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
	48RP	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) COMPLETE DATE
M 000	Initial Comments The State Agency (SA) determined during an annual recertification survey, conducted from 3/25/19 to 3/28/19, the facility was not in compliance with the Mississippi Regulations for Minimum Standards for Institutions for Aged or Infirm with deficiencies cited at M815. The facility held a license for 60 beds and the census was 58.	M 000		
M 815	45.29.1 Safe Food Handling Procedures Safe Food Handling Procedures. Food shall be prepared, held, and served according to current Mississippi State Department of Health Food Code Regulations. This Statute is not met as evidenced by: Level II 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 6 hours. 5. All parts of reheated cooked foods must reach 165 degrees Fahrenheit for 15 seconds. Foods are doscarded	M 815	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	4/27/19

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
	48RP	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) COMPLETE DATE
M 815	Continued From page 1 after being reheated once. Review of the facility's "Sanitary Conditins of the Food Service Department" policy, dated 9/04, noted: Policy: Facilities and equipment used in the prepration and serving of food provided to residents are safe and sanitary." Observation on 03/25/19 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 on grill cover of mixer; An accumulation of grease was noted on the inside of the microwave; An accumulation of dust was observed on the on ceiling around air vent near freezers over mixer; and, A build up of ice was noted around the sides of the ice cream freezer. Observation of food temps 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 reheated to130 degrees Fahrenheit (F), reheated again to 135 degrees F, reheated again to 150 degrees F; reheated again to 160 degrees F. This item was served to residents after being reheated more than once. Chopped chicken was reheated to 130 degrees	M 815	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. 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	

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
	48RP	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) COMPLETE DATE
M 815	Continued From page 2 F, reheated to 150 degrees F. This item was served to residents after being reheated more than once. Corn was reheated to 130 degrees F, reheated to 150 degrees F. This item was served to residents after being reheated more than once. Interview on 3/28/19 at 10:40 AM with the Dietary Manager confirmed foods were reheated three times and serves to residents; and, foods in refrigerated areas were not dated and labeled to note when the food items were placed in the freezer. Interview on 3/28/19 at 10:40 AM with the Interim Administrator and Director of Clinical Operations acknowledged foods were served to resident after being reheated more than once and sanitation issues observed in the dietary area.	M 815	Quality Assurance committee. The Quality assurance Committee will make recommendations as necessary.	