

MSDH - Health Facilities Licensure and Certification

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 18CP | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED 10/05/2023 |
| NAME OF PROVIDER OR SUPPLIER BEDFORD CARE CENTER OF PETAL | | STREET ADDRESS, CITY, STATE, ZIP CODE 908 S GEORGE STREET PETAL, MS 39465 | | |
| (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 recertification survey at the facility from 10/02/2023 through 10/05/2023. 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 M815 and M1570. | 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 interviews, record review, and facility policy review, the facility failed to store food in accordance with professional standards for food service safety related to food items not dated with a use-by-date, food items without an identifying label, and food items not discarded prior to or by the use-by date for one (1) of two (2) kitchen observations. Findings Include: A review of the facility's policy "Food Safety Requirements", revised 11/21/22, revealed, " ...Food will be stored ...in accordance with professional standards for food service safety ...Policy Interpretation and Implementation ...3. Facility staff will ...ensure timely and proper storage ...c. Refrigerated storage ...iv. Labeling, dating, and monitoring refrigerated food, including, but not limited to leftovers, so it is used | M 815 | Bedford Care Center of Petal (facility) acknowledges receipt of the Statement of Deficiencies and proposes this Plan of Correction to the extent of the summary of findings is factually correct and in compliance with applicable rules and regulations. Please accept this Plan of Correction our credible allegation of compliance. Food items without an identifying label and not dated with a use-by date label were discarded by Certified Dietary Manager (CDM) on 10/02/23. All residents who eat by mouth have the potential to be affected by this alleged deficient practice. All Food and Nutrition staff will be trained on Food Safety Requirements and Food Receiving and Storage policies. Training | 11/18/23 |

Mississippi State Department of Health

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

TITLE

(X6) DATE

Electronically Signed

10/25/23

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| M 815 | <p>Continued From page 1</p> <p>by its use-by-date, or frozen (where applicable)/discarded ..."</p> <p>On 10/02/23 at 11:00 AM, an observation of the kitchen and interview with the Dietary Manager (DM), revealed the following:</p> <ol style="list-style-type: none"> In Freezer #1, there were seven (7) unopened packages of bologna, with a use-by date of June 12, 2023. There was one (1) unopened bag of a food item with no identifying label and no use-by date. The DM identified the food item as beef tips. There was one (1) shrink-wrapped package of a food item with no identifying label and no use-by date. The food item was identified as pork ribs by the DM. The DM reported the pork ribs had been in the freezer since she started working at the facility, which was two (2) months ago, and the pork ribs were not on the four-week menu rotation. There was one (1) half-pint carton of 2 percent (%) milk with a use by date of 09/30/23. There was one (1) bag of an opened food item with no identifying label and no use-by date. The DM identified the food item as tater tots. In Freezer #2, there was one (1) opened box and (1) unopened box of a food item with no identifying labels. The DM identified the boxes as cobbles. In Refrigerator #1, there was one (1) plastic storage container of a food item, with no use-by date and no identifying label. The DM identified the food item as cut apples. There was one container of a food item, with no use use-by date and no identifying label. The DM identified the food item as buttermilk pie. There were six (6) egg cartons containing two and a half (2 ½) dozen eggs, with no use-by date. The DM stated | M 815 | <p>was conducted by the Corporate Dietary Consultant, with a completion date of 10/23/23.</p> <p>The CDM will check freezers and refrigerators for proper labeling and dating, five (5) times weekly for eight (8) weeks, beginning on 10/23/23 and using a checklist designed for the purpose. Findings will be taken to the Quality Assurance Committee for review x three (3) months, beginning 11/17/23, to ensure sustained compliance.</p> | |

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| M 815 | Continued From page 2 that she was unaware of the outdated foods and that any food items in the freezers and refrigerators required an identifying label and use-by date. On 10/03/23 at 11:57 AM, an interview with the Registered Dietician (RD), she confirmed the facility had no written policy related to the use or disposal of food that is near or past the use-by date. The RD reported the facility used the "first-in, first-out" method for refrigerated and frozen foods and the facility purchased only frozen meat, rather than fresh, so it is used by the date on the package. On 10/05/2023 at 07:30 AM, an interview with the facility Administrator confirmed she was aware of the potential hazards of foods that are undated, have no identifying label, and are not discarded per the use-by or expiration date. She stated that she expected the dietary staff to follow professional standards related to food storage. Record review of a training document dated 6/27/23, 6/29/23, and 6/30/23, revealed the facility provided training on Food Safety. | M 815 | | |
| M1570 | 48.58.1 Infection Control The following infection control standards shall be met: 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. 2. The facility must have an active surveillance | M1570 | | 11/18/23 |

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| M1570 | <p>Continued From page 3</p> <p>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 Statute is not met as evidenced by: Level II</p> <p>Based on observation, staff interview, record review, and the facility policy review, the facility failed to ensure residents on contact isolation precautions received disposable tableware and silverware to prevent the possible spread of infection for two (2) of two (2) residents on contact isolation precautions. Resident #48 and Resident #110</p> <p>Findings include:</p> <p>A record review of the facility's policy, "Transmission Based (Isolation) Precautions), revised 5/22/23, revealed " ... It is our policy to take appropriate precautions to prevent transmission of pathogens, based on the pathogens' modes of transmission ... "Contact precautions" refer to measures that are intended to prevent transmission of infectious agents which are spread by direct or indirect contact with</p> | M1570 | <p>Bedford Care Center of Petal (facility) acknowledges receipt of the Statement of Deficiencies and proposes this Plan of Correction to the extent of the summary of findings is factually correct and in compliance with applicable rules and regulations. Please accept this Plan of Correction our credible allegation of compliance.</p> <p>Resident #48 and Resident #110 received disposable tableware and silverware for the remainder of their transmission based precautions and isolation.</p> <p>All residents have the potential to be affected by the deficient practice.</p> <p>All staff were inserviced on transmission based precautions, by the Staff Development Nurse. Inservices were completed on 10/20/23. All residents on</p> | |

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| M1570 | <p>Continued From page 4</p> <p>the resident or the resident's environment. ... Policy Explanation and Compliance Guidelines ...8. Initiation of Transmission- Based Precautions ("Isolation Precautions")- ... g. Use disposable or dedicated noncritical resident-care equipment ..."</p> <p>Resident #48</p> <p>On 10/02/23 at 11:06 AM, during an observation, Resident #48 had contact isolation signage and Personal Protective Equipment (PPE) on the door of his room.</p> <p>On 10/02/23 at 11:35 AM, during an observation, Certified Nurse Aide (CNA) #2 entered the room of Resident #48 with a meal tray. The meal tray had washable dinnerware and silverware. When the resident completed her meal, CNA #2 removed the same tray from the resident's room and placed it on the collection cart located on the hallway. The dirty tray, dinnerware, and silverware had no special identification and was placed with the other dirty meal trays collected from other residents.</p> <p>A record review of the "Admission Record" revealed the facility admitted Resident #48 on 7/28/2023 with a diagnosis of Atrial Fibrillation.</p> <p>A record review of the "Order Listing Report" for Resident #48 revealed a Physician Order, with a start date of 9/29/23, for "Contact Isolation precautions r/t (related to) c-diff (Clostridium difficile, a type of bacteria)."</p> <p>Resident #110</p> <p>On 10/02/23 at 11:00 AM, during an observation, Resident #110 had PPE and isolation signage on</p> | M1570 | <p>transmission based precautions were observed on 10/20/23 by the Director of Nursing (DON) to ensure that they received disposable tableware and silverware.</p> <p>When a resident is placed on transmission based precautions, the order for disposable tableware and silverware will be printed and given to the Dietary Department, beginning 10/21/23. The DON will observe one (1) meal of residents on transmission based precautions x five (5) days per week x 12 weeks to ensure compliance, beginning 10/23/23. Observations will be reviewed by the Quality Assurance and Assessment Committee x three (3) months beginning on 11/17/23 to ensure sustained compliance.</p> | |

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| M1570 | <p>Continued From page 5</p> <p>her door.</p> <p>On 10/02/23 at 12:00 PM, during an observation, CNA #1 delivered Resident #110's lunch tray with dinnerware and silverware that were not disposable.</p> <p>On 10/02/23 at 12:25 PM, during an interview with CNA #1, she confirmed that Resident #110 had regular, washable dinnerware and silverware. She stated the resident's meal tray should consist of disposable items since she was on contact isolation. She said that she had been told that Resident #110 was on contact isolation because she had Shingles (a viral infection).</p> <p>A record review of the "Admission Record" revealed the facility admitted Resident #110 on 09/28/23 with a diagnosis of Zoster (Shingles).</p> <p>A record review of the "Order Summary Report", with active orders as of 10/05/23, revealed Resident #110 had a Physician Order, dated 9/28/2023, for "Contact precautions for shingles."</p> <p>On 10/04/23 at 01:20 PM, during an interview with the Director of Nursing (DON), she confirmed that residents on isolation precautions should receive disposable meal items and that any items taken into their rooms should be discarded prior to leaving the room. She explained the communication process for residents on isolation was that a dietary slip was completed and given to the kitchen staff, but there was no paper trail of the slip. The slips were not used to communicate the resident's diet, but indicated any special treatments for the resident, such as isolation. She confirmed she was made aware that the residents were not served meals with disposable items, and that they</p> | M1570 | | |

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| M1570 | <p>Continued From page 6</p> <p>should have been to prevent the possible spread of infection to other residents.</p> <p>On 10/05/23 at 11:00 AM, during an interview with the Administrator, she explained she expected all staff to be aware that if a meal was delivered on a regular tray for a resident on isolation precaution, to notify the kitchen and have it corrected to disposable items before it was delivered to the resident.</p> <p>In an interview with the Dietary Manager (DM) on 10/05/2023, at 3:00 PM, she confirmed that residents with isolation precautions should not receive regular trays, including dinnerware and silverware. She explained that the meals should have been served on disposable items and should have been discarded in the resident's room. She stated she was unaware that the non-disposable meal trays were delivered to the residents and commented that most of her staff were new employees.</p> | M1570 | | | |