STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255213	A. BUILDING _____ B. WING _____	08/31/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEADVILLE CONVALESCENT HOME	300 HWY 556/ROUTE 2 BOX 66 MEADVILLE, MS 39653

(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) COMPLETION DATE
F 000	INITIAL COMMENTS The State Agency (SA) conducted an annual re-certification survey at the facility from 8/28/2022 to 8/31/2022. During the survey, the SA determined that the facility was not in compliance with the requirements for participation in Medicare and Medicaid and cited F641 and F812. The facility has a license for 60 with a census of 44 at the time of the survey.	F 000		
F 641 SS=E	Accuracy of Assessments CFR(s): 483.20(g) §483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REQUIREMENT is not met as evidenced by: Based on interviews, record reviews, and facility policy review, the facility failed to accurately code the Minimum Data Set (MDS) for one (1) of 16 MDS assessments reviewed for accuracy. Resident #28 Findings Include: A record review of the facility's "Comprehensive Assessment and Re-Assessment" policy with revision date 11/28/2017 revealed, "... The facility shall comply with Resident Assessment Instrument (R.A.I.) guidelines for comprehensive assessments and re-assessments...The sources of information for the M.D.S. include: Review of the resident's record..." Review of Resident #28's "Face Sheet" revealed the resident was admitted to the facility on	F 641	#1 Corrective action for resident #28 has been accomplished by the Minimum Data Set(MDS) nurse submitting a corrected MDS on 09/13/2022. The MDS and orders were reviewed by the MDS nurse, the Director of Nursing, and the Registered Nurse (RN) on 09/13/2022 for accuracy. #2 All residents have the potential to be affected by this deficient practice. #3 The Director of Nursing gave an in-service to the MDS nurse and the RN on 09/12/2022 to check all documentation to ensure accuracy prior to submission of each MDS. Prior to each MDS submission the MDS nurse and RN will review the chart and MDS for accuracy and will sign transmission form to ensure accuracy.	10/4/22

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

Electronically Signed | 09/20/2022

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255213	A. BUILDING _____ B. WING _____	08/31/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEADVILLE CONVALESCENT HOME	300 HWY 556/ROUTE 2 BOX 66 MEADVILLE, MS 39653

(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) COMPLETION DATE
F 641	Continued From page 1 5/23/2013, with diagnoses that include Altered Mental Status, Pain, Edema, and Depression. A record review of Resident #28's Quarterly MDS with an Assessment Reference Date (ARD) of 07/14/2022 revealed, "... Section C- Cognitive Patterns C0500" revealed a Brief Interview for Mental Status (BIMS) score of 15, which indicated the resident was cognitively intact. "Section N-Medications N0410E: Medication received: Days: anticoagulant" was listed as seven (7). A record review of Resident #28's "Physician's Telephone Orders" dated 6/7/2022 at 2:50 PM, revealed "Discontinue (D/C) Eliquis per (Proper Name..." A record review of Resident #28's "Physician Orders" for the month of July 2022, revealed there were no new orders for anticoagulant therapy. A record review of Resident #28's "Medication Administration Record" for the month of July 2022, revealed there were no anticoagulants administered. On 08/30/2022 at 2:20 PM, an interview with Licensed Practical Nurse (LPN) #2/MDS nurse, confirmed Resident #28's Quarterly MDS revealed the resident had received 7 doses of anticoagulant medication during the look-back period. The MDS nurse stated the resident's MDS had been coded in error, as the Eliquis had been discontinued on 6/7/2022. On 08/31/22 at 11:40 AM, during an interview with the Director of Nursing (DON), she explained she	F 641	#4 The MDS nurse will meet weekly x4 weeks with the RN to review all MDS forms prior to submission and this will be brought to Quality Assurance committee monthly x1 month to monitor for compliance. This process began on 09/13/2022 and the first QA meeting will be on 09/22/2022. #5 This Corrective plan of action will be place by 09/13/2022 and completed by 10/11/2022.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255213	A. BUILDING _____ B. WING _____	08/31/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEADVILLE CONVALESCENT HOME	300 HWY 556/ROUTE 2 BOX 66 MEADVILLE, MS 39653

(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) COMPLETION DATE
F 641	Continued From page 2 expects the MDS nurse to review medical records and accurately code the MDS. The DON stated prior to transmission of the MDS, Registered Nurse (RN) #1 reviews and signs the MDS assessments and meets with herself and the MDS nurse to review the MDS for accuracy prior to transmission. The DON confirmed the inaccurate anticoagulant coding was overlooked. On 08/31/22 at 11:52 AM, during an interview with RN #1, she explained she reviews and signs all MDS assessments prior to transmission. The nurse stated she meets with the DON and MDS nurse for a final review of the MDS prior to the transmission, but confirmed that Resident #28's last Quarterly MDS was transmitted with the incorrect coding for anticoagulants.	F 641		
F 812 SS=D	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	F 812		10/4/22

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255213	A. BUILDING _____ B. WING _____	08/31/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEADVILLE CONVALESCENT HOME	300 HWY 556/ROUTE 2 BOX 66 MEADVILLE, MS 39653

(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) COMPLETION DATE
F 812	Continued From page 3 standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observation, staff interviews, and facility policy review, the facility failed to store food in accordance with professional standards for food service safety related to food items not dated with a use-by date, and food items not discarded after the expiration date, for one (1) of three (3) kitchen observations. Findings Include: A review of the facility's "Food Service Operational Standards for Purchasing, Receiving, Cooking and Storage of Food" policy with a revised date of 10/17 revealed, "The facility receives, stores, prepares, distributes and serves food under sanitary conditions to prevent the spread of food borne illness and to reduce those practices that result in food contamination and compromised food safety....Follow "First In First Out" ...foods should be labeled before being stored in the refrigerator or freezer ...The date mark indicates the date of preparation or the discard date...Commercially processed foods will have a use by date. This use by date should be followed..." On 8/28/22 at 11:35 AM, the State Agency (SA) conducted an initial tour of the kitchen with the Cook and observed the following: 1. In the Dry Storage room, there was an opened (6) pound (lb.) bag of Brownie Mix, a six (6) lb. bag of Blueberry Muffin Mix, a five (5) lb. bag of Basic American Foods Mashed Potatoes, a 16-ounce (oz) container of Imitations Bacon Bits, a five (5) lb. bag of Originals Villa Frizzoni	F 812	#1 Corrective action for this deficiency has been accomplished by the dietary manager discarding all food that was not appropriately labeled including all open and unopened containers. This also included all expired food products. This was accomplished on 08/31/2022.The dietary manager will do weekly checks to ensure this does not recur. #2 All residents have the potential to be affected by this deficient practice. #3 An in-service was given on 08/30/2022 by the Registered Dietician and the Dietary Manager to all dietary staff to ensure food storage regulations are followed at all times. The dietary manager gave an in-service on 08/31/2022 to staff demonstrating the proper labeling of foods in freezer and storage area with use-by dates and/or opened dates and the discarding of expired foods. #4 The Dietary Manager will do weekly checks in storage and freezer for compliance of all food being labeled correctly and any expired food being discarded. This began on 08/31/2022. The dietary manager will do these checks at least once weekly x 4 weeks and bring to Quality Assurance committee x1 month to ensure compliance with this process. The first QA meeting to monitor this POC will be 09/22/2022.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255213	A. BUILDING _____ B. WING _____	08/31/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEADVILLE CONVALESCENT HOME	300 HWY 556/ROUTE 2 BOX 66 MEADVILLE, MS 39653

(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) COMPLETION DATE
F 812	Continued From page 4 Noodles, and a five (5) lb. container of Peanut Kid: Creamy Peanut Butter with no opened or use by dates. 2. In the freezer, there was an open ten (10) lb. bag of Tater Tots, a ten (10) lb. bag of French Fries, and a 2 lb. bag of shredded lettuce with no opened or use by dates. 3. In the Dry Storage room, there were two (2) five (5) oz. cans of Salsa De Arah Gelatizados with the expiration date of 8/17/22 and a 70 oz. container of Tostitos Salsa with the expiration date of 5/14/21. On 6/27/22 at 11:52 AM, during an interview with the Dietary Manager (DM), she stated that she and the Assistant DM are responsible for discarding expired foods. On 6/28/22 at 10:00 AM, during an interview with the DM, she stated that expired food items could cause harm to the residents. She confirmed that food items should be checked daily for expired items and labeling. On 6/30/22 at 02:18 PM, during an interview, the Administrator stated that the residents are at risk for a possible illness if they consume expired food products. He stated that it is very important to check the dates on food and that he does not expect to find expired items in the kitchen. Record review of an "Associate In-Service Record", dated 12/14/21, revealed "Points Covered/Overview ...receiving and storage of food ..." revealed dietary staff received training on storage of food items.	F 812	#5 This plan of correction began on 08/31/2022 and will be completed by 10/04/2022.	