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
	49WM	A. BUILDING: _____ B. WING _____	12/20/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINONA MANOR HEALTH CARE AND REHABI	627 MIDDLETON ROAD WINONA, MS 38967

(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 11/18/18 through 11/20/18, 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 census at the time of the survey was 97, and the facility was licensed for 120 beds.	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 the Food Code standard review, the facility failed to serve food in accordance with professional standards for food service safety. Specifically, the facility failed to serve food in a sanitary manner by touching ready-to-eat foods with bare hands for one (1) of one (1) dining room observed. Findings include: Review of the 2017 Food Code by the U.S. Food and Drug Administration, page 69, revealed employees may not contact exposed, ready-to-eat food with their bare hands and shall use suitable utensils. The dining room was observed on 12/18/18 at	M 815	1. Root Cause Analysis (RCA) was completed on 12/20/18 by Quality Assurance Performance Improvement (QAPI) committee and based on findings a dining room meal service was observed by Director of Nurses (DON) on 12/20/18 to ensure that staff were serving food in a sanitary manner. 2. Residents residing in the center have the potential to be affected by the alleged deficient practice. 3.Reeducation regarding safe and sanitary handling of food was initiated by Director of Nurses (DON) and Staff Development Nurse on 12/20/18 with facility staff. 4. Quality observation of meal service to ensure safe and sanitary food handling	1/20/19

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

Electronically Signed | 01/17/19

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M 815	Continued From page 1 11:48 AM. An unidentified staff member was observed serving food to a resident. She picked up a roll with her bare left hand. She tore the bread apart with her bare left hand and proceeded to put butter on it. At 12:01 PM, she was observed picking up another resident's cornbread with her bare fingers and then placed it back down on a different part of the plate. The dining room was observed again on 12/20/18 at 7:30 AM. Certified Nurse Aide (CNA) #2 was observed opening a resident's biscuit with her bare left hand. She picked up the biscuit with her bare left hand while placing jelly on it and placing the biscuit back down. The resident was observed eating the biscuit. The resident was visually impaired. CNA #3 was observed with long fake nails. She was observed opening a resident's biscuit with her bare left hand while placing jelly on the biscuit. Registered Nurse (RN) #1 was interviewed on 12/20/18 at 8:03 AM. She said she oversaw educating the new employees on feeding techniques, nutrition and hydration. She completed monthly education for all staff. She did not complete any training for the CNA's regarding food service in the dining room. She stated that CNA #3 oversaw that training. CNA #3 was interviewed on 12/20/18 at 9:32 AM. She confirmed she was the one who had overseen training the CNA's in the dining room. When asked about touching ready-to-eat food with bare hands, she was not aware they should not touch food with their bare hands. She stated she could not correct what she did not know was poor practice. She had never been trained on that specifically.	M 815	will be conducted by Dietary Manager or Staff Development Nurse Five (5)times per week x Four (4) weeks, then weekly x Four (4) weeks, then monthly x Four (4) months until substantial compliance is achieved. Substantial compliance will be based on results of quality observations. Quality observation results will be taken to Quality Assurance Performance Improvement (QAPI) committee by Dietary Manager of Staff Development Nurse monthly x Six (6) months for further review and/or recommendations. Root Cause Analysis (RCA) will be used by the Committee and updates made to the Performance Improvement Plan (PIP) as indicated by findings. 5. AOC: 1/20/19	

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	49WM	A. BUILDING: _____ B. WING _____	12/20/2018

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WINONA MANOR HEALTH CARE AND REHABI	627 MIDDLETON ROAD WINONA, MS 38967

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M 815	Continued From page 2 The Certified Dietary Manager was interviewed on 12/20/18 at 9:36 AM. She stated that the staff who oversaw hiring also oversaw training the CNA's in the dining room. She thought RN #1 oversaw "all of that." The Director of Nursing was interviewed on 12/20/18 at 10:44 AM. She stated that the staff should have had previous experience before they were hired. CNA #3 was training the staff until she moved into another position. She said she was not aware staff was touching ready-to-eat food with their bare hands.	M 815		

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	49WM	A. BUILDING: **01 - MAIN BUILDING 01** B. WING _____	**12/20/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINONA MANOR HEALTH CARE AND REHABI	**627 MIDDLETON ROAD WINONA, MS 38967**

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M1245	45.41.1 Date of Construction & Life Safety... Date of Construction and Life Safety Code Compliance. 1. Buildings constructed after the effective date of these regulations shall comply with the edition of the Life Safety Code (NFPA 101) effective on the date of construction. 2. Buildings constructed prior to the effective date of these regulations shall comply with Chapter 13 of the Life Safety Code (NFPA 101), 1985 edition. This Statute is not met as evidenced by: Based on observations and testing the facility failed to achieve the required transfer time of 10 seconds when testing the generator in accordance with NFPA 110 Chapter 4, Table 4.1 (b) & 4.3 Type. This standard deficiency has the potential to affect entire facility on the day of survey. Findings include: On December 20, 2018 at 11:10 AM, observation and testing revealed the generator was incapable of transferring power to the facility within the required 10 seconds. The generator transferred power to the facility in 17 seconds. The finding was acknowledged by the Administrator and verified by the Maintenance Supervisor during the exit interview on December 20, 2018.	M1245	K918 NFPA 101-Essential Electrical System 1. Based on finding of Fire Safety tour, 12/20/18, it was revealed that the generator was incapable of transferring the power in the required 10 seconds. The generator transferred power in 17 seconds. 2. A Quality Review of Generator was Conducted by the Maintenance Staff. 3. The maintenance staff has been re-educated on the importance of NFPA 101 Generator. An outside vendor has re-set generator to transfer power within the required time of 10 seconds or less. Maintenance staff will test generator weekly for one month and monthly following initial month to assure proper operation of transfer. 4. Any negative findings will be reported to the QAPI committee and monitored for compliance. Date of completion: January 20, 2019	1/20/19

Mississippi State Department of Health

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Electronically Signed		01/17/19