STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255229	A. BUILDING _____ B. WING _____	11/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLLY SPRINGS REHABILITATION AND HEALTHCARE CENTER	1315 HIGHWAY 4 EAST HOLLY SPRINGS, MS 38635

(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 11/01/2022 to 11/03/2022. During the survey, the SA determined that the facility was not in compliance with Medicare and Medicaid requirements of participation and cited deficiencies at F812. The facility held a license for 120 beds, with a census of 94.	F 000		
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 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, staff interviews,and facility policy review, the facility failed to prevent the possible contamination of ice, as evidenced by a	F 812	1. On 11/1/2022, the Dietary Manager provided a deep cleaning of the kitchen ice machine. On 11/2/2022, an order was	12/5/22

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

Electronically Signed | 11/18/2022

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255229	A. BUILDING _____ B. WING _____	11/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLLY SPRINGS REHABILITATION AND HEALTHCARE CENTER	1315 HIGHWAY 4 EAST HOLLY SPRINGS, MS 38635

(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 1 buildup of a black substance on the inside door of the ice machine that was used for all residents for one (1) of three (3) kitchen tours. Findings include: Record review of the facility policy titled, "Ice" with a revision date of 9/2017 Policy Statement: Ice will be prepared and distributed in a safe manner...Procedures... 2. The Dining Services Director will coordinate with the Maintenance Director to ensure that the ice machine will be disconnected, cleaned and sanitized quarterly and as needed, or according to manufacturer guidelines...4. Ice bins will be cleaned monthly and as needed..." On 11/01/22 at 10:20 AM, an observation and interview with the Dietary Manager (DM) of the ice machine revealed that there were black specks on the white plastic covering, and a black substance around the crease of the metal frame inside the ice machine. The DM confirmed those black specks and black substance is not supposed to be there. The DM took a white napkin, wiped the metal crease, and wiped a section of the black substance off. She revealed this substance could cause illness or contamination to the residents. She revealed the ice maker was cleaned last week. The hinges to both sides of the fold-down lid are being held on with a large screw. She revealed that the ice machine door was broken but they had tried to fix the door with the screws on each side. She revealed they can't order just a door and the whole ice box would need to be replaced. The door to the ice maker was noted to not close properly. The DM had to move it up and down to get it to close properly. She revealed they need a	F 812	placed for a new ice machine to replace the current kitchen ice machine. 2. Any resident served ice from the kitchen ice machine has the potential to be affected. 3. An in-service regarding the policy on weekly cleaning of the kitchen ice machine and the posted cleaning schedule was conducted for all dietary staff by the dietary manager on 11/1/2022. An in-service on quarterly cleaning of the kitchen ice machine by Maintenance department was conducted on 11/2/2022 by the Administrator. The new kitchen ice machine is scheduled for delivery and installation on 11/23/2022. 4. The Administrator or Maintenance Director will inspect kitchen ice machine beginning 11/7/2022 3(three) times a week for 4(four) weeks to ensure no buildup occurs due to possible condensation and ensure weekly cleaning is taking place, then weekly for 3(three) months. Inspection information was taken to Quality Assurance meeting on 11/17/2022. The action plan was discussed with the Quality Assurance Performance Improvement committee members on 11/18/2022. The kitchen ice machine inspection results will be brought to the Quality Assurance Performance Improvement committee meeting monthly by the Administrator to be reviewed for 4(four) months.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255229	A. BUILDING _____ B. WING _____	11/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLLY SPRINGS REHABILITATION AND HEALTHCARE CENTER	1315 HIGHWAY 4 EAST HOLLY SPRINGS, MS 38635

(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 2	F 812		

new door in order to seal the ice machine completely closed to prevent unwanted debris from entering the ice machine and to prevent mold and debris buildup so quickly between cleanings.

On 11/02/22 at 9:05 AM, an interview and observation with the Facility Administrator and Dietary District Manager revealed that the ice machine is deep cleaned every 6 months by the Maintenance Director, and it is cleaned weekly by the dietary staff. The Facility Administrator and Dietary District Manager confirmed that the door lid was broken and that a new lid was on order and had been since Sept 1, 2022. The Dietary District Manager confirmed that the machine had not been cleaned and confirmed the findings of a buildup of black substance in the ice machine.

On 11/02/22 at 9:15 AM, an interview with the DM revealed the black substance that was inside the ice maker was probably because the lid was broken, and the lid didn't shut like it should and it could have caused moisture to build up. She revealed the black substance could possibly make the residents sick if it is not cleaned properly.

An interview on 11/02/22 at 2:55 PM with the Maintenance Director revealed that the last time the ice machine was cleaned by maintenance was August 2022. He revealed that he has only been here for two months. He revealed he was called into the dietary department yesterday to look at the ice machine lid. He confirmed the hinges had been broken to the lid and the previous maintenance worker had put wing nuts and a bolt on it to hold it. He revealed that he replaced the wing nuts yesterday and put an

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255229	A. BUILDING _____ B. WING _____	11/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLLY SPRINGS REHABILITATION AND HEALTHCARE CENTER	1315 HIGHWAY 4 EAST HOLLY SPRINGS, MS 38635

(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 all-thread rod through it and cap ends so that it would close better and stated that he didn't clean the machine of the ice but put down plastic cellophane over the ice to cover it and removed the white plastic deflector shield and that the DM had cleaned the machine. He stated that maintenance did not deep clean the machine yesterday, but the DM cleaned it.	F 812		