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
	51JA	A. BUILDING: _____ B. WING _____	08/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
J G ALEXANDER NURSING CENTER	25112 HIGHWAY 15 UNION, MS 39365

(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 survey at the facility from 7/31/23 to 8/3/23. During the survey, the SA determined the facility was not in compliance with the Minimum Standards for Institutions for the Aged or Infirm, state licensure requirements and cited M815.	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 interviews, and facility policy review the facility failed to ensure items in the kitchen refrigerator/freezer were dated and labeled and food items were discarded by the expiration date for one (1) of three (3) dietary observations. Findings Include: Review of the facility's policy, "Storing: Food and Equipment", undated, revealed, "Policy: Team members must store food in a manner that ensures quality, freshness and safeguards against foodborne illness ...Procedure Label ...Ensure all food items are labeled ... Label information. Each label must contain the following information: Product name ...Use-by date.Date the product was prepared or opened..." Observation and interview on 7/31/23 at 11:10 AM, during a brief initial tour of the kitchen with	M 815	1. All expired, unmarked, unidentified, mislabeled or not dated items in the refrigerator and/or the freezer were discarded by the Food Service Director on 7/31/2023 (See Exhibit 812A). 2. The facility has determined that all residents that are served from the Hospital Dietary Department have the potential to be affected. 3. A.) The Clinical Nutrition Manager met with the Food Service Director on 8/17/2023 and conducted in-service training for her related-to proper disposal and labeling of refrigerated items per the findings of the survey team during the annual survey (Exhibit 812B). B.) A new policy titled "Food Handling Principles" was reviewed with the Food Service Director of the hospital by the Director of Nursing on 8/16/2023. The policy will be started on 8/16/2023(Exhibit 812C). C.) In-service training for the hospital	9/7/23

Mississippi State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		08/18/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	51JA	A. BUILDING: _____ B. WING _____	08/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
J G ALEXANDER NURSING CENTER	25112 HIGHWAY 15 UNION, MS 39365

(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 the Food Service Director (FSD) revealed the following: 1. Observation of Kitchen refrigerator #1: During an observation and interview, there was a plastic container of a liquid which the FSD identified as tomato juice. It had a discard date of 7/28/23 and the FSD explained that it should have been discarded. There were two (2) plates of salad that was not labeled or dated. The FSD stated that she did not know how long the salads had been in the refrigerator. There were three (3) metal containers without identifying labels. The FSD identified one container as cream of chicken soup with an open date of 7/20/23 and an expiration date of 7/23/23 written on the plastic covering. Container #2 was identified by the FSD as apple sauce with no "opened" date and had an expiration date of 7/23/23 on the label, Container #3 was identified by the FSD as apples with a date of 7/23/23 and no expiration date. There were two (2) zip-lock bags of biscuits and cornbread with no identifying label and no opened or use-by date. The FSD revealed the prep cooks and cooks are responsible for keeping the refrigerators cleaned out. She stated that she tried to check the refrigerator at least every two weeks. She confirmed that because the foods did not have identifying labels or dates, the foods could be spoiled and cause food-borne illnesses. 2. Observation of Kitchen Freezer #1: During an observation and interview, there was three (3) opened bags with no identifying label or use by date. The FSD identified the bags as pancakes, French toast, and biscuits and stated that off the food items were supposed to be labeled and dated. 3. Observation of Kitchen Freezer #2: During an	M 815	dietary staff on the new policy, and Quality Assurance (QA) audit was done on 8/17/2023 by Clinical Nutrition Manager(Exhibit 812D). 4. A.) By 8/16/23, the Food Service Director will conduct a weekly Food Workplace Safety and Sanitation audit on the refrigerator and freezer to ensure no expired, unmarked, unidentified or miss-labeled foods are present, with the audit to be continued for at least four months, and results of the same to be submitted to the facility Director of Nurses (Exhibit 812E). B.) Beginning no later than 9/5/2023, the Quality Assurance Committee will meet and receive the Director of Nursing will present all audit and/or in-service training data to the Quality Assurance Committee monthly for at least four months in order to ensure continued compliance has been achieved. The Quality Assurance Committee will outline any relevant corrective measures, auditing, and/or in-service training based-upon results achieved.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	51JA	A. BUILDING: _____ B. WING _____	08/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
J G ALEXANDER NURSING CENTER	25112 HIGHWAY 15 UNION, MS 39365

(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 observation and interview, the FSD revealed that leftovers were stored in Freezer #2. There was a metal pan that the FSD identified as tuna fish with a "made" date of 7/27/23 and no use by date. The FSD stated that since it was a fish product, it should have been discarded within three (3) days. There was a white container with a manufactured label of Pimento Cheese with no use by date or expiration date. There was also a white container with a manufactured label of Potato salad with an opened date of 7/25/23 and no use by or expiration date. The FSD revealed this should have been discarded in three (3) days.	M 815		