

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>23WV</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>02/29/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>MEMORIAL WOODLAND VILLAGE NURSING CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>5427 GEX ROAD DIAMONDHEAD, MS 39525</b>		
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M 000	Initial Comments  The State Agency (SA) conducted an annual recertification survey and Complaint Investigations (CIs), CI MS #23240, CI MS #23523, CI MS #24140, CI MS #24207, CI MS #24236, and CI MS #24278, at the facility from 02/26/24 through 02/29/24. The SA investigated CI MS #23240 for residents not allowed snacks, no refrigerators in their rooms, and food choices and taste and there were no citations related to this complaint. The SA investigated CI MS #23523 for a facility reported incident related to pest control and no deficiencies were cited. The SA investigated CI MS #24207 for a facility reported incident related to misappropriation of funds and cited M500. The SA investigated CI MS #24278 for resident neglect related to not properly groomed, resident with body odor and pressure wounds and not assisting resident with feeding and cited M610. The SA investigated CI MS #24140 related to falls and CI MS #24236 for facility staffing, not answering call lights in a timely manner, and quality of care, and there were no citations related to those complaints. 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 requirement and cited M500, M620 and M815.	M 000		
M 500	45.17.2 Residents' Rights  Residents' Rights. The residents' rights policies and procedures ensure that each resident admitted to the facility:  1. is fully informed, as evidenced by the resident's written acknowledgment, prior to or at the time of admission and during stay, of these rights and is given a statement of the facility's rules and	M 500		4/10/24

Mississippi State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

03/21/24

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M 500	<p>Continued From page 1</p> <p>regulations and an explanation of the resident's responsibility to obey all reasonable regulations of the facility and to respect the personal rights and private property of other residents;</p> <p>2. is fully informed, and is given a written statement prior to or at time of admission and during stay, of services available in the facility, and of related charges including any charges for services covered by the facility's basic per diem rate;</p> <p>3. is assured of adequate and appropriate medical care, is fully informed by a physician or nurse practitioner/physician assistant of his medical conditions unless medically contraindicated (as documented by a physician or nurse practitioner/physician assistant in his medical record), is afforded the opportunity to participate in the planning of his medical treatment, to not be limited in his/her choice of a pharmacy or pharmacist provider in accordance with state law, as referenced in House Bill 1439, which states that the facility shall not limit a resident ' s choice of pharmacy or pharmacy provider if that provider meets the same standards of dispensing guidelines required of long term care facilities, to refuse to participate in experimental research, and to refuse medication and treatment after fully informed of and understanding the consequences of such action;</p> <p>4. is transferred or discharged only for medical reasons, or for his welfare or that of other residents, or for nonpayment for his stay (except as prohibited by sources of third-party payment), and is given a two weeks advance notice in writing to ensure orderly transfer or discharge. A copy of this notice is maintained in his medical</p>	M 500		

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M 500	Continued From page 2  record;  5. is encouraged and assisted, throughout his period of stay, to exercise his rights as a resident and as a citizen, and to this end may voice grievances, has a right of action for damages or other relief for deprivations or infringements of his right to adequate and proper treatment and care established by an applicable statute, rule, regulation or contract, and to recommend changes in policies and services to facility staff and/or to outside representatives of his choice, free from restraint, interference, coercion, discrimination, or reprisal;  6. may manage his personal financial affairs, or is given at least a quarterly accounting of financial transactions made on his behalf should the facility accept his written delegation of this responsibility to the facility for any period of time in conformance with State law;  7. is free from mental and physical abuse; 8. is free from restraint except by order of a physician or nurse practitioner/physician assistant, or unless it is determined that the resident is a threat to himself or to others. Physical and chemical restraints shall be used for medical conditions that warrant the use of a restraint. Restraint is not to be used for discipline or staff convenience. The facility must have policies and procedures addressing the use and monitoring of restraint. A physician order for restraint must be countersigned within 24 hours of the emergency application of the restraint; 9. is assured security in storing personal possessions and confidential treatment of his personal and medical records, and may approve or refuse their release to any individual outside	M 500		

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M 500	<p>Continued From page 3</p> <p>the facility, except, in the case of his transfer to another health care institution, or as required by law of third-party payment contract;</p> <p>10. is treated with consideration, respect, and full recognition of his dignity and individuality, including privacy in treatment and in care for his personal needs;</p> <p>11. is not required to perform services for the facility that are not included for therapeutic purposes in his plan of care;</p> <p>12. may associate and communicate privately with persons of his choice, may join with other residents or individuals within or outside of the facility to work for improvements in resident care, and send and receive his personal mail unopened, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record);</p> <p>13. may meet with, and participate in activities of, social, religious and community groups at his discretion, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record);</p> <p>14. may retain and use his personal clothing and possessions as space permits, unless to do so would infringe upon rights of other residents, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record);</p> <p>15. if married, is assured privacy for visits by his/her spouse; if both are inpatients in the</p>	M 500		

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M 500	<p>Continued From page 4</p> <p>facility, they are permitted to share a room, unless medically contraindicated (as documented by the attending physician or nurse practitioner/physician assistant in the medical record); and</p> <p>16. is assured of exercising his civil and religious liberties including the right to independent personal decisions and knowledge of available choice. The facility shall encourage and assist in the fullest exercise of these rights.</p> <p>This Statute is not met as evidenced by: Level II</p> <p>Based on interviews, record review, and facility policy review, the facility failed to protect residents from misappropriation of property for one (1) of 23 sampled residents. Resident #64</p> <p>Findings include:</p> <p>Review of the facility's policy, "Abuse, Neglect and Exploitation," dated and initialed 3/23/23, revealed, "Policy: It is the policy of this facility to provide protections for health, welfare and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent ...misappropriation of resident property ...Definitions: ...Misappropriation of Resident Property means the deliberate misplacement, exploitation, or wrongful, temporary or permanent, use of a resident's belongings or money without the resident's consent ..."</p> <p>Record review of the Facility Investigation, dated 2/09/24, revealed, that on 1/16/2024, Resident #64 reported fraudulent changes on his bank statement to the Social Worker and Director of Nurses (DON). Resident #64 still had the card</p>	M 500	<p>An in-service was started by the Dietary Manager (DM) on 2/28/24 for dietary staff on following the recipe, food presentation, portion sizes and calibration of thermometers.</p> <p>All residents have the potential to be affected by this practice.</p> <p>In-service started and ongoing on 2/28/24 for dietary staff on following the recipe, food presentation, portion sizes and calibration of thermometers. All Dietary staff will be required to complete mandatory in-service prior to working after 4/8/24. Systems Manager held a Focus Group with 5 residents on 3/13/24 to discuss concerns. A follow up meeting is scheduled on 4/5/2024. Maintenance was called to inspect equipment for proper function on 3/4/24. It was determined the plate warmer and heating sham were not working properly. Parts were ordered on 3/14/24 to improve the function of the plate warmer and heating sham. All Dietary staff will be required to complete mandatory in-service prior to working after</p>	

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M 500	Continued From page 5  present in his wallet. Social services contacted the bank and placed a hold on the bank card. The local police were also contacted, and a report was made. An investigation was initiated for Resident #64. The resident was asked to provide the facility with any further documents received from the bank to the DON. The week of January 31, 2024, Resident #64 received another bank statement. Upon review of the bank statement with Resident #64, there was a charge noted on the bank statement for CPR (Cardiopulmonary Resuscitation) certification on January 9, 2024. The charge was placed through CPR National Foundation. An e-mail was sent to the CPR National Foundation to identify the CPR certification for January 9, 2024, using Resident #64's card number. A response was received on February 6, 2024, at 2:08 PM identifying the individual that had used the bank card number with the last four numbers of the bank card belonging to Resident #64. The local police were contacted, and another report was made including the identity of the person's information. The suspect was identified as (proper name) of a Certified Nurse aide (CNA). The CNA was an employee of (proper name) contracting company. The CNA worked as needed scheduling at the facility through (proper name) contracting company. The CNA has not worked at the facility since December 28, 2023. The facility identified interventions in response to the incident, which, in addition to notification of the local police department, in-services were initiated on abuse, neglect, and misappropriation of funds, the resident's bank replaced the money back into the resident's account, the State Agency, as well as the Attorney General were contacted, the Social Worker conducted interviews with other residents that reside in the same area of the facility, and the contracting agency was notified. The	M 500	4/1/24.  Daily rounds were started on 3/4/24 by Dietary Manager using MyRounding tool to document daily rounds with 10-15 residents times 4 weeks then once a week times 4 months. Systems Director or Dietician follows up on any negative input. Weekly audits of temperatures and taste will be audited twice weekly starting 3/4/24 times 4 weeks then weekly times 4 months. Finding were brought by DM to initial Quality Assurance Performance Improvement Committee (QAPI) meeting on 3/12/24. DM will bring findings to next monthly QAPI meeting on 4/9/24 then monthly times 3 months.	

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M 500	<p>Continued From page 6</p> <p>conclusion of the investigation resulted in substantiation of misappropriation of resident funds.</p> <p>On 02/26/24 at 12:15 PM, an interview with Resident #64 revealed he discovered fraudulent charges on the January statement of his bank account. He stated that he reported the charges on his bank statement to the Social Worker who in turn reported the charges to the DON and the Administrator. The resident added that the charges went back as far as December 2023 all the way through February of 2024.</p> <p>Review of the bank documents depicting the fraudulent charges were reviewed and the charges were listed as the following: \$82.05 on 12/30/23 (pizza restaurant), \$61.59 on 12/30/23 (grocery store), \$42.05 on 12/30/23 (chicken restaurant), \$35.09 on 12/31/23 (department store), \$35.56 on 12/31/23 (grocery store), \$29.07 on 1/5/24 (chicken restaurant), \$28.32 on 1/3/24 (pizza restaurant), \$41.47 on 1/3/24 (fast food restaurant), \$14.07 on 1/10/24 (fast food restaurant), \$14.95 on 1/9/24 (national CPR certification), \$11.73 on 1/9/24 (fast food restaurant), \$8.71 on 1/9/24 (fast food restaurant), \$17.10 on 1/6/24 (pizza restaurant), \$24.32 on 1/6/24 (pizza restaurant), \$4.69 on 1/6/24 (fast food restaurant), \$9.28 on 1/5/24 (fast food restaurant), \$12.23 on 1/4/24 (fast food restaurant), \$13.57 on 1/4/24 (fast food restaurant), \$17.87 on 1/2/24 (food delivery service), \$62.96 on 1/2/24 (food delivery service), \$171.20 on 1/5/24 (sporting good store), \$2.56 on 1/5/24 (fast food restaurant), \$44.49 on 1/9/24 (wireless telephone service), and \$29.41 on 5/24 (fast food restaurant).</p> <p>On 02/27/23 at 12:00 PM, during an interview</p>	M 500		

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M 500	Continued From page 7  with the DON, she confirmed that Resident #64 had made the Social Worker aware of the fraudulent charges on his bank statement and revealed that he still had his bank card in his wallet. The DON revealed that it was at that time that the local police department was notified, and the facility began an investigation. The DON stated that she had asked the resident to bring any future bank documents that he received to her for review. The week of January 31, 2024, when Resident #64 received another bank statement, there was a charge made for CPR certification and that charge provided the information needed to identify the individual responsible for the charges. The suspect was identified as (proper name), CNA, as an "as needed" CNA contracted to work through (proper name) contracting company. The DON revealed that the contracting company was notified, and the employee had not worked at the facility since December 28, 2023.  Record review of the Face Sheet for Resident #64 revealed the facility admitted the resident to the facility on 1/28/21, with diagnoses that included Essential Hypertension and Type 2 Diabetes Mellitus.  Record review of the Annual Minimum Data Set (MDS), for Resident #64, with an Assessment Reference Date (ARD) 11/13/23, revealed the resident had a Brief Interview for Mental Status (BIMS) score of 12. which indicated the resident had moderate cognitive impairment.	M 500		
M 610	45.21.2 Activities of daily living  Activities of daily living. Each resident shall receive assistance as needed with activities of	M 610		4/10/24



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M 610	<p>Continued From page 8</p> <p>daily living to maintain the highest practicable well being. These shall include, but not be limited to:</p> <ol style="list-style-type: none"> <li>1. Bath, dressing and grooming;</li> <li>2. Transfer and ambulate;</li> <li>3. Good nutrition, personal and oral hygiene; and</li> <li>4. Toileting.</li> </ol> <p>This Statute is not met as evidenced by: Level II</p> <p>Based on interviews, record review and facility policy review the facility failed to provide showers for residents who require assistance for three (3) of (23) sampled residents. (Residents #74, #78 and #97)</p> <p>Findings Include:</p> <p>Review of the facility's policy, "Activities of Daily Living" (ADL's)", revised 11/28/2023, revealed ...The facility will, based on the residence comprehensive assessment and consistent with the resident's needs and choices, ensure a resident's abilities in ADLs do not deteriorate ...Care and services will be provided for the following activities of daily living ...1. Bathing, dressing, grooming ..."</p> <p>Review of the facility policy, "Resident Showers", revised 11/29/23, revealed, " ...It is the practice of this facility to assist residents with bathing to maintain proper hygiene ...Policy Explanation and Compliance Guidelines ...1. Residents will be provided showers are per request or as per facility schedule protocols ..."</p>	M 610	<p>Director of Nursing (DON), Assistant Director of Nursing (ADON) and Resident Care Manager's (RCM) immediately audited bath schedules and shower sheets on 2/28/24. Resident #97 was no longer a resident at the facility, Resident #78 had received a bath that day, 2/28/24, and Resident #74 was offered a bath but chose to wait the following day, 2/29/24, for her scheduled bath day.</p> <p>All residents have the potential to be affected by this practice.</p> <p>An in-service was conducted immediately on 2/29/24 and ongoing by Staff Development Nurse for all Certified Nursing Assistant's (CNA) on following bath schedules, any missed or refused showers will be reported to DON. ADON or RCM for follow up. CNA's will not be permitted to work until in-serviced after 4/1/24.</p> <p>DON, ADON and/or RCM started monitoring the shower schedule on 2/29/24 daily x 4 weeks then monthly for 4 months and interviewing 3 Residents</p>	

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M 610	<p>Continued From page 9</p> <p>Resident #74</p> <p>On 2/28/29 at 04:50 PM, in an interview with Resident #74, she stated that she does not receive a shower consistently. The resident explained that she received a shower on Tuesday, Thursday, and Saturday and she did not receive a shower the previous day, which was a Tuesday. The resident said that she hoped she would get a shower tomorrow because the staff give showers whenever they want to and not when it is scheduled.</p> <p>A record review of the facility's, "Activities of Daily Living (ADL) Assistance and Support" documentation revealed Resident #74 received four (4) showers for the month of February.</p> <p>A record review of the "Face Sheet" revealed the facility admitted Resident #74 on 2/22/20 and she had current diagnoses Muscle Weakness.</p> <p>A record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 12/26/23 revealed Resident #74 had a Brief Interview for Mental Status (BIMS) score of 10, which indicated her cognition was moderately impaired.</p> <p>Resident #78</p> <p>During an interview on 02/28/24 at 4:46 PM, with a Resident #78's family member, she explained that every time she visited her mother, she was dirty, and her hair was greasy. She stated that her family member was not getting bathed, and she had previously met with the Director of Nursing (DON) and other staff regarding this matter.</p>	M 610	<p>weekly to confirm shower was performed weekly times 4 weeks then monthly times 4 months. Starting on 2/29/24 floor nurse and CNA will sign off on shower schedule to confirm shower was performed. Finding were brought by DON to initial Quality Assurance Performance Improvement Committee (QAPI) meeting on 3/12/24 for review and follow up for any recommendations for additional education. DON will bring finding to next QAPI meetings on 4/9/24 then monthly times 3 months.</p>	

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M 610	<p>Continued From page 10</p> <p>During an interview on 02/28/24 at 04:50 PM, with Resident #78, she explained that she was incontinent and needed to have showers, but she had to have help.</p> <p>During an interview on 02/28/24 at 05:00 PM, with Licensed Practical Nurse (LPN) #2, she explained she was the cart nurse for the hall. She stated that she has not been told by a nurse aide that the resident refused her shower.</p> <p>During an interview on 2/28/24 at 05:10 PM, with Certified Nurse Aide (CNA) #5, she stated that Resident #78 often refused to take a shower. She acknowledged that the resident's family visited and wanted to know why the resident was dirty and she explained that the resident refused to take showers. CNA #5 confirmed Resident #5 had not received a shower at 4:30 PM because the resident had refused, but she did not notify the nurse or the DON that the resident had refused.</p> <p>A record review of the "ADL Assistance and Support" documentation for February 2024 revealed Resident #78 was dependent upon staff for bathing and received five (5) baths for the month of February.</p> <p>A record review of the "Face Sheet" revealed the facility admitted Resident # 78 on 7/31/23 and she had current diagnoses including Hypertension.</p> <p>A record review of the MDS with an ARD of 12/26/23 revealed Resident #78 had a BIMS score of 11, which indicated her cognition was moderately impaired.</p> <p>Resident #97</p>	M 610		

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M 610	<p>Continued From page 11</p> <p>In a phone interview on 2/26/24 at 2:00 PM, with the social worker at the local hospital, she stated she received report from the emergency room medical doctor and nurses that Resident #97 was dirty, unkempt, and had an odor when he arrived from the facility. She confirmed the resident was currently admitted to the hospital.</p> <p>During an interview on 2/26/24 at 5:00 PM, with Resident #97's family member, she confirmed Resident #97 was sent to the hospital dirty and unkempt. The wife said she told the hospital staff that he was always dirty and had odors.</p> <p>A record review of the "ADL Assistance and Support" document for February 2024 revealed Resident #97 was dependent upon staff for bathing and received one (1) bath on 2/14/24 for the month of February.</p> <p>A record review of the "Face Sheet" revealed the facility admitted Resident #97 on 8/16/22 and he had current diagnoses including Alzheimer's Disease.</p> <p>A record review of the MDS with an ARD of 12/19/23 revealed Resident #97 had a BIMS score of 8, which indicated his cognition was severely impaired.</p> <p>During an interview 02/29/24 at 09:31 AM with the DON, she confirmed there was no documentation on the shower sheets to show Resident #78 had received showers three (3) times per week and confirmed she had recently met with the resident's family. The DON said she believed the CNAs were giving showers but were not documenting it on the computer. The DON explained that if a resident refused a shower, the</p>	M 610		

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M 610	Continued From page 12  CNAs are trained to document the refusal and notify the nurse, and the cart nurse should notify the charge nurse so the charge nurse can further encourage the resident. If a resident continues to refuse a bath, then the Assistant Director of Nurses (ADON) and DON should be notified. The DON explained the shower schedule is set up for residents who are on the "A" bed received showers on Monday, Wednesday, and Friday and the residents on the "B" bed received showers on Tuesday, Thursday, and Saturday. The DON said the charge nurse was responsible for monitoring the CNAs to ensure the showers and baths were given. The DON also said she was not aware that Resident #74 was not getting a shower.  During an interview on 02/29/24 at 10:00 AM, with the Administrator, she revealed she was not aware residents were not getting their baths or showers. The Administrator said she was going to make changes to ensure the resident's needs and preferences were being met.	M 610		
M 620	45.21.4 Urinary incontinence  Urinary incontinence. Residents with urinary incontinence shall be assessed for need of bladder retraining program. An indwelling catheter will not be used unless the resident 's clinical condition indicates that catheterization is necessary. These residents shall receive treatment and services to prevent urinary tract infections.  This Statute is not met as evidenced by: Level II  Based on observation, interviews, record review,	M 620	Certified Nursing Assistant (CNA) #3 and #4 failed to utilize a leg strap during catheter care and wiped back to front for	4/10/24

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M 620	<p>Continued From page 13</p> <p>and facility policy review, the facility failed to provide catheter care in a manner to prevent complications for one (1) of one of seven (7) residents with urinary catheters. Resident #70</p> <p>Findings include:</p> <p>A record review of the facility's policy "Catheter Care", dated 10/2022 revealed, " ... It is the policy of this facility to ensure that residents with indwelling catheters receive appropriate catheter care and maintain their dignity and privacy when indwelling catheters are in use ... Policy Explanation: ... Female ... 10. Wipe from front to back with a clean cloth ... 11. Use a new part of the cloth or different cloth for each side. 12. With a new moistened cloth ...wipe the catheter ..."</p> <p>At 11:00 AM on 02/27/24, during an observation and interview, Certified Nurse Aide (CNA) #3 and CNA #4 provided catheter care for Resident #70. There was not a leg strap securing the catheter tubing to reduce the risk of tension or pulling on the catheter to prevent trauma. Both CNAs reported the resident does not wear a leg strap because the resident would pull it off. CNA #3 used a disposable wipe and wiped the perineal area from the from the back to the front. CNA #4 reminded CNA #3 that she should wipe from the front to the back. After discarding the wipe and repositioning the resident, CNA #3 used a disposable wipe to clean the catheter by wiping the tubing several times, using the same wipe, and not changing the position of the wipe. After completing the care, CNA #3 reported she was unsure how many times she wiped the catheter with the disposable wipe, but thought it was at least five (5) to six (6) times and explained she was nervous.</p>	M 620	<p>Resident #70. An in-service was conducted immediately on Catheter Care for CNA #3 and #4 by Staff Development nurse on proper procedures to prevent possible complications. Resident #70 was given proper catheter care immediately.</p> <p>All residents with indwelling catheters have the potential to be affected by this deficient practice.</p> <p>An in-service was conducted immediately on 2/27/24 and ongoing by Staff Development Nurse for all CNA's on catheter care for residents with indwelling catheters. CNA's will not be permitted to work until in-serviced on Catheter Care after 4/1/24.</p> <p>Staff Development Nurse began observation of Foley catheter care on 3/4/24 x 4 weeks on 3 residents with indwelling catheters then monthly x 4 months. Finding were brought by Staff Development Nurse to initial Quality Assurance Performance Improvement Committee (QAPI) meeting on 3/12/24 for review and follow up for any recommendations for additional education. SD will bring finding to next QAPI meeting on 4/9/24 then monthly times 3 months.</p>	

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M 620	Continued From page 14  On 02/27/24 at 12:00 PM, during an interview with the Director of Nursing (DON), she explained all residents with a catheter should have a leg strap to secure the catheter. She stated that CNAs should inform the nurse if a resident does not have a leg strap. She said she expected all CNAs to perform catheter care properly and explained the facility completed competency check offs for CNAs yearly.  Record review of the "Face Sheet" revealed the facility admitted Resident #70 on 7/27/23 with current diagnoses including Neuromuscular Dysfunction of Bladder.  Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 01/12/24 revealed Resident #70 required a Staff Assessment for Mental Status which indicated her cognition was severely impaired. Section H revealed Resident #70 had an indwelling catheter.	M 620		
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, record review, and facility policy review, the facility failed to store food and engage in sanitary practice in accordance with professional standards for food service safety related to food items not dated with	M 815	All expired and non-labeled food was disposed. An in-service was started by Dietary Manager (DM) with dietary staff on 2/28/2024 on proper labeling, storage and inspection of dates to ensure they are not expired.	4/10/24

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M 815	<p>Continued From page 15</p> <p>a use-by-date, no identifying label, expired foods, improperly stored and exposed food for one (1) of three (3) kitchen observations.</p> <p>Findings include:</p> <p>A review of the facility's policy, "Food Safety Requirements", revised 9/20/22, revealed, "...Foods will also be stored, prepared, distributed and served in accordance with professional standards for service safety...Policy Explanation and Compliance Guidelines "Policy...1. Food safety practices shall be followed ...b. Storage of food in a manner that helps prevent ...contamination of food ...3. Facility shall inspect all food ...C. Refrigerated storage ...iv. Labeling, dating and monitoring refrigerated food ...so it is used by its use-by date ..."</p> <p>On 02/26/24 at 10:10 AM, an observation with the Dietary Manager (DM) revealed the following:</p> <p>1. Refrigerator #1 contained 24 (4)-ounce (oz) containers of apple juice with no use by date, one (1) 4 oz container of cranberry flavored juice cocktail with no use by date, one (1) opened 46 oz jar of apple sauce opened on 2/22/24 and was good though 2/25/25, one (1) opened 46 oz jar of apple sauce with no use by date, one (1) tray containing six (6) 4 oz containers of orange juice with no use by date, and eight (8) - 4 oz containers of apple juice with no use by date.</p> <p>2. Refrigerator #2 contained two (2) unopened bags of coleslaw with a use by date of 2/23/24. One (1) unopened gallon of milk with the "best by" date of 02/16/24. One (1) opened gallon of milk with the "best by" date of 02/16/24, one (1) opened quart carton of heavy cream with no use by date, one (1) opened five (5) pound block of</p>	M 815	<p>All residents have the potential to be affected by this practice.</p> <p>A daily checklist will be performed starting 3/4/24 by Dietary Manager (DM) to check for proper labeling, storage and expirations dates. All Dietary staff will be required to complete mandatory in-service prior to working after 4/8/24.</p> <p>The Dietician and/or Systems Manager will audit the checklist weekly times 4 weeks then once a month times 4 months starting 3/4/24. Finding were brought to initial Quality Assurance Performance Improvement Committee (QAPI) meeting on 3/12/24 by DM for review and follow up for any recommendations for additional education. DM will bring finding to next QAPI meeting on 4/9/24 then monthly times 3 months.</p>	



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M 815	<p>Continued From page 16</p> <p>processed cheese with no use by date.</p> <p>3. Freezer #2 contained one (1) opened and exposed plastic bag of hash browns with no identifying label or manufacturer date and 1 (one) opened bag of diced chicken with no identifying label and no manufacturers date.</p> <p>4. An observation of the pantry revealed the sugar bin lid was not secured and left a large gap, leaving the sugar exposed.</p> <p>On 02/28/24 at 8:09 AM, in an interview with the DM, she acknowledged the outdated, improperly stored, and exposed foods. The DM reported it is her responsibility to label and check expiration dates for food items. She explained the kitchen staff receive monthly in-service training on food safety.</p> <p>On 02/29/24 at 12:07 PM, in an interview with the Administrator, she confirmed she had been made aware of the issues in the dietary department related to outdated, improperly stored, and exposed foods in the kitchen.</p>	M 815		