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| | 255161 | A. BUILDING _____ B. WING _____ | 09/07/2023 |

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| NMMC BALDWYN NURSING FACILITY | 739 4TH STREET SOUTH BALDWYN, MS 38824 |

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| F 000 | INITIAL COMMENTS<br><br>The State Agency (SA) conducted an annual re-certification survey along with a complaint investigation (CI) MS #22064, CI MS #22071, and CI MS #22099 at the facility from 9/5/23 through 9/7/23. During the survey, the SA determined that the facility was not in compliance with the requirements for participation in Medicare and Medicaid and cited F550, F656, F677, F761 and F812. The SA identified non-compliance and cited F565 for failure to resolve a resident's grievance and F688 for failure to provide range of motion exercises for CI MS #22099. There were no deficiencies cited for CI MS #22064 and CI MS #22071.<br><br>The census at the time of the survey was 98 with a bed capacity of 107. | F 000 | | |
| F 550 SS=D | Resident Rights/Exercise of Rights<br>CFR(s): 483.10(a)(1)(2)(b)(1)(2)<br><br>§483.10(a) Resident Rights.<br>The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section.<br><br>§483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident.<br><br>§483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, | F 550 | | 10/19/23 |

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

Electronically Signed | 09/26/2023

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| F 550 | Continued From page 1<br>severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source.<br><br>§483.10(b) Exercise of Rights.<br>The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.<br><br>§483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.<br><br>§483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart.<br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, staff interview, record review and facility policy review, the facility failed to provide dignity to a resident with a urinary catheter bag for one (1) of six (6) residents with a urinary catheter. Resident #52<br><br>Findings Include:<br><br>Review of the facility policy titled "Resident Rights: Dignity and Respect" with a revision date of July 2012 revealed under, "Policy: It is the policy of (proper name of facility) that residents should be treated with dignity and respect."<br><br>The facility provided documentation titled "Facility | F 550 | 1) On 9/06/2023 resident number 52 catheter bag was covered as required by Director of Nursing (DON).<br>2) All residents with catheters have the potential for the same deficient practice.<br>3) All residents with catheters were rounded on starting 9/18/2023 and completed this date to ensure catheters are covered as required, rounded by the Nursing Leadership. All employees will be in-serviced starting 9/29/2023 by the Clinical Educator and completed by 10/19/2023. This will be to ensure the proper covering of catheter bags as applied to residents' rights. | |

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| F 550 | Continued From page 2<br>Specific Handout" that revealed under, "Providing Excellent Resident Care: ... 5. Catheters: Use privacy bag or pillowcase ..."<br><br>An observation on 9/06/23 at 10:25 AM, revealed the resident lying in bed with a urinary catheter drainage bag containing light yellow urine that was uncovered and visible from the hallway.<br><br>An observation and interview on 9/06/23 at 10:42 AM, with Registered Nurse (RN) # 2 confirmed that Resident #52 had a urinary drainage bag that was uncovered and in view from the hallway and stated that the bag should be covered to maintain the resident's dignity.<br><br>An interview with RN # 1 on 9/6/23 at 10:44 AM, confirmed that urinary drainage bags should be covered and on the other side of the bed out of sight from the doorway for dignity.<br><br>An observation and interview with the Director of Nursing (DON) on 9/06/23 at 10:45 AM, confirmed that Resident # 52's urinary drainage bag did not have a privacy cover and was visible from the hallway and confirmed that it should have a cover for dignity.<br><br>Record review of the "Face Sheet" revealed Resident # 52 was admitted to the facility on 5/04/23 with medical diagnoses that included Dysphagia, Gastrostomy Status, Cerebral Palsy and Fetal Alcohol Syndrome.<br><br>Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 8/2/23 revealed in "Section C" a Brief Interview for Mental Status (BIMS) score of 0, which indicated the resident was severely cognitively | F 550 | 4) The Nursing Leadership Team started rounds on 9/18/2023 with all residents with catheters to ensure that these bags are covered. Weekly for one month (September), then every two weeks for one month (October), once monthly (November) and will continue these rounds as required.<br>The results based from verbal exit and the written statement of deficiencies report (CMS-2567) from the State Survey Team was reported to the Quality Assurance and Performance Improvement (QAPI) Committee on 9/26/2023. These rounds/results and the facility Plan of Correction (POC) were up for review at our QAPI meeting on 9/26/23. Recommendations from this committee were implemented as required and will be monitored until compliance is achieved. These rounds/results will be reviewed on the (10/17/23) QAPI Meeting and on-going for the next 2 scheduled quarterly QAPI meetings (January 2024 and April 2024) to ensure solutions are sustained.<br>5) 10/19/23. | |

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| F 550 | Continued From page 3<br>impaired and in "Section H" that the resident had an indwelling catheter. | F 550 | | |
| F 656 SS=D | Develop/Implement Comprehensive Care Plan<br>CFR(s): 483.21(b)(1)(3)<br><br>§483.21(b) Comprehensive Care Plans<br>§483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following -<br>(i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and<br>(ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6).<br>(iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.<br>(iv)In consultation with the resident and the resident's representative(s)-<br>(A) The resident's goals for admission and desired outcomes.<br>(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the | F 656 | | 10/19/23 |

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| F 656 | Continued From page 4<br>community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.<br>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.<br>§483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-<br>(iii) Be culturally-competent and trauma-informed.<br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, staff and resident interviews, record review and facility policy review the facility failed to develop and implement a comprehensive care plan for a resident requiring nail care Resident #71 and for a resident with limited range of motion (ROM) Resident #26 and Resident #45 for three (3) of 23 resident care plans reviewed.<br><br>Findings include:<br><br>A record review of the facility Policy, Titled, "Care Plan Policy" with a revision date of October 2012, revealed, "...Procedure...In accordance with each resident's plan of care, all services provided or arranged by the facility should meet professional standards of quality and should be provided by qualified persons".<br><br>A record review of the facility handout titled "Facility Specific Handout" with no revision date revealed under the title "Providing Excellent Resident Care... 6. Nail care: clean nails every shift/PRN (as needed) and file as needed. RN/LPN (Registered Nurse/Licensed Practical Nurse". | F 656 | 1. Resident numbers 71, 26, and 45 care plans were reviewed by Assistant Director of Nursing (ADON) and Director of Nursing (DON) on 9/7/2023.<br>2. All residents of the facility have the potential to be affected by this practice.<br>3. Nursing leadership will round starting 9/18/2023 on resident numbers 71, 26, and 45 specifically to ensure proper Range of Motion (ROM), proper Activities of Daily Living (ADL) care, and contracture management is being caried out.<br>An in-service education will be conducted by the Clinical Educator with all direct care staff starting on 9/29/2023 addressing the significance of developing and implementing a baseline care plan and comprehensive care plan for each resident, consistent with resident rights, medical, physical, mental, and psychological needs for their desired outcomes to be done by 10/19/2023.<br>4.Nursing leadership started screening five residents□ baseline and comprehensive care plans on 9/18/2023 | |

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| F 656 | Continued From page 5<br><br>Resident #71<br><br>A record review of Resident #71's Care plan, Problem/Need dated 02/09/2022 revealed, ADL's (Activities of Daily Living): Resident requires assist with ADL's r/t (related to): TBI (Traumatic Brain Injury) and Left hemiplegia and under approaches: Provide appropriate level of assistance with ADLs, as needed. Personal hygiene and bathing total dependent.<br><br>Observations on 09/05/23 at 11:05 AM and 4:36 PM revealed Resident #71's fingernails were approximately one-half (1/2) inch long and jagged past the tips of his fingers with a brown substance underneath his fingernails bilaterally.<br><br>An interview on 09/06/23 at 10:05 AM, Certified Nurse Aide (CNA) #1 confirmed that Resident #71's nails were long and had a brown substance underneath them.<br><br>An observation and interview on 09/06/23 at 10:21 AM, with the Director of Nurses (DON) confirmed Resident #71's nails were long and needed to be cleaned.<br><br>An interview on 09/06/23 at 1:16 PM with the DON confirmed that on Resident #71's ADL care plan that nail care was not specifically listed. He revealed that he thinks it may just fall under personal hygiene but confirmed that regardless the care plan was not being followed regarding his nails and it should have been.<br><br>An interview on 09/06/23 at 1:32 PM with the Minimum Data Set (MDS) Nurse revealed when a resident is admitted the admitting nurse does the | F 656 | to ensure proper ROM, proper ADL care, and contracture management is being caried out for residents with active orders. Nursing leadership will continue to screen five different residents weekly for one month (September), then every two weeks for one month (October) and once monthly (November).<br>The results based from verbal exit and the written statement of deficiencies report (CMS-2567) from the State Survey Team was reported to the Quality Assurance and Performance Improvement (QAPI) Committee on 9/26/2023. These rounds/results and the facility Plan of Correction (POC) were up for review at our QAPI meeting on 9/26/23. Recommendations from this committee were implemented as required and will be monitored until compliance is achieved. These rounds/results will be reviewed on the (10/17/23) QAPI Meeting and on-going for the next 2 scheduled quarterly QAPI meetings (January 2024 and April 2024) to ensure solutions are sustained.<br>5. 10/19/23. | |

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| F 656 | Continued From page 6 | F 656 | | |

baseline care plan, and the comprehensive care plan is developed by her or the other MDS nurse. She revealed the care plan is developed individually for each resident so the staff will know how to care for them, and that nail care is part of their bathing care plan. She confirmed if the residents' nails were long and not cleaned then the plan of care was not being followed.

An interview and record review on 09/06/23 at 1:48 PM of the facility handout titled "Facility Specific Handout" with the DON revealed under "Providing Excellent Resident Care...#6. Nail care: clean nails every shift/prn (as needed) and file as needed. He stated this is part of the care plan for all the residents. He once again confirmed that it was not being followed for Resident #71.

A record review of Resident #71's "Face Sheet" revealed he was admitted to the facility on 2/09/22 with medical diagnoses that include Unspecified Intracranial Injury, Hemiplegia, Dysphagia, Neuralgia, and Neuritis. Review of the MDS with an Assessment Reference Date (ARD) of 8/9/23 revealed the resident had a Brief Interview for Mental Status (BIMS) score of 99 which indicated the resident had a severe cognitive impairment.

Resident #26

Record review of Resident # 26's Care Plans revealed under, "Problem onset 9/15/2020, Risk for new skin breakdown r/t (related to): ... Cast/Brace ..." and "Problem onset 7/14/2020, ADL's (activities of daily living): ... contractures ..."

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| F 656 | Continued From page 7 | F 656 | | |

An observation on 9/05/23 at 10:45 AM, of Resident # 26 revealed the resident lying in bed with eyes closed and a right-hand contracture without a device in place.

An observation and interview on 9/06/23 at 10:48 AM, with the DON confirmed that Resident # 26 did not have a palm protector to his right hand. The DON revealed that the resident could develop worsening contracture by not applying the palm protector as ordered.

An interview with MDS Nurse #1 on 9/07/23 at 8:30 AM, confirmed that the staff did not follow the care plan for applying the palm protector for Resident # 26. She revealed the purpose of the care plan was to inform the staff of the resident care and needs.

An interview with the DON on 9/07/23 at 9:45 AM, confirmed that the facility was not following Resident # 26's care plan for applying the palm protector daily and revealed the purpose of the care plan was to provide individualized care for the resident to meet their needs.

Record review of the "Face Sheet" revealed that Resident # 26 was admitted to the facility on 4/24/23 with medical diagnoses that included Hemiplegia, Type 2 Diabetes Mellitus, Seizures, Gastrostomy Status, Contracture Right Hand, and Contracture Unspecified Knee. Review of the MDS with an ARD of 8/01/23 revealed under "Section C" a BIMS score of 99, which indicated that the resident is severely cognitively impaired and in "Section G" under functional limitation in range of motion an impairment on both sides (Upper and Lower) extremity.
Resident #45

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| F 656 | Continued From page 8 | F 656 | | |

A record review of Resident # 45's Care Plan with an onset date of 4/28/21, revealed Approaches: Make sure range of motion exercises are done when resident goes to bed-report when done to hall nurses.

A record review of Resident # 45's Instant Care Plan, with an onset date of 2/21/22, revealed Problem/Risk: Risk for contractures, Goal: prevent contractures, new order/other: ROM to be done every morning Monday through Friday.

During an interview and record review with the Assistant Director of Nursing (ADON) on 9/7/23 at 8:32 AM revealed she was unable to locate documentation that the range of motion exercises were performed on Resident # 45 during the months of July, August, or September 2023.

A record review and interview with the DON and ADON on 9/7/23 at 8:45 AM, of Resident # 45's Care Plan and Instant Care plan they verified that Resident # 45 was at risk for contractures and t the care plan indicated that ROM was to be performed daily, and both agreed that the care plan was not being followed.

Record review of Resident # 45's MDS, with an ARD of 6/27/23, revealed a BIMS score of 15, indicating that the resident is cognitively intact. "Section G" Functional Limitation in Range of Motion revealed that the resident had impairment on both sides of lower extremities.

A record review of Resident # 45 "Face Sheet" revealed he was admitted to the facility on 02/01/22 with a diagnosis of Paraplegia at T9 level.

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| F 677 SS=D | ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2)<br><br>§483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene;<br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, staff interview, record review and facility policy review the facility failed to provide personal hygiene to a resident requiring assistance as evidenced by long dirty jagged nails for one (1) of 23 residents reviewed. Resident #71<br><br>Findings include:<br><br>A record review of the facility policy titled, "Nails, Care of" with a revised date of 07/17, revealed under "Policy...It is the policy of (facilities proper name) that nails should be properly cared for."<br><br>A record review of the facility handout titled "Facility Specific Handout" revealed under the title "Providing Excellent Resident Care... 6. Nail care: clean nails every shift/PRN (as needed) and file as needed. RN/LPN (Registered Nurse/Licensed Practical Nurse)<br><br>Observations on 09/05/23 at 11:05 AM and 4:36 PM, of Resident #71 revealed bilateral fingernails were approximately one-half (1/2) inch long and jagged past the tips of his fingers with a brown substance underneath his fingernails.<br><br>An observation on 09/06/23 at 10:00 AM, of Resident #71 revealed bilateral fingernails to be approximately 1/2 inches past the tips of his nails with a brown substance underneath his | F 677 | 1) On 9/06/2023 resident number 71 Activities of Daily Living care was given to trim and clean nails by the Treatment Nurse.<br>2) All residents have the potential for the same deficient practice.<br>3) All other residents□ rounds were completed on 9/18/2023 by the Director of Nursing (DON) to ensure Activities of Daily Living (ADL) care is given to prevent ADL care deficiencies, to include nail care. The Policy Nail Care was updated 9/26/2023 by the DON, to include the cleaning of nails on every shift and as needed (PRN). Employees will be in-serviced by the Clinical Educator starting by 9/29/2023 and completed by 10/19/2023 to the proper ADL care for residents to include proper nail care.<br>4) The Nursing Leadership Team started rounds the following week 9/18/2023 and will round on 5 facility residents to ensure proper ADL care weekly for one month (September), then every two weeks for one month (October), and once monthly (November).<br>The results based from verbal exit and the written statement of deficiencies report (CMS-2567) from the State Survey Team was reported to the Quality Assurance and Performance Improvement (QAPI) | 10/19/23 |

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| F 677 | Continued From page 10<br>fingernails.<br><br>An interview on 09/06/23 at 10:05 AM, with Certified Nurse Aide (CNA) #1 revealed she is assigned to the resident today and revealed they are not allowed to cut the nails only clean them. She confirmed that she did clean underneath them as best as she could this morning and confirmed that the nails were long and still had some brown stuff underneath them.<br><br>An observation and interview on 09/06/23 at 10:21 AM, the Director of Nurses (DON) confirmed that Resident #71's nails were long and needed to be cleaned. He revealed with his nails being that long he could scratch himself and create a skin tear and that it was the responsibility of the treatment nurse to cut the nails and he wasn't sure when the last time they were done.<br><br>An interview on 09/06/23 at 11:35 AM, with the Treatment Nurse revealed, "I try to keep the nails trimmed but the schedule has changed for doing the nails," she revealed his fingernails are to be done on the 19th of this month and honestly the nail care for the residents has been sporadic. She stated, "I try to do them every week. I don't always document when nail care is done and honestly, I'm not sure when he last had them done."<br><br>A record review of Resident #71's "Face Sheet" revealed he was admitted to the facility on 2/09/22 with diagnoses that include Unspecified intracranial injury, Hemiplegia, Dysphagia, Neuralgia, and Neuritis.<br><br>Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of | F 677 | Committee on 9/26/2023. These rounds/results and the facility Plan of Correction (POC) were up for review at our QAPI meeting on 9/26/23. Recommendations from this committee were implemented as required and will be monitored until compliance is achieved. These rounds/results will be reviewed on the (10/17/23) QAPI Meeting and on-going for the next 2 scheduled quarterly QAPI meetings (January 2024 and April 2024) to ensure solutions are sustained.<br>5) 10/19/23. | |

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| F 677 | Continued From page 11<br>8/9/23 revealed Resident #71 had a Brief Interview for Mental Status (BIMS) score of 99 which indicated the resident has a severe cognitive impairment. | F 677 | | |
| F 761 SS=D | Label/Store Drugs and Biologicals<br>CFR(s): 483.45(g)(h)(1)(2)<br><br>§483.45(g) Labeling of Drugs and Biologicals<br>Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.<br><br>§483.45(h) Storage of Drugs and Biologicals<br><br>§483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.<br><br>§483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.<br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, staff interview and facility policy review the facility failed to safely secure medications as evidenced by an unlocked and unattended medication cart on one (1) of three | F 761 | 1. On 9/05/2023 Licensed Practical Nurse (LPN) number 1 was coached and educated on medication administration and storage of medications by the | 10/19/23 |

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| F 761 | Continued From page 12<br>(3) survey days.<br><br>Findings include:<br><br>Review of the facility policy titled, "Medication Administration" with a revision date of 03/18 revealed under "Medication Administration ... #4. Storage of medications and several other associated products should be secure, i.e., in a locked med room, in a locked drawer/cabinet, or under constant surveillance. Any product used in a therapeutic manner should be treated and administered as a medication..."<br><br>An observation and interview on 09/05/23 at 11:50 AM, revealed the medication cart on the B Hall was unlocked and unattended. This observation revealed Licensed Practical Nurse (LPN) #1 walked away from the medication cart and went two doors down to administer medications and left the medication cart unlocked and unattended. An interview with LPN #1 confirmed that the medication cart was unlocked and unattended. She stated that the purpose of locking the medication cart is for patient safety and to prevent others from getting into the medication cart.<br><br>An interview on 9/5/23 at 2:20 PM, with the Director of Nurses (DON) confirmed that a medication cart needs to be locked when the nurse leaves the cart to prevent anyone from getting into the medication cart and confirmed that it is a patient safety issue.<br><br>Record review of LPN #1's in-services revealed she completed an in-service on 7/11/23 regarding when to lock a medication cart. | F 761 | Director of Nursing (DON).<br>2. All residents of the facility have the potential for the same deficient practice.<br>3. An in-service education will be conducted by the facility consultant pharmacist and Clinical Educator with all nursing staff starting on 9/29/2023 to address proper medication storage, administration, and patient safety risk if a med cart is left unlocked to be completed by 10/19/2023.<br>4. The Nursing Leadership Team started audits on 9/18/2023 with all med carts to ensure proper medication storage/administration procedures are being followed weekly for one month (September), then every two weeks for one month (October), once monthly (November) and will continue these audits ongoing as required.<br>The results based from verbal exit and the written statement of deficiencies report (CMS-2567) from the State Survey Team was reported to the Quality Assurance and Performance Improvement (QAPI) Committee on 9/26/2023. These rounds/results and the facility Plan of Correction (POC) were up for review at our QAPI meeting on 9/26/23. Recommendations from this committee were implemented as required and will be monitored until compliance is achieved. These rounds/results will be reviewed on the (10/17/23) QAPI Meeting and on-going for the next 2 scheduled quarterly QAPI meetings (January 2024 and April 2024) to ensure solutions are sustained.<br>5. 10/19/23. | |

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| F 812 SS=F | Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2)<br><br>§483.60(i) Food safety requirements.<br>The facility must -<br><br>§483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities.<br>(i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations.<br>(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.<br>(iii) This provision does not preclude residents from consuming foods not procured by the facility.<br><br>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety.<br>This REQUIREMENT is not met as evidenced by:<br>Based on observations, staff interviews, and facility policy review the facility failed to ensure food items in the refrigerator/freezer were labeled and dated or discarded by expiration date and failed to ensure a dietary cook was wearing a beard restraint while prepping foods, for one (1) of two (2) kitchen tours.<br><br>Findings Include<br><br>Record review of the facility policy titled, "Food and Supply Storage" with a revision date of 1/23 revealed "Policies: All food, non-food items, and supplies used in food preparation shall be stored in such a manner as to prevent contamination to maintain the safety and wholesomeness of the | F 812 | " On 9/06/23 the Registered Dietician (RD) removed and disposed of all undated foods and began storing and dating foods as required. On 9/06/2023 the RD instructed employees on proper hairnet and beard coverings. The employees were instructed and started wearing proper hairnets to include beard coverings on 9/06/23.<br>" All residents have the potential to affected by this deficient practice.<br>" Consultant RD will in-service all Food and Nutrition employees on 9/26/2023 to include storage and labeling of opened packaging and proper hair and beard coverings in the department. | 10/19/23 |

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| F 812 | Continued From page 14<br>food for human consumption... Procedures: ... Cover, label and date unused portions and open packages ...Discard food past the use-by or expiration date..."<br><br>Record review of facility policy titled, "Uniform Dress Code" with a revision date of 1/23, Policy #E006 revealed ...Procedures: Associates Working with Food...Restrain all facial hair with a beard net/restraint..."<br><br>An observation and interview during the initial tour of the kitchen on 09/05/23 at 10:10 AM, revealed the "pass-through" refrigerator had a metal container with no date and no label. Dietary worker #1 identified the food item in the metal container as coleslaw, and stated, "I'm guessing they had it yesterday but I'm not sure." A large zip-lock bag which Dietary Worker #1 identified as lettuce and eleven cups were identified as prunes with no label and no date. A 12-pound (lb.) container with a manufacturing label of mustard potato salad with a label that indicated an open date of 8/30 and good through 9/2. Dietary worker #1 revealed that the potato salad was supposed to be thrown out and food that was old could possibly make a resident sick. An observation of the prep cooler revealed a large zip lock bag that the Dietary Manager (DM) identified as spinach, an opened 15 lb box which the DM revealed was bacon and a 12 lb box that the DM identified as sausage with no label and date on the items. The DM confirmed all foods are supposed to be labeled and dated and confirmed the items found were not labeled and dated. An observation of the walk-in freezer #7 revealed multiple open food items in their original bags not dated or labeled. The DM identified the food items as a bag of chopped onions, a bag of tater tots, a bag | F 812 | " Starting the week of 9/18/23 the Dietary Director (RD), Consultant RD, or Consultant Director will round three times a week for four weeks, then twice a week four weeks, and then once a week for four weeks on proper food labeling, dating, and hairnet/beard covering. The results based from verbal exit and the written statement of deficiencies report (CMS-2567) from the State Survey Team was reported to the Quality Assurance and Performance Improvement (QAPI) Committee on 9/26/2023. These rounds/results and the facility Plan of Correction (POC) were up for review at our QAPI meeting on (9/26/23). Recommendations from this committee were implemented as required and will be monitored until compliance is achieved. These rounds/results will be reviewed on the (10/17/23) QAPI Meeting and on-going for the next 2 scheduled quarterly QAPI meetings (January 2024 and April 2024) to ensure solutions are sustained.<br>" 10/19/23 | |

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| F 812 | Continued From page 15 | F 812 | | |

of chicken nuggets, and a bag of English peas. The DM stated that it was a failure on their part to make sure the items were labeled, dated and discarded on expiration dates.

An observation and interview on 09/05/23 at 10:35 AM, revealed a dietary worker that had approximately one and one- half inches of facial hair on his chin and side of his face with no covering over his beard and was observed prepping food. The DM revealed all hair including beards are supposed to be kept covered. She revealed with hair not being covered the hair could possibly fall into the food.

An interview on 09/06/23 at 4:35 PM, with the Assistant Administrator revealed we do make sure that all our foods are labeled and dated. He stated he was surprised to hear that there were food items found yesterday not labeled and dated. He revealed the purpose of labeling and dating foods is to ensure the foods are not expired. He revealed the worker with the long facial hair not covered could have caused an issue with hair being in the food. It's our policy that facial hair is supposed to be covered as well.