

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 63CI	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/17/2019
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

SHARKEY-ISSAQUENA NURSING HOME

**431 WEST RACE STREET
ROLLING FORK, MS 39159**

(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 licensure survey from 12/15/19 to 12/17/19. During the survey, the SA determined the facility was not in compliance with State Licensure Regulations for the Aged or Infirm, and cited State Statutes at M815. The facility held a license for 54 beds, with a census of 42 at the time of survey.	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, interview, and facility policy review, the facility failed to label and date food stored in the refrigerator and freezer for one (1) of two (2) kitchen tours. Findings include: Record review of the "Storage of Frozen Food" policy, undated, revealed the facility ensures the quality and safety of frozen food through accepted storage practices. Frozen foods are dated when received. The first in, first out method is used: products with the earliest date are stored in front of products with a later date. Frozen food is stored in the original package. Record review of the "Storage of Refrigerated	M 815	1. Employee Cook #1 discarded squash and pudding on 12/14/2019 at 11:05 AM. 2. Dietary Manager audited food stored for labels and dates on 12/15/2019 and found no other issues of labeling and dating issues. All Residents have the potential to be affected. 3. An inservice conducted on 12/18/2019 by Dietary Manager with Dietary Staff on storage of frozen and refrigerated food. A form was initiated titled Food Label Log to monitor for labels and dates of food for refrigerated and frozen items initiated on 1/1/2020. Dietary Manager will audit use of the Food Label Log weekly for six weeks. Cooks will be responsible for using the Food Label Log each shift initiating on	1/17/20

Mississippi State Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

01/10/20

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 63CI	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/17/2019
NAME OF PROVIDER OR SUPPLIER SHARKEY-ISSAQUENA NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 431 WEST RACE STREET ROLLING FORK, MS 39159		
(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	<p>Continued From page 1</p> <p>Food" policy, undated, revealed the facility ensures the quality and safety and sanitation of refrigerated foods through accepted storage practices. All opened foods are labeled with common name of food, date stored, and use-by-date.</p> <p>On 12/15/19 at 10:51 AM, observation in the kitchen, revealed a zip-lock plastic bag of squash, in the freezer, without a date or label, a plastic bag of cut broccoli, without a date or label, and eight (8) cups of pudding on a metal pan, covered with plastic wrap, were in the cooler, without a date or label.</p> <p>On 12/15/19 at 10:57 AM, an interview with Dietary Staff (DS) #1, confirmed the squash and broccoli were in plastic bags, without a date or label. DS #1 revealed she did not know when they were put in the freezer, she thought it might have been last week. DS #1 confirmed the pudding did not have a date, and she thought it was from 12/14/19. DS #1 revealed whoever places the food in the freezer, or cooler, is responsible for labeling it with the date.</p> <p>On 12/15/19 at 11:57 AM, an interview with the Dietary Manager (DM), revealed the DS called her and told her about the pudding, squash, and broccoli, not labeled or dated. The DM revealed staff knew if they find anything without a label or date, they should throw it away, no matter what it is.</p>	M 815	<p>1/6/2020.</p> <p>4. The Dietary Manager will report Food Label Log performance to administrator weekly for six weeks initiating on 1/10/2020. The Dietary Manager will report Food Label Log performance during Quality Assurance meeting monthly for three months. The Quality Assurance committee will make further recommendations such as increased training, corrective action against Team Members, and care plan reflections as needed.</p>	

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NAME OF PROVIDER OR SUPPLIER SHARKEY-ISSAQUENA NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 431 WEST RACE STREET ROLLING FORK, MS 39159		
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M1245	<p>45.41.1 Date of Construction & Life Safety...</p> <p>Date of Construction and Life Safety Code Compliance.</p> <p>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.</p> <p>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.</p> <p>This Statute is not met as evidenced by: Based on document review, the facility failed to properly test the emergency generator as per NFPA 110 section 8.4.2. The deficient practice affected the entire facility on day of survey.</p> <p>Findings include:</p> <p>During document review on December 23, 2019 at 2:12 PM, the facility could not provide documentation showing the weekly inspections and monthly load tests for the generator during the last calendar year of 2019.</p>	M1245	<p>Inservice with all maintenance staff initiated on 12/29/2019 in regards to properly maintaining documentation related to generator test by Administrator. Maintenance Director contacted Cummings Generator company for in-service on generator services on 1/6/2020. Cummings to arrive and provide education on 1/17/2020. New weekly generator audit form created by Administration on 1/6/2020. Administrator initiated weekly audit of generator checks weekly for 6 weeks.</p>	2/4/20

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