

Mississippi State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 06/30/2026	
NAME OF PROVIDER OR SUPPLIER VAIDEN COMMUNITY LIVING CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 868 MULBERRY STREET P O BOX 607, VAIDEN, Mississippi, 39176			
(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) COMPLETION DATE	
M0000	Initial Comments		M0000				
M0815	<p>The State Agency (SA) conducted an annual recertification survey at the facility from 06/28/26 through 06/30/26. 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 and M1570.</p> <p>45.29.1 Safe Food Handling Procedures</p> <p>Safe Food Handling Procedures. Food shall be prepared, held, and served according to current Mississippi State Department of Health Food Code Regulations.</p> <p>This LICENSURE REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on observation and staff interview, the facility failed to store and serve food in accordance with professional standards for food service safety related to food items improperly stored, a dry bin left uncovered and food prepared and served in unsanitary conditions for two (2) of (2) kitchen observations.</p> <p>Findings Include:</p> <p>On 06/28/2026 at 12:12 PM, an initial tour with Cook #1, revealed Cook #2 placing a tray of sandwiches in a refrigerator. One of the sandwiches fell from the tray and landed on the floor. Cook #2 picked up the sandwich and placed it back on the tray of sandwiches. An observation of the food prep station revealed a pan of raw chicken sitting on the table with the lid to a jar of seasoning sitting top side down, on top of the chicken. Cook #2 picked up the lid and proceeded to season the chicken. An observation of the dry bins revealed the lid to the sugar was not completely on the bin, leaving the sugar exposed. An observation of the pantry revealed five (5) loaves of rye bread, boxed and sitting on a shelf, with green bio growth covering the bread. A review of the manufactures box revealed the instructions "Best if used by 04/22/2027" and "Keep Frozen" and six containers of Ham Base with manufacturer's instructions to "Keep Refrigerated for Best Quality." An interview with Cook #1 revealed</p>		M0815				

Office of Primary Care and Health Systems Management

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

Mississippi State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 06/30/2026	
NAME OF PROVIDER OR SUPPLIER VAIDEN COMMUNITY LIVING CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 868 MULBERRY STREET P O BOX 607, VAIDEN, Mississippi, 39176			
(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) COMPLETION DATE
M0815	<p>Continued from page 1</p> <p>she knows the lid to the sugar should have been securely placed on the bin to prevent something from falling into the sugar or a bug from getting in the sugar. Cook #1 stated the bread was bought for a one-time meal, and they did not know it was supposed to be frozen. Cook #1 stated the kitchen staff have always kept the Ham Base on the pantry shelf because the instructions "Refrigerate for Best Quality" was viewed as a suggestion. Cook #1 affirmed that food in the kitchen is supposed to be covered and unspoiled to prevent the residents from eating contaminated food. An interview with Cook #2 revealed she recalled dropping the sandwich and placing it back on the tray with the other sandwiches. Cook #2 further stated that she recalled leaving the lid to the seasoning sitting on top of raw chicken. Cook #2 affirmed that she should have thrown the sandwich away after picking it up. Cook #2 stated that she should not have placed the seasoning lid on top of the chicken. Cook #2 confirmed that in both cases there is a risk of contamination of the food. Cook #2 reported that another cook could come along and touch that seasoning lid and will then have residue from the raw chicken on their hands, which would have been carried to other parts of the kitchen.</p> <p>On 06/29/2026 at 10:34 AM, during a second visit to the kitchen, an observation of Cook #3 setting up food on the hot bar revealed a fly landing on the spaghetti with meat sauce. Cook #3 took a serving spoon, gauged where she thought the fly landed and scooped some of the sauce from the pan. Cook #3 proceeded to serve the spaghetti with meat sauce. An interview with Cook #3 revealed she continued serving the spaghetti with meat sauce because she did not have anything else to serve. Cook #3 stated she should have placed a lid on dish prior to walking away. Cook #3 noted that the hazard of having a fly in the food is that it could spread illness and could have laid eggs in the food.</p> <p>On 06/29/2026 at 2:15 PM, an interview with the Administrator revealed she was made aware of the poorly stored food bread and Ham Base, exposed sugar, the seasoning lid on the raw chicken, the sandwich picked up from the floor and place back with the other sandwiches and the fly in the Spaghetti with meat sauce. The Administrator stated the hazards of these deficiencies can cause people to become sick. The Administrator noted the cook should have covered the food immediately when she placed it on the holding table. The Administrator affirmed that she should have thrown the food out once the fly was in the spaghetti with meat sauce. The Administrator noted she expects the staff to</p>			M0815			

Mississippi State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 06/30/2026	
NAME OF PROVIDER OR SUPPLIER VAIDEN COMMUNITY LIVING CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 868 MULBERRY STREET P O BOX 607, VAIDEN, Mississippi, 39176			
(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) COMPLETION DATE	
M0815	Continued from page 2 double-check dry bins when using them to make sure they are closed securely. The Administrator stated she expects the staff to pay attention and read the storage instructions on food packages.	M0815					
M1570	<p>48.58.1 Infection Control</p> <p>The following infection control standards shall be met:</p> <p>1. The facility must maintain and document an effective infection control program that protects patients, families, visitors, and facility personnel by preventing and controlling infections and communicable diseases.</p> <p>2. The facility must have an active surveillance program that includes specific measures for prevention, early detection, control, education, and investigation of infections and communicable diseases in the facility. There must be a mechanism to evaluate the effectiveness of the program(s) and take corrective action when necessary. The program must include implementation of nationally recognized systems of infection control guidelines to avoid sources and transmission of infections and communicable diseases.</p> <p>3. The facility must follow accepted standards of practice to prevent the transmission of infections and communicable diseases, including the use of standard precautions.</p> <p>This LICENSURE REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on observation, interview, record review, and facility policy review, the facility failed to follow infection prevention and control practices by failing to perform hand hygiene between glove changes during wound care for one (1) of (1) resident observed for wound care. Resident #47</p> <p>Findings include:</p> <p>A review of the facility policy "Hand Hygiene Policy and Procedure" dated 12/2025 revealed, "Policy: Hand Hygiene will be performed by all staff consistent with accepted standards of practice, to reduce the spread of infections and prevent cross contamination..."</p> <p>At 11:27 AM on 6/30/26, Resident #47 was observed</p>	M1570					

Mississippi State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 06/30/2026	
NAME OF PROVIDER OR SUPPLIER VAIDEN COMMUNITY LIVING CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 868 MULBERRY STREET P O BOX 607, VAIDEN, Mississippi, 39176			
(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) COMPLETION DATE
M1570	<p>Continued from page 3 for wound care provided by Registered Nurse (RN) #1. RN#1 removed the resident's shoe and sock while wearing gloves and revealed a right foot wound with no dressing in place. She then removed her gloves, applied new ones and cleansed the wound bed without performing hand hygiene. She then removed her gloves again and applied new ones without performing hand hygiene and applied a clean dry dressing.</p> <p>An interview with RN # 1 at 11:54 AM on 6/30/26, she confirmed that she did not perform hand hygiene between glove changes during care. She stated the reason why was she was not sure if she could leave the room to get hand sanitizer after she had applied her gown due to cross-contamination concerns. She stated that changing gloves does not negate the need to perform hand hygiene to remove contaminants from the hands and prevent infection spreading to other residents or cross contamination.</p> <p>An interview with the Director of Nursing (DON) at 11:56 AM on 6/30/26, revealed her expectation of staff is that they will perform hand hygiene in accordance with Centers for Disease Control and Prevention (CDC) infection prevention guidelines to prevent infection spreading among residents from staff members. She noted that in this instance the nurse should have cleansed her hands each time gloves were removed during care and once it was completed. She noted that complications of not cleansing hands according to CDC guidelines can result in wound infection including sepsis for the residents.</p> <p>A record review of resident # 47's "Order Listing Report" revealed an order dated 6/19/26, "Wound care: clean right plantar foot with wound cleanser, pat dry, apply collagen to wound bed, cover with border gauze daily</p> <p>A record review of the "Admission Record" revealed Resident #47 was admitted on 2/29/24 with diagnoses that included chronic diastolic congestive heart failure.</p> <p>A record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 5/26/26 revealed Resident #47 had a Brief Interview for Mental Status (BIMS) score of (13) which indicated the resident was cognitively intact.</p>			M1570			