STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255305	A. BUILDING _____ B. WING _____	03/27/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVER PLACE NURSING CENTER	1126 EARL FRYE BOULEVARD, SOUTH AMORY, MS 38821

(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 Recertification survey at the facility from 3/25/19 to 3/28/19. During the survey, the SA determined that the facility was not in compliance with Medicare and Medicaid requirements of participation. The SA cited deficient practice at F 554 and F 812. The facility held a license for 60 beds and the census at the time of survey was 58.	F 000		
F 554 SS=D	Resident Self-Admin Meds-Clinically Approp CFR(s): 483.10(c)(7) §483.10(c)(7) The right to self-administer medications if the interdisciplinary team, as defined by §483.21(b)(2)(ii), has determined that this practice is clinically appropriate. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, resident interview, record review, and facility policy review the facility to ensure a resident was assessed for self administration of medications for one (1) of one (1) residents reviewed for self administering medications, Resident #6. Findings include: Review of the facility's "Self Administration Protocol", not dated, noted: "Policy: Bedside medication storage is permitted for residents are willing and able to self-administer medications upon the written order of the prescriber, when it is deemed appropriate in the judgement of the facility's interdisciplinary resident assessment team, and in accordance with the law."	F 554	1. Resident #6 was assessed by the Director of Nursing on 3-27-2019 on the Medication Self Administration Policy to ensure there was no negative outcomes related to Resident #6 self-administering her medications. Resident #6 had no negative outcomes per Director of Nursing's assessment and she notified Medical Doctor who gave a new order for Resident #6 to self-administer her medications if she wished per Resident Rights. Resident #6 plan of care was updated to reflect that she was able to self administer her nine am medications. The Licensed Practical Nurse who left the medication in her room received a one on one in service/teachable moment on the	4/27/19

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

Electronically Signed | 04/26/2019

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F 554	Continued From page 1 Observation on 3/25/19 at 12:25 PM, revealed a clear medication cup containing pills on the over bed table in the room of Resident #6. Interview with Resident #6 regarding the medications, revealed Resident #6 stated, "I'm going to take them." Record review review the 11 medications that were in the medication cup for Resident #6 were Plavix, Cephalexin, Zyrtec, Probiotic Blend capsule, Vitamin D3 capsule, Vitamin B12 capsule, Furosemide, Singular, Norvasc, Wellbutrin, and Cymbalta. Interview on 3/27/2019 at 3:35 PM, with the Director of Nursing (DON), revealed there were no residents the facility that had been assessed to self administer medication. The DON was informed of the medication cup observed on the overbed table on 3/25/19 at 12:30 PM in the room or Resident #6. The DON stated, "That is not our policy." The DON confirmed the facility's policy on self administration of medication had not been followed. Interview on 3/28/2019 at 10:40 AM, with the Interim Administrator and Director of Clinical Operations, acknowledged they were aware that Resident #6 had not been assessed to safely self administer the medications left on the overbed table in Resident #6's room. Record review revealed Resident #6 was admitted to the facility on 1/2/14, with diagnoses which included Acute Bronchitis, Hypertension, and Polyosteoarthritis. Review of the Minimum Data Set (MDS), revealed a Brief Interview for Mental Status (BIMS) score of 15, which	F 554	Self Administration of Medication policy on 3-28-2019 by the Director Of Nursing. 2. All residents who receive medications have the potential to be affected by the deficient practice, but no residents were found to be affected. 3. An In- Service on the Self Administration of Medication Policy for Licensed Nursing staff and Interdisciplinary Team consisting of Administrator, Staff Development, Social Services, Material Data Safety Coordinator and Medical Records began on 3/27/19 and will be completed by 4-26-2019 by the Director of Nursing. Beginning 3/28/19 the Self Administration of Medication User defined assessment will be completed quarterly or as needed by the nursing staff and any results will be addressed with the interdisciplinary team. 4. The Director of Nursing and Clinical Specialist began a one hundred percent update for all residents on 3-28-2019 of the Self administration of Medication assessments. These updates on the Self Administration of Medication assessments will be completed by 4-27-2019. These User defined assessments on Self Administration of Medications will be updated Quarterly by a Registered Nurse. They will be audited monthly by the Director of Nursing to ensure compliance and any deficiencies will be brought to the Quality Assurance Committee. Any resident wishing to self-administer medications as identified by the Registered Nurse during the user defined assessment on self administration of medication, which is completed quarterly	

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F 554	Continued From page 2 indicated Resident #6 is cognitively intact.	F 554	and upon admission, will be assessed by the Interdisciplinary Team. The Director of Nursing or Clinical Specialist will complete room rounds once weekly for four weeks on ten random rooms to check for medications left at bedside and to ensure no medications are left for residents not assessed to be competent to self-administer medications beginning 3/28/19. Validation check list will be brought to the Quality Assurance meeting monthly by the Director of Nursing and reviewed until such time consistent substantial compliance has been achieved as determined by the Quality assurance committee. The Quality Assurance committee will make any necessary recommendations or changes.	
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	F 812		4/27/19

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F 812	Continued From page 3 serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and facility policy review, the facility failed to ensure foods were stored, prepared, and served under sanitary conditions for one (1) of two (2) kitchen observations. Findings include: Review of the facility's "Monitoring Temperatures of Cooked Foods" policy, dated 10/08, noted, Policy: The temperature of potentially hazardous cooked foods will be monitored to insure that the foods are not in the danger zone (above 41 degrees Fahrenheit and below 135 degrees Fahrenheit) for more than six (6) hours. 5. All parts of reheated cooked foods must reach 165 degrees Fahrenheit for 15 seconds. Foods are discarded after being re-heated once. Review of the facility's "Sanitary Conditions of the Food Service Department" policy, dated 9/04, noted: Policy: Facilities and equipment used in the preparation and serving of food provided to residents are safe and sanitary." Observation on 03/25/19 at 11:00 AM, with the Dietary Manager revealed the following: Strawberries, biscuits, pancakes, and peppers and onions stored in the freezer were not labeled or dated to note when they were opened and placed in the freezer; Food particles were observed on the grill cover of the mixer; An accumulation of grease was noted on the	F 812	1. All foods unlabeled were immediately disposed of by the Dietary Manager. All residents were observed for any adverse signs of re heating food and contamination by the Director of Nursing and Nursing staff. No negative outcomes related to the deficient practice were found. 2. All residents that received meals have the potential to be affected by the deficient practice. 3. Dietary Staff was immediately in -serviced by the Dietary Manager on 3-25-2019 on the Policy of Monitoring Temperature of Cooked food to ensure the temperature of potentially hazardous cooked foods will be monitored to ensure that foods are not in danger zone. Dietary staff was also in serviced on the facility s Sanitary Condition of the Food Service Department policy to ensure facilities and equipment used in the preparation and serving of food provided to residents are safe and sanitary on 3-25-2019. Dietary staff was also in serviced on Food Storage and labeling on 3-25-2019. Dietary Staff and Dietary Manager immediately cleaned grill, cover of mixer, grease from microwave, and ice from freezer on 3-25-2019. The vents were cleaned on 3-25-2019 after the food was cleared from kitchen by maintenance.	

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F 812	Continued From page 4 inside of the microwave; An accumulation of dust was observed on the ceiling around the air vent near freezers over the mixer; and, A build up of ice was noted around the sides of the ice cream freezer. Observation of food temperatures on the tray line revealed the temperature of hot foods were as follows: Pureed broccoli 120; Chopped chicken - 120; and, Pureed corn -120. Pureed broccoli was re-heated to130 degrees Fahrenheit (F), re-heated again to 135 degrees F, re-heated again to 150 degrees F; and re-heated again to 160 degrees F. This item was served to residents after being re-heated more than once. Chopped chicken was reheated to 130 degrees F, and re-heated to 150 degrees F. This item was served to residents after being re-heated more than once. Corn was reheated to 130 degrees F, and re-heated to 150 degrees F. This item was served to residents after being re-heated more than once. Interview on 3/28/19 at 10:40 AM, with the Dietary Manager, confirmed foods were re-heated three (3) times and served to residents; and, foods in refrigerated areas were not dated and labeled to note when the food items were placed in the freezer.	F 812	4. Registered Dietician completed a complete kitchen inspection focusing on the deficient practices on 4-5-2019 with no negative findings identified. Dietary Manager to complete check offs with dietary cooks on proper checking of food temperatures. Dietary Manager implemented a schedule of checking the refrigerator and freezer Monday thru Friday, and the Dietary Cook to check Sat and Sunday for four weeks beginning 4-1-2019 then once weekly for four weeks beginning 4-29-2019 to ensure all foods are labeled per policy. Dietary Manager to complete random checks of trays at breakfast and lunch for two weeks and then weekly for four weeks beginning 3-29-2019. Appliances and cleanliness of kitchen to be checked by the Dietary Manager once per week for eight weeks. Validation check list will be brought to the Quality Assurance meeting monthly by the Dietary Manager and reviewed until such time consistent substantial compliance has been achieved as determined by the Quality Assurance committee. The Quality assurance Committee will make recommendations as necessary.	

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F 812	Continued From page 5 Interview on 3/28/19 at 10:40 AM, with the Interim Administrator and Director of Clinical Operations, acknowledged foods were served to residents after being re-heated more than once and sanitation issues that were observed in the dietary area.	F 812		

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	255305	A. BUILDING **01 - RIVER PLACE NURSING CENTER** B. WING _____	**03/28/2019**

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K 000	INITIAL COMMENTS 42 CFR 483.70(a) The facility meets the applicable provisions of the 2012 (existing) Edition of the Life Safety Code (LSC) of the National Fire Protection Association (NFPA). There were no LSC deficiencies cited during this survey.	K 000		

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E 000	Initial Comments *EMERGENCY PREPAREDNESS* Survey conducted on 3/28/19 reveals the above facility meets all applicable Federal, State and local emergency preparedness requirements. No deficiencies were identified.	E 000		

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