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
	82MC	A. BUILDING: _____ B. WING _____	01/30/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARTHA COKER GREEN HOUSE HOME	2041 GRAND AVE YAZOO CITY, MS 39194

(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) conducted an annual recertification along with a complaint survey, MS #16545 from 1/28/20 to 1/30/20. During the survey, the SA determined that the facility was not in compliance with the requirements of participation for Medicare and Medicaid. The SA substantiated MS #16545 for Quality of Care with no citations related to the complaint. The SA cited M780 and M945. At the time of the survey, the facility held a license for 60 beds and the census was 60 residents.	M 000		
M 780	45.27.2 Activity Program Activity Program. Provisions shall be made for suitable recreational and entertainment activities for resident according to their needs and interests. These activities are an important adjunct to daily living and are to encourage restoration to self-care and resumption of normal activities. Variety in planning shall include some outdoor activities in suitable weather. Level II Based on observation, staff interview, resident interview, record review and facility policy review the facility failed to provide activities on a scheduled basis for one (1) of 16 residents observed for activities, Resident #5. Findings include: Record review of the facility's "Activities" policy, dated 11/28/2017, revealed, "Policy: It is the policy of this facility to provide an ongoing program to support residents in their choice of activities based on their comprehensive assessment, care plan, and preferences of each resident. Facility sponsored group and individual	M 780	1. Bingo was offered as an activity on 1/31/2020, 2/1/2020 and 2/4/2020 and elder #5 participated. Elder #5 did participate in activities and the activities were documented on the activity log in February 2020. The care plan of affected elder #5 was updated after the elder was interviewed to confirm activity preferences. The activity interview and care plan update were completed on 3/2/2020. 2. The facility has determined that all residents have the potential to be affected. 3. A new Activities Director started on 1/30/2020. The new activity director was in-serviced by the administrator and human resources director on 1/30/2020 as	3/28/20

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M 780	Continued From page 1 activities and independent activities will be designed to meet the interests of and support the physical, mental, and psychosocial well-being of each resident, as well as, encourage both independence and interaction within the community." During observation of the common area in House #5 on 1/28/20, from 10:00 until 11:20 AM, neither Morning Stretch nor Bingo occurred per review of the Activity Calendar. On 01/28/20 at 11:20 AM, an observation in the Common Room revealed, Bingo did not occur at 10:30 AM. On 01/28/20, at 10:28 AM, during an interview with Resident #5 in the common area, she stated she loved it at the facility but there are no activities. She stated she loves Bingo and they stopped it a good while ago. The House Coordinator for House #5 on January 1 through February 29, 2020, Shahbaz #1 was listed for Activities per schedule posted on bulletin board next to the kitchen. On 01/29/20, at 3:45 PM, in an interview with Resident #5 in the common room, she stated that she enjoyed Bingo yesterday and that it was the first time they played in a long time. When asked if they had any activities this morning she stated, "no, just sat here and looked at this TV." She stated that she had hoped to play Bingo again this morning and that she would love to play more often stating, "I love Bingo". On 01/28/20, at 3:29 PM, during an interview with, Shahbaz #1, she stated, "everyone is responsible for activities, I work the evening shift,	M 780	to the facility and its policies and procedures. The Activity director took supplies to the houses for weekend activities on 1/31/2020. On 2/1/2020 the Shahbaz (certified nurse assistant) were in-serviced by the administrator and shahbaz coach on activity expectations. The Activity Director and all Shahbaz were in-serviced on 2/3/2020 by a consultant activity director on engaging the elders, providing two daily activities based on elder preference, logging activities, activity codes, activity participation reports, weekly interviews on elder preferences, and logging any activities provided by volunteers/others. The activity director was also in-serviced on Minimum Data Set, Section F by the consultant on 2/03/2020. The Activity Director was in-serviced by the consultant activity director on 2/10/2020 on the It□s Never 2 Late (IN2L) computer system provided for the elders with games and links to social media), care planning. The consultant futher reviewed information from education received on 2/3/2020. The activity supplies in each Green House were inventoried to ensure adequate supplies available in each home on 2/10/2020. 4. The Activities Director monitored the activity participation log three times per week for three weeks from 2/3/2020 thru 2/21/2020. The activity participation logs will be reviewed two times per week from this point forward. The Activities Director monitored activities five times per week from 2/10/2020 thru 2/28/2020. The activities will be monitored two times per week from this point forward.	

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M 780	Continued From page 2 no other, they just put you down as house coordinator for certain things. They have an activities person at the office that brings the stuff down for activities, they really want you to do them, but they bring what they want you to do". On 01/29/20, at 3:15 PM, during an interview with the Administrator in the kitchen area of House #5, she was looking for the Activity Log, but it was not in the book and staff did not know where it was for January. She confirmed that there was no Activity Log in the book for January for House #5. She stated, "Bingo is big in this house, they love it here." In an interview on 01/30/20, at 1:10 PM, the Administrator stated, "If it wasn't documented, it wasn't done", and that there was no Activity Log for the month of January for House #5. Record review of the facility's Face Sheet revealed, the facility admitted Resident #5 on 9/19/16 with diagnoses of Gastro-esophageal Reflux Disease, Vitamin D Deficiency, and Arthropathy. Record review of Resident #5's Quarterly Minimum Data Set with an Assessment Reference Date of 10/14/19, revealed a Brief Interview for Mental Status (BIMS) score of 15, which indicated intact cognitive skills for daily decision making.	M 780	The Activities Director and assigned Licensed Practical Nurse started interviewing elders on 2/29/2020 to ensure personalized and meaningful activities are provided for each elder. The interviews will be completed by 3/4/2020. The care plans will be updated by assigned members of the clinical support team by 3/14/2020. The Activities Director will educate Shahbaz staff for elder□s preferences related to activities and will monitor weekly activity calendars to ensure elder□s preferences are met. This will be completed by 3/28/2020. Findings will be discussed with the Resident Council and at the monthly Quality Assurance meeting until such time as consistent satisfaction is reported by the Resident Council. Completion date 3/28/2020	
M 945	45.32.4 Food Storage Food Storage. A food-storage room with cross ventilation shall be provided. Adequate shelving, bins, and heavy plastic or galvanized cans shall be provided. The storeroom shall be of such construction as to prevent the invasion of rodents and insects, the seepage of dust and water	M 945		3/28/20

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M 945	Continued From page 3 leakage, or any other source of contamination. The food-storage room should be adjacent to the kitchen and convenient to the receiving area. The minimum area for a food-storage room shall equal two and one-half (2 1/2) square feet per bed and the width of the aisle shall be a minimum of three (3) feet. This Statute is not met as evidenced by: Level II Based on observation, staff interview, and facility policy review, the facility failed to discard expired food, and label and date opened food items for four (4) of six (6) kitchens observed. Findings include: Record review of the Facility "Food and Supply Storage Procedures" policy, dated 6/09, revealed all food, non-food items and supplies used in food preparation shall be stored in such a manner as to maintain the safety and wholesomeness of the food for human consumption. Most products contain an expiration date. The words "sell-by" or "use-by" should precede the date. The "sell-by" date is the last date that food can be sold. Do not sell products in retail areas or place on patient trays and/or resident plates past the date on the product. Cover, label, and date unused portions and open packages. Date and rotate items, first in, first out (FIFO). Discard food past the use-by date. House #1 On 1/28/20 at 10:45 AM, the initial tour of the kitchen in House #1 revealed, the refrigerator in the pantry behind the kitchen had four (4) bottles of eight (8) ounces banana nut flavor shake with	M 945	1. On 1/28/2020 all expired or not labeled(dated) foods were removed and destroyed by assigned clinical support team members. On 1/28/2020 the registered dietician went through each kitchen to ensure no items were missed during the initial clean up by the clinical support team. 2. This facility has determined that all elders are risk for this deficient practice. 3. All foods will be labeled/dated before or as they are delivered to each house by the staff member delivering the food as of 1/31/2020. All Shahbaz (certified nurse assistants) were in-serviced on 1/31/2020 by the Registered Dietician on the plan of correction for labeling and dating food. On 2/4/2020 the Regional Director of Nutrition met with the Registered Dietician to inservice on storage and labeling of food items. 4. Beginning 2/3/2020 The Registered Dietician, Systems Executive Chef, Dining Director, Certified Dietary Manager, Executive Chef, and the District Manager will provide weekly audits of the houses for eight weeks to ensure no unlabeled or expired foods are on the premises. Beginning 3/13/2020, the auditing reports will be reviewed by the Risk	

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M 945	Continued From page 4 an expiration date of August 1, 2019. An Observation of the refrigerator in the pantry revealed a five (5) pound container of sour cream with an expiration date of 1/24/20, a 5-pound container of cottage cheese with an expiration date of 12/16/19, and a six (6) pound container of mustard with an expiration date of 9/3/19. On 1/28/20 at 11: 15 AM an interview with Shahbaz #6 confirmed four (4) banana nut shakes had an expiration date of 8/1/19, the sour cream had an expiration date of 1/24/20, the container of cottage cheese had an expiration date of 12/16/19, and the container of mustard had an expiration date of 9/3/19. Shahbaz #6 confirmed all of the expired food should be thrown away. Shahbaz #6 revealed, anyone getting into the refrigerator should check for expired items and discard them if they are expired. On 01/28/20 at 2:20 PM an interview with the Licensed Dietician (LD) confirmed the Shahbaz were responsible for checking all food items in the pantry, freezer, and the refrigerator for expiration dates and throw them away if they were expired. The LD confirmed if the residents ate some expired food it could make them sick. On 01/28/20, at 2:36 PM, in House #5, the following pantry items were observed to be expired: Two (2) 15.25-ounce (oz) cans of black beans with an expiration date of 8/22/19. One (1) box of buttermilk biscuit Mix 5 lb. with an expiration date of September 27, 2019. One (1) partially used open box of devil's food cake mix with a best if used by date of January 16, 2020. One (1) 20 oz. opened loaf of 100% whole wheat	M 945	Management/Quality Assurance Committee monthly until such time consistent substantial compliance has been achieved as determined by the committee. Corrective action completion date: 3/28/2020.	

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M 945	Continued From page 5 bread with a best by date of January 18, 2020, with 17 slices in the bag. One (1) 20 oz. opened loaf of 100% whole wheat bread with best by date of January 25, 2020 with 22 slices in the bag. The following items were open and unlabeled and/or dated: One (1) - 2.7 oz plastic jar of chocolate sprinkles 1/2 full. One (1) - 9 oz. box of mashed potatoes was opened approximately 2 inches on edge of the top lid and not sealed. On 01/28/20, at 3:02 PM, an observation of the kitchen refrigerator revealed a five (5) pound (lb.) bag of mozzarella shredded cheese opened and the bag was not labeled or dated. It contained about three (3) inches of cheese in depth in the bottom of the bag. A three inch by six inch slice of corn bread was loosely wrapped in crumpled aluminum foil with no label or date. One small 4 oz. bowl of ravioli labeled good thru 1/26/20, covered in clear plastic was in the refrigerator. An observation of a kitchen cabinet revealed three (3) large tea bags in a torn zip lock gallon bag with no date on the bag. Shahbaz #1 put them in a new zip lock bag and replaced the bag in the cabinet. She said, "I'm pretty sure they will be used tomorrow". On 01/28/20, at 3:06 PM, during an interview with Shahbaz #1, she stated, "It's not labeled so I'll throw it out". Shahbaz #1 stated, our policy is to date and label, we really don't have to label things that have an expiration date on it like bread or salt, coffee or tea. We have a certain amount of days things can be open, so you have to label them, so you know when to throw them out. We	M 945		

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M 945	Continued From page 6 have three (3) days. We have a guide that lets us know the shelf life of products. On 01/29/20, at 12:07 PM, during an interview with Administrator, she stated the Shahbaz are responsible for making sure food is labeled, dated, or discarded when expired. No food should be served after the expiration date or use by date. On 01/28/2020 at 10:45 AM, during initial tour, the following items were noted in House #2: In the Dry Food Pantry: One (1) bag of hamburger buns - open with no dated label. One (1) loaf of bread - open with no dated label. One (1) - large gallon of oil - open with no dated label. One (1) - large bottle of white vinegar - open with no dated label. One (1) - loaf of unopened bread on the floor behind the door of the pantry. In the kitchen refrigerator: Multiple pieces of stacked, sliced cheese - open, partially wrapped in plastic wrap, edges of cheese were dried and hard, no dated label. One (1) - container of blueberries - partially used with no dated label. In House #3: In the Dry Food Pantry: Multiple individual coffee bags in a gallon plastic bag - open with no dated label. Two (2)- gallon bags of macaroni pasta - open with no dated label. Three (3) - gallon bags of white rice - open with no dated label. One (1) - gallon bag of spaghetti pasta- open with no dated label.	M 945		

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M 945	Continued From page 7 One (1)- bag of corn chips - open with no dated label. In the pantry refrigerator: Two (2) - boxes of strawberries - partially used, with mold on them, juice from strawberries leaked out on the door shelf - open and no dated label. Two (2) - boxes of blueberries - open with no dated label Three (3) - heads of lettuce in a large clear bag - open with no dated label. One (1) - head of cabbage in a plastic grocery bag - open with no dated label. In the kitchen refrigerator: One (1) - bottle of grape jelly - open with no dated label. In the Kitchen freezer: One (1) - gallon of vanilla ice cream - open with no dated label. One (1) - box of popsicles - open with no dated label.	M 945		