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
	42GA	A. BUILDING: _____ B. WING _____	07/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN AGE NURSING HOME	2901 HIGHWAY 82 EAST GREENWOOD, MS 38930

(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 re-certification and complaint investigation (CI) MS #22129 at the facility from 7/24/23-7/27/23. During the survey, the SA determined that the facility was not in compliance with the Minimum Standards of Operation for Institutions for the Aged or Infirm at M610 and M815 and was found in compliance for CI MS #22129 regarding neglect and hydration. The census at the time of the survey was 74 and was licensed for 95 beds.	M 000		
M 610	45.21.2 Activities of daily living Activities of daily living. Each resident shall receive assistance as needed with activities of daily living to maintain the highest practicable well being. These shall include, but not be limited to: 1. Bath, dressing and grooming; 2. Transfer and ambulate; 3. Good nutrition, personal and oral hygiene; and 4. Toileting. This Statute is not met as evidenced by: Level II Based on observations, staff and resident interview, record review and facility policy review the facility failed to remove facial hair on a resident that was dependent on staff for their Activities of Daily Living (ADL) for one (1) of 18 resident's reviewed for ADL's. Resident #28. Findings Include:	M 610	Facial hair was removed by Certified Nursing Aide for resident #28 on 7/25/23. The Director of Nursing and the treatment nurse completed an assessment of each resident's facial hair on 7/27/23. Residents requiring specialized hair removal due to high-risk conditions will be appropriately documented on the resident□s individualized care plan. If alternate means of hair removal are acceptable to	8/25/23

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M 610	Continued From page 1 Review of the facility policy titled, "ADL Basic Care" with a revision date of 4/25/17 revealed, "A. All residents are given or are assisted with their bathing, showering or bed bath..." An observation on 07/24/23 at 3:53 PM, revealed that Resident #28 had dark hair approximately 1/8 of an inch long above her lip with a patch of black hair 1/8 of an inch wide and long on either side of her mouth and black hair stubble approximately 1/8 inch long covering her chin. An observation on 07/25/23 at 09:13 AM, revealed that the hair above Resident #28's lips and on her chin remained as it was yesterday. An interview on 7/25/23 at 12:40 PM, with Certified Nurse Assistant (CNA) #2 revealed that female facial shaving is a part of the resident's bath and confirmed that Resident #28 had facial hair above her lip and on her chin. She stated that she thinks the resident goes to the beauty shop to get the facial hair waxed, but she is not sure the last time she went. An interview and observation on 7/25/23 at 1:10 PM, with Licensed Practical Nurse (LPN) #1 confirmed that female resident's facial hair should be removed unless they refuse. LPN #1 confirmed that Resident #28 had facial hair above her lip and on her chin. When the State Agent ask the resident if she wanted her facial hair removed by shaving the resident answered one finger for yes and agreed that 2 fingers would have meant no. An interview on 7/25/23 at 3:40 PM, with the facility Beautician revealed she does not like to use the hot wax on Resident #28, because it is so	M 610	the resident the care plan should be updated to reflect this and the method noted in the resident□s chart at the time of hair removal. The facility has determined that all residents have the potential to be affected. An in-service education program was initiated 7/27/23 by the Director of Nursing and the Unit Managers with all direct care staff addressing the proper facial hair removal including resident preferences and high-risk conditions. The Director of Nursing (DON) will monitor facial hair removal of at least four (4) residents per week for four (4) consecutive weeks and monthly for three (3) months beginning 7/31/2023 to ensure that removal was performed according to the care plan in a timely manner as needed. Audit records will be reviewed at the monthly Quality Assurance Committee on 8/18/2023 and monthly for 3 months.	

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M 610	Continued From page 2 harmful on her skin. She revealed it has been at least 2 months since she had waxed Resident #28's facial hair. An interview on 7/25/23 at 4:00 PM, with the Administrator and the Director of Nurses (DON) revealed they had been in the process of ordering some wax strips that were not so hot and hard on her skin. She confirmed the resident had agreed to being shaved in the past and while they were waiting on the wax strips to come in, we should have at least shaved in order to remove the hair from the resident's face. Record review of Resident #28's Facesheet revealed the resident was admitted to the facility on 4/26/19 with medical diagnoses that included Hemiplegia, unspecified affecting right dominant side and Dysphagia, oropharyngeal phase. Record review of Resident #28's Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 4/25/23 revealed in Section C a Brief Interview for Mental Status (BIMS) score of 10, which indicated the resident is moderately cognitively impaired and in Section G that the resident needed extensive assistance with personal hygiene and total dependence with bathing.	M 610		
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:	M 815		8/25/23

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M 815	Continued From page 3 Level II Based on observation, staff interviews, and facility policy review, the facility failed to ensure items in the kitchen refrigerators, freezers, and dry storage room were dated, labeled, and discarded by the expiration date for one (1) of two (2) kitchen tours. Findings include: Record review of the facility policy titled "Storing: Food and Equipment" with no revision date revealed under "Policy...Team members must store food in a manner that ensures quality, freshness and safeguards against foodborne illness..." This review revealed under "Label...Items to label...Ensure all food items are labeled. Be especially cautious to label all food items that are , not kept in their original containers, including condiments (e.g., salad dressing, ketchup, etc. Label information: Each label must contain the following information Product name (or a common name or identifying description), use-by-date, date the product was prepared or opened". And under "Storage; General Rule: Follow the Use-by-Date, generally, food should be discarded or used by the use-by date". That food should be discarded or used by the use-by date, which is the last date the manufacturer recommends use of the food. For foods that do not have a use-by date or do not have any identified quality issues, the Food Storage Chart can be used as a general suggestion for the average recommended length of storage time from the sell-by date to help preserve quality. An observation and interview on 7/24/2023 at 10:25 AM, of the walk-In refrigerator with the	M 815	On 7/24/2023, the Assistant Dietary Manager removed all unlabeled and expired items from refrigerators, freezers, and dry storage room on. On 7/24/2023, the dietary staff members were immediately in-serviced by the Certified Dietary Manager on the importance of labeling, first out rotation method, and disposing of expired items. The facility determined that all residents who consume the unlabeled or expired items have the potential to be affected. On 7/24/2023, all dietary staff were in-serviced by the Certified Dietary Manager on the facility□s policies and procedures for labeling and disposing of expired food items. A Supervisors Checklist was implemented on 7/25/2023 to check for proper storage including labeling and disposing of expired food items daily. A reference sheet was posted on 7/24/2023 for all dietary workers to reference the recommended time frame for storage. The Quality Assurance Committee will review and discuss the checks on 8/18/2023. On 7/25/2023, the Certified Dietary Manager or Assistant Dietary Manager began completing weekly checks for 4 weeks then monthly for 3 months to ensure the policy and procedures are being followed. Findings will be discussed with the Administrator after each check. This plan of correction will be monitored by the Quality Assurance Committee on 8/18/2023 and monthly for 3 months.	

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M 815	Continued From page 4 Assistant Dietary Manager revealed a large container of mustard with an opened date of 7/16/2023 and a best by 5/28/2022, four (4) large containers of sour cream with an open date of 6/9/2023 and best by date of 7/20/2023, an opened zip lock bag of bacon with no label. An interview at this time with the Assistant Dietary Manager confirmed that the large container of mustard and four (4) large containers of sour cream were expired, and the unlabeled and unzipped bag of bacon should be discarded and not used. She stated that the mustard, sour cream, and bacon would be served to all residents that receive food. She stated that she has no idea when the bacon was cooked. She revealed that all foods that are expired should be disposed of, and all opened food should be labeled with a date to prevent the resident's from getting sick. An observation and interview with the Assistant Dietary Manager on 07/24/23 at 10:40 AM, of the walk-in freezer revealed a package of opened corn chowder. The Assistant Dietary Manager confirmed that the open corn chowder should be discarded since it had been opened. An observation and interview on 7/24/23 at 10:50 AM, with the Assistant Dietary Manager of the dry food storage revealed an unopened package of tortilla shells with a best by date of 6/28/2023. An interview at this time with the Assistant Dietary Manager revealed the tortilla shells are used for soft shell tacos as an alternate food choice for residents, confirmed they were expired and should have been disposed of. An interview with the Dietary Manager on 07/26/23 at 09:00 AM, revealed that food supply is received twice a week and kitchen staff are	M 815		

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M 815	Continued From page 5 supposed to rotate items and dispose of expired items at that time with the Assistant Dietary Manager checking behind them to make sure this is completed. She stated that opened food is supposed to be labeled and the labels should include the open date. She confirmed that the mustard, sour cream, bacon, and corn chowder would have been used for all residents that receive food. She stated that the tortilla shells were used to make soft shell tacos and should have been disposed of when the food shipment came in and staff were rotating food according to dates. When the State Agent asked what the cooked bacon that was found in an unzipped bag and not labeled was used for, she revealed the staff use it to season vegetables and soups, but it should have been zipped and labeled. She confirmed that the mustard, sour cream, corn chowder, bacon and tortilla shells should have been disposed of. When asked what could happen if the expired or unlabeled foods were served to residents, she confirmed that it could have caused the residents to be sick.	M 815		