in §413.343(b) of this chapter do not apply to CAHs. (i) Within 14 calendar days after admission, excluding readmissions in which there is no significant change in the resident's physical or mental condition. (For purposes of this section, "readmission" means a return to the facility following a temporary absence for hospitalization or therapeutic leave.) (iii)Not less than once every 12 months. This REQUIREMENT is not met as evidenced by: Based on staff interview, record review, and facility policy review the facility failed to accurately code a Minimum Data Set (MDS) for one (1) of 19 MDS's reviewed. Resident #32 Findings include:	F 636	The Minimum Data Set (MDS) Nurse completed a modification of section "O", Special treatments, Procedures, and Programs of the Admission 5 day MDS with an Assessment Reference Date (ADR) of 03/04/2022 for Resident # 32 on	

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F 636	Continued From page 2 Review of the facility policy titled, "Resident Assessment", with the latest revision date of 09/19, revealed an assessment will be completed on each resident utilizing the MDS. The completed assessment guides the staff in identifying key information about the resident and serves as a basis for identifying specific issues and objectives in order to develop a care plan. This process assists the resident in reaching the highest practicable physical, mental and psychosocial well-being. The assessment will describe the resident's physical and mental deficits, strenghths, and the requirements of assistance to meet their needs. The assessment will also identify risk factors associated with the possible functional decline and describe the resident's objectives for maintaining or improving their functional abilities. Record review of the physician order, dated 2/25/22, revealed hemodialysis 3x weekly on Tues, Thurs, and Sat with chair time at 12:00 P. Record review of the Admission 5 day MDS, with an Assessment Reference Date (ARD) of 3/4/22, section O, Special treatments, Procedures, and Programs revealed section J. Treatment: dialysis - while resident, was unchecked. An interview, with the MDS nurse confirmed that dialysis in section O of the MDS should be marked for Resident #32. She stated that it is important that it is marked correctly because the resident goes to dialysis and she thinks they get paid for it. She confirmed that the MDS had been sent and she would do a modification. An interview, on 5/5/22 at 9:35 AM with the	F 636	05/05/2022 and transmitted modification on 05/05/2022. One (1) of seventy (70) residents was identified to have a physician order to received hemodialysis 3 X weekly and incorrect coding of section O of MDS. No other residents were affected by this deficient practice. An in-service was started by the Director of Nursing on 05/05/2022 on the policy Resident Assessment with a revision date of 09/2019 with one (1) of two (2) MDS Nurse, one (1) of one(1) Activity Director, one (1) of one (1) Dietary Manager, one (1) of one (1) Social Service Director, and will continue until two (2) of two (2) MDS Nurses are in-serviced. The second MDS Nurse is scheduled for in-service on 05/23/2022. Physician orders and Section O of the MDS for Special treatments, Procedures, and Programs will be audited for correct dialysis coding by the Administrator, Director of of Nursing and/or Medical records weekly for four (4) weeks then monthly for 2 months until resolved. Audits were started 05/05/2022. The Director of Nurses and/or Medical Records will ensure that the audits are current and accurate during the weekly transmission meeting. The Director of Nursing or Medical records will monitor MDS coding for proper coding of dialysis	

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F 636	Continued From page 3 Administrator confirmed that dialysis should be checked on the MDS because it could affect the resident's care and it is a financial issue. Review of the face sheet revealed that Resident #32 was admitted to the facility on 2/25/22 with diagnoses that included Chronic Kidney Disease, Stage 4 (severe) and Dependence on Renal Dialysis. Review of the Admission MDS Assessment with an Assessment Reference Date (ARD) of 3/4/22 revealed Resident #32 had a Brief Interview for Mental Status (BIMS) score of 14, which indicated that the resident was cognitively intact.	F 636	and record on the utilization work sheet weekly until resolved. The quality Assurance (QA) Committee met and reviewed the policies of Resident Assessment on 05/05/2022. There were no changes recommended and QA will continue to meet monthly for three (3) months to review any finding from the monitoring results by the Director of Nursing and/or Medical records and make any changes or recommendations as needed until resolved.	
F 812 SS=F	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 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	F 812		6/1/22

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F 812	Continued From page 4 by: Based on facility policy review, observations staff interviews, and record review, the facility failed to discard expired bread as evidenced by the observation of 28 packs of buns and rolls, with expired use by dates, in the dietary department, for one (1) of three (3) dietary tours. Review of facility policy titled, "RECEIVING AND INSPECTION OF FOOD," with a review date 0f 9/12, revealed, "Policy: The facility shall ensure that food is delivered to the facility in a safe condition ... ... c. Reject if packaging has the following problems: .... vii. Expired code or use by date." Findings include: The initial kitchen tour observation, on 05/02/22 at 10:15 AM, revealed 20 packs of hamburger buns, six (6)packs of hoagie buns, and two (2) packs of dinner rolls, in the dry goods storage room with an expiration date of 4/24/22. The observation also revealed a sign, that was posted, on the fourth brown bread tray, that contained six (6) packs of expired hamburger buns, that read, "Use First." The observation revealed that the expired hamburger buns, hoagie buns, and dinner rolls, with the expiration date of 4/24/22, were stacked together, in brown bread trays, on a red cart, with the trays of hamburger buns, hoagie buns, and dinner rolls with an expiration date of 5/12/22. An observation and interview, on 5/2/22 at 10:20 AM, with the Dietary Staff Member #1, (Dietary Manager), revealed she placed the signage, "Use First," on the stack of brown bread trays, to show the dietary staff what trays of bread to start using	F 812	On May 5, 2022 all expired bread was removed from the holding trays and was discarded to prevent it from being served during meals. On May 6, 2022, the bread vendor delivered bread that was not out of date. The bread inventory was checked in by the Food Service Supervisor and it was all within the required date. Since all food is prepared and served to all residents for meals it is determined that all residents have the potential to be affected by the alleged deficient practice. All bread deliveries will be checked by the Assistant Food Service Supervisor and/or the morning Cook for expiration date at the time of receiving the delivery. The Food Service Supervisor will also follow up on the expiration date every Tuesday morning after the delivery is made. A meeting was held with the bread vendor on May 3, 2022 and the facility was assured all bread delivered will be within a current date. Any further issues will be reported to the bread vendor immediately. Eight(8) of Eight(8) dietary staff was in-serviced on May 5, 2022 by the Food Service Supervisor on checking the date on food deliveries prior to using it. All bread will be checked upon delivery by the Food Service Supervisor for a date which is current and available for use. The Quality Assurance (QA) committee met on 05/05/2022 and reviewed the Plan of Correction that was put in place to avoid further use of out of date bread. The	

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F 812	Continued From page 5 first, and to go upward, to the other trays, to use older bread, before it expired. She revealed that the bread deliveries are scheduled for every Tuesday, at 05:30 AM, that the last bread delivery took place on, Tuesday, 4/26/22 at 05:30 AM. She stated that she was not at work at that time of day to check the dates on the bread. She confirmed that she did not check the dates when she arrived at work on 4/26/22 and confirmed that she was not aware that the bread was expired. The Dietary Staff Member #1 revealed she did not normally check the expiration dates, on any of the bread, and did not assign dietary staff to check the dates on the bread, because the bread delivery service had always made sure that all bread delivered to the facility was not expired. The Dietary Staff Member #1 revealed the bread delivery service brought the entire stack of bread on Tuesday, 4/26/22, and it was left inside kitchen back door for a dietary staff member to move the bread to the dry storage room. The Dietary Staff Member #1 observed and confirmed the expired bread consisted of 20 packs of hamburger buns, 6 packs of hoagie buns, and 2 packs of dinner rolls, and that all of the bread counted, had an expiration date of 4/24/22. The Dietary Staff Member #1 revealed the bread must have already expired before it was delivered on 4/26/22, because there was also bread stacked in the brown bread trays, with an expiration date of 5/12/22. The Dietary Staff Member #1 confirmed she should have checked the bread delivery, to ensure it was in safe condition to be served to the residents. The Dietary Staff Member #1 confirmed there was a possibility for food-borne illness, for the residents who could have possibly eaten the expired bread. An observation and interview ,on 5/2/22 at 10:25	F 812	corrective measures will be monitored by the Food Service Supervisor on-going to ensure compliance with Federal and State regulations. The Food Service Supervisor and the Administrator started monitoring bread expiration dates on 05/03/2022. The Food Service Supervisor will check the dates on the bread weekly on the day of delivery and the Administrator will check weekly times four (4) weeks then monthly for three (3) months. All finding will be addressed during the monthly QA committee meeting for three (3) months or as needed.	

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F 812	Continued From page 6	F 812		

AM, with the Dietary Staff Member #2, revealed she did not check the expiration dates on the bread. The Dietary Staff Member #2 revealed the process of separating old bread from the new bread, was to place all the expired bread on a red cart to be picked up by the bread delivery service, when a new bread delivery was made. The Dietary Staff Member #2 confirmed that the observation revealed the expired bread, dated 4/24/22, and the bread with an expiration date of 5/12/22, was stacked together, in the brown bread trays, on top of a red cart, and that no other red carts were observed in the dry storage room.

An interview, on 5/2/22 at 11:30 AM, with the Administrator, confirmed the dietary staff should not have accepted the expired bread from the bread delivery service, and the dietary staff should have checked the dates on the bread, at the time of delivery, to ensure it was safe.

An interview, on 5/3/22 at 04:35 PM, with the Administrator, confirmed there was a likelihood of food born illness, for the residents that would have possibly eaten the expired bread.

Record review of the "Menu Calendar Report ... Regional Services & Legacy Care Spring/Summer 2022 Week At A Glance ...Week 1" (dietary menu indicated for the first week of the month of May), revealed, "Thursday ... DIN .... Cheeseburger on Bun ..... Saturday ... LUN ... Sloppy Joe on Bun."