

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 82CI	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/19/2021
NAME OF PROVIDER OR SUPPLIER YAZOO CITY REHABILITATION AND HEALTHCARE C		STREET ADDRESS, CITY, STATE, ZIP CODE 925 CALHOUN AVENUE YAZOO CITY, MS 39194		
(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 survey along with complaint MS #18258 at the facility from 11/16/21 to 11/19/21. The SA did not substantiated the complaint for Infection Control, Visitation, and the Environment. The SA determined the facility was not in compliance with the Mississippi Regulations for Minimum Standards for Institutions for Aged or Infirm with M815 cited for safe food handling.	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 interview, record review, and facility policy review, the facility failed to prevent the likelihood of food-borne illness as evidenced by a dietary staff member who dropped an individual sweetener packet on the floor and returned it to the clean collection of packets and then placed them on the resident trays for one (1) of six (6) kitchen tours. Findings include: Review of the facility policy titled, "Food: Preparation" with a revision date of 9/2017, revealed under "Procedures... 2. Dining Services staff will be responsible for food preparation procedures that avoid contamination by potentially harmful physical, biological, and	M 815	1.On 11/18/21 Dietary Staff #1 was immediately in-serviced by the Dietary Manager on infection control, sanitation, and food borne illness. Based on tracking and trending conducted by the Infection Control Preventionist observations no resident has become ill as a result of the occurrence. 2.All residents in the facility have the potential to be affected. 3.A directed in-service on 11/18/21 was conducted by the District Manager on food preparation and servicing in relation to infection control and sanitation with all dietary staff. 4.Beginning on 11/18/21 the dietary manager will monitor the preparation and	12/22/21

Mississippi State Department of Health

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

TITLE

(X6) DATE

Electronically Signed

12/10/21

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 82CI	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/19/2021
NAME OF PROVIDER OR SUPPLIER YAZOO CITY REHABILITATION AND HEALTHCARE CE		STREET ADDRESS, CITY, STATE, ZIP CODE 925 CALHOUN AVENUE YAZOO CITY, MS 39194		
(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	Continued From page 1 chemical contamination." Review of the facility policy titled, "Infection Control Overview & Policy" with no revision date, revealed, "...The purpose of this Infection Control Program for Healthcare Service Group, Inc. and its subsidiaries (HCSG) is to: (1) Investigate, control, and prevent infections in the facility...Preventing Spread of Infection... Prevent and control outbreaks and cross-contamination using transmission-based precautions in addition to standard precautions (formerly referred to as Universal Precautions)...Properly store, handle, process, and transport (cover) linens/food to minimize possible contamination." The policy revealed under "How do we do this...b. By training staff on infection control procedures and PPE (Personal Protective Equipment), c. By managing food safety, including employee health and hygiene, pest control, investigating potential food-borne illnesses, and proper waste disposal... Infections and diseases are transmitted in several ways including:... B. Contact with an infected object, person or surface (touching)... Routes of Disease Transmission...f. Improper food handling." On 11/17/21 at 11:18 AM, the State Agency observed Dietary Staff # 1 collect multiple sweetener packets and drop one packet on the floor. Dietary Staff # 1 then picked that sweetener packet off the floor and added it back to the collection of clean sweetener packets that were to be distributed to the residents. Dietary Staff #1 then placed those sweetener packets on top of each plastic covered glass of tea to be delivered to the residents. On 11/17/21 at 11:44 AM, an Interview with Dietary Staff # 2, revealed all dietary staff had	M 815	servicing for every meal for seven days, and then one meal per day for the next three months. A report will be submitted to the Quality Assurance Performance Improvement on 12/15/21 for review and recommendations then monthly for three months. The Dietary Manager is responsible for monitoring and compliance.	

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 82CI	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/19/2021
NAME OF PROVIDER OR SUPPLIER YAZOO CITY REHABILITATION AND HEALTHCARE C		STREET ADDRESS, CITY, STATE, ZIP CODE 925 CALHOUN AVENUE YAZOO CITY, MS 39194		
(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	Continued From page 2 been in-serviced on safe food handling. Dietary Staff # 2 confirmed that picking up a sweetener packet off the floor and putting it on top of a resident's drink would be a "major issue." On 11/17/21 at 11:50 AM, an interview with Dietary Staff # 1 confirmed that she dropped a sweetener packet on the floor, then picked it up, added it to the clean collection of sweetener packets and put those sweetener packets on top of each resident's glass for lunch. Dietary Staff # 1 confirmed that this could cause a food borne illness. On 11/18/21 at 12:20 PM. an interview with the Administrator confirmed that a sweetener packet should not be picked up off the floor and put on a resident's drink. The Administrator confirmed this would be an issue. On 11/18/21 at 1:00 PM, an interview with the Director of Nurses (DON) confirmed that picking a sweetener packet off the floor and adding it to a collection of clean sweetener packets was the wrong thing to do. The DON confirmed the sweetener packet that was dropped on the floor should have been discarded. The DON confirmed that if the contaminated collection of sweetener packets were put on the residents' drinks, then the residents could get whatever germs were on the floor. On 11/18/21 at 3:00 PM, an interview with Dietary Staff # 3 confirmed that if a dietary staff dropped a sweetener packet on the floor and then put those sweetener packets on top of the resident's glasses that it could cause a food borne illness. Record review of the facility in-service titled; "Infection Control Inservice Quiz" revealed the	M 815		

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 82CI	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/19/2021
NAME OF PROVIDER OR SUPPLIER YAZOO CITY REHABILITATION AND HEALTHCARE C		STREET ADDRESS, CITY, STATE, ZIP CODE 925 CALHOUN AVENUE YAZOO CITY, MS 39194		
(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	Continued From page 3 in-service was completed by Dietary Staff #1 on 10-06-21.	M 815		