STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255156	A. BUILDING _____ B. WING _____	C 11/30/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRENADA REHABILITATION AND HEALTHCARE CENTER	1966 HILL DRIVE GRENADA, MS 38901

(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
F 000	INITIAL COMMENTS The State Agency (SA) conducted a complaint survey, MS CI #19742 at the facility from 11/28/22 to 11/30/22. During the survey, the SA determined that the facility was not in compliance with the requirements of participation in Medicare and Medicaid. The SA substantiated the complaint for Dietary Services: Residents Not Offered Snack At Night and cited F809. The SA also cited F812 and F925 during the survey. The facility is licensed for 95 beds and at the time of the survey the census was 82.	F 000		
F 809 SS=D	Frequency of Meals/Snacks at Bedtime CFR(s): 483.60(f)(1)-(3) §483.60(f) Frequency of Meals §483.60(f)(1) Each resident must receive and the facility must provide at least three meals daily, at regular times comparable to normal mealtimes in the community or in accordance with resident needs, preferences, requests, and plan of care. §483.60(f)(2)There must be no more than 14 hours between a substantial evening meal and breakfast the following day, except when a nourishing snack is served at bedtime, up to 16 hours may elapse between a substantial evening meal and breakfast the following day if a resident group agrees to this meal span. §483.60(f)(3) Suitable, nourishing alternative meals and snacks must be provided to residents who want to eat at non-traditional times or outside of scheduled meal service times, consistent with the resident plan of care. This REQUIREMENT is not met as evidenced by:	F 809		1/13/23

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

Electronically Signed | 12/22/2022

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255156	A. BUILDING _____ B. WING _____	C 11/30/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRENADA REHABILITATION AND HEALTHCARE CENTER	1966 HILL DRIVE GRENADA, MS 38901

(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
F 809	Continued From page 1 Based on observation, staff and resident interviews, record review and policy review, the facility failed to provide snacks between meals for residents, as evidenced by the observation of a prepared resident snack cart remaining in the dining room past the resident snack time for 4 out of 5 residents interviewed. Resident #1, Resident #2, Resident #3, and Resident #4. Findings include: Review of the facility policy titled, "Snacks (Between Meal and Bedtime) Serving," dated October 2022, revealed, Purpose, The purpose of this procedure is to provide the resident with adequate nutrition." An interview on 11/28/22 at 03:30 PM with Certified Nurse Assistant (CNA) # 1, revealed she worked every Monday, from 3:00 PM to 11:00 PM, but was not aware of how the CNAs on this shift got the snacks for the residents. She revealed she normally worked the 11:00 PM to 7:00 AM shift and the snack cart was brought to the nursing unit, by the dietary department at 07:00 PM, to be passed out on the nightshift. An interview on 11/28/22 at 03:35 PM with Licensed Practical Nurse (LPN) #1, revealed the snack cart came around at 08:00 PM and the dietary department staff would bring it and place it at the end of the hall of the nursing unit or sometimes she had to send a CNA to go get it. She revealed the latest time that the snack cart had been brought to the floor was 09:30 PM. She also revealed she did not schedule the CNAs to go get the resident snack cart. An interview on 11/28/22 at 03:40 PM with CNA	F 809	Preparation and submission of the plan of correction by Grenada Rehabilitation and Healthcare Center, does not constitute an admission or agreement to the facts alleged or the correctness of the conclusions set forth on the statement of deficiencies. This plan of corrections prepared and submitted solely pursuant to the requirements under state and federal laws. F 809 Frequency of Meals/Snacks at Bedtime 1. Residents #1, #2, #3, and #4 were assessed by the Director of Nurses on 11-29-2022 with no negative outcomes related to the frequency of Meals/Snacks. On 11-29-2022, the Staff Development Nurse initiated an all Dietary and Nursing staff education on the frequency of snack times, delivery logistics, Daily Assignment forms, staff responsibilities, and the documentation to complete prior to snacks being offered to the residents. 2. 68 residents out of 82 residents had the potential to be affected. 3. On 11-30-2022, quality review observations were conducted by the Director of Nursing to ensure residents were offered snacks at the appropriate times and to identify residents having the potential to be affected. No deficient	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255156	A. BUILDING _____ B. WING _____	C 11/30/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRENADA REHABILITATION AND HEALTHCARE CENTER	1966 HILL DRIVE GRENADA, MS 38901

(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
F 809	Continued From page 2 #2, revealed she had worked at the nursing facility for three (3) years, revealed the snack cart was placed in the dining room, and the CNAs are responsible to go and get the cart at snack time to serve to the residents. She revealed the evening cart is ready between 07:00 PM to 07:30 PM. She revealed no CNA is assigned the daily task to go get the cart and whoever may go around by the dining room, may see the cart and bring it to the floor. An interview on 11/28/22 at 03:43 PM with CNA #3, revealed residents are served snacks after breakfast, after lunch, and after supper. She revealed she was not aware of the specific times of the resident snack schedule. She noted the snack cart was placed in the dining room for a CNA to bring to the nursing unit to pass out to the residents and revealed that sometimes no CNA goes to get the snack cart. An interview on 11/28/22 at 03:52 PM with LPN #2, revealed that any staff member can go to get the resident snack cart from the dining room at the assigned snack times. She revealed the CNAs were aware of the need to go and get the resident snack cart. She noted that she had been informed to assign the CNAs to the task of picking up the snack cart for the snack pass to the residents, but did not assign a CNA, because she thought it was better for more than one CNA to go to the dining room to get the snacks, to ensure they were passed out faster. An interview on 11/28/22 at 03:55 PM with the Charge Nurse, revealed the residents' evening snack time was 08:00 PM and the snacks are placed in the dining room for the CNAs to go and bring to the nursing unit to pass out to the	F 809	areas were noted. On 12-6-2022; the Governing Body, Infection Preventionist, and additional Quality Assurance Performance Improvement committee members completed Root Cause Analysis and determined the following: Dietary staff failed to deliver the 2:00 PM snack cart to the nurse’s station for the nursing staff to be able to offer them to the residents. Nursing staff failed to complete the Daily Assignment form correctly and designate a Nursing staff member to offer snacks to the residents at 2:00 PM. On 11-29-2022, the Staff Development Nurse initiated an all Dietary staff and Nursing staff education with a completion date of 1-13-2022; on the frequency of snack times, delivery logistics, Daily Assignment forms, staff responsibilities, and the documentation to complete prior to snacks being offered to the residents. The Staff Development Nurse and or Director of Nursing will educate newly hired Nursing Staff on the frequency of snack times, delivery logistics, Daily Assignment forms, staff responsibilities, and the documentation to complete prior to snacks being offered to the residents. The Dietary Director and or the Staff Development Nurse will educate newly hired Dietary staff on the frequency of snack times, delivery logistics, Daily Assignment forms, staff responsibilities, and the documentation to complete prior to snacks being offered to the residents.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255156	A. BUILDING _____ B. WING _____	C 11/30/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRENADA REHABILITATION AND HEALTHCARE CENTER	1966 HILL DRIVE GRENADA, MS 38901

(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
F 809	Continued From page 3 residents. She noted the CNAs know they are responsible for the snack pass and the nurses do not have to assign the CNAs to the task. An interview on 11/28/22 at 04:00 PM with the Director of Nursing (DON), revealed the CNAs are responsible to go to the dining room to get the resident snack cart for snack pass at 10:00 AM, 02:00 PM, and 07:00 PM, and the nurses have an area on the daily assignment sheet to assign the task to a CNA for each shift. She revealed not giving residents snacks in between meals was not providing residents with all opportunities for nourishment and possibly causing them to be too hungry before the next meal. An observation on 11/28/22 at 04:05 PM revealed a resident snack cart placed in the dining room located next to the kitchen that contained sandwiches, a cooler, and a large container of graham crackers. An observation and interview on 11/28/22 at 04:07 PM with the Dietary Aide, revealed the snack cart was prepared for the 02:00 PM snack pass for the residents and it had not been picked up and taken to the nursing units by the CNAs. She opened the cooler, on the cart, and revealed juices that were part of the resident snack pass. She revealed she had the cart prepared at 01:55 PM to avoid it sitting for an extended period before being served to the residents or placed in the nourishment refrigerator on the nursing unit. She revealed she will waste the sandwiches on the present cart to avoid them being eaten by the residents. She also revealed the dietary staff was not responsible for taking the resident snack carts to the nursing units, and that the resident snack carts were often left in the dining room past the	F 809	4. On 12-5-2022, the Director of Nursing and or Charge Nurse will conduct Quality Review Observations ensuring that snacks are being offered to the residents at the appropriate scheduled times for 4 times a week for 4 weeks, then 2 times a week for 4 weeks, and then 1 time a week for 4 weeks. Quality Review findings will be submitted to the Quality Assurance Performance Improvement Committee and reviewed by the Interdisciplinary Team on 12-30-2022, and then monthly for two additional months. Root Cause Analysis will be used to determine Performance Improvement Plans as indicated. 5. Completion Date 1-13-2022.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255156	A. BUILDING _____ B. WING _____	C 11/30/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRENADA REHABILITATION AND HEALTHCARE CENTER	1966 HILL DRIVE GRENADA, MS 38901

(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
F 809	Continued From page 4	F 809		

snack times or not picked up at all. She noted she had seen the nighttime snack cart, left in the dining room at 08:00 PM when she was leaving work. She revealed she did see the cart was left in the dining at night one day last week. The Dietary Aide noted the resident snack times are 10:00 AM, 02:00 PM, and 07:00 PM.

An interview on 11/28/22 at 04:11 PM with the Dietary Manager revealed she was not aware of the snack cart not being taken to the nursing units. The Dietary Manager confirmed that the resident snack times are 10:00 AM, 02:00 PM, and 07:00 PM, that the dietary staff are not responsible for taking the resident snack cart to the nursing units, and that the snacks are prepared close to the scheduled times, to be ready for immediate pass or to be stored by nursing unit staff in the nourishment refrigerator.

An interview on 11/29/22 at 10:00 AM with the DON revealed the nurse did not have an area on the daily assignment sheets to assign CNAs the task of picking up the resident snack cart. She revealed the daily assignment sheet had been revised during the COVID-19 lock down and the snack cart assignment task was not put on the revised daily assignment sheet.

Interviews on 11/29/22 at 11:00 AM, during the Resident Council Meeting, with Resident #1, Resident #2, Resident #3, and Resident #4: Resident #1 revealed he had not been offered snacks after lunch and after supper. He revealed the CNAs use to come around and bring a snack cart around three (3) times a day and revealed he would like to have the option of a snack just in case he did not eat the meal.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255156	A. BUILDING _____ B. WING _____	C 11/30/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRENADA REHABILITATION AND HEALTHCARE CENTER	1966 HILL DRIVE GRENADA, MS 38901

(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
F 809	Continued From page 5	F 809		

Resident #2, Resident Council President, revealed she had not been offered a snack after either meal for several weeks. She noted she could stand for a snack between meals to keep her from being so hungry waiting on supper or until breakfast the next day.

Resident #3 revealed she does want a snack between lunch and supper, because she is hungry by the time supper is served. She revealed she could not recall being offered a snack for 2 weeks but did get one last night.

Resident #4 revealed she had not gotten any snacks after a meal for about 2 weeks, prior to last night, and would like a snack to hold down her hunger until the next meal.

Record review of the Admission Record for Resident #1 revealed an admission date of 9/1/22.

Record review of the Admission Record for Resident #2 revealed an admission date of 5/20/22.

Record review of the Admission Record for Resident #3 revealed an admission date of 8/26/22.

Record review of the Admission Record for Resident #4 revealed an admission date of 10/14/22.

Record review of the Admission Record for Resident #5 revealed and admission date of 9/9/21.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255156	A. BUILDING _____ B. WING _____	C 11/30/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRENADA REHABILITATION AND HEALTHCARE CENTER	1966 HILL DRIVE GRENADA, MS 38901

(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
F 809	Continued From page 6 Record review of the Admission Minimum Data Set (MDS) Assessment, with an Assessment Reference Date (ARD) of 9/12/22, for Resident #1, revealed a Brief Interview for Mental Status (BIMS) score of 15, indicating Resident #1 is cognitively intact. Record review of the Quarterly MDS Assessment, with an ARD of 11/17/22, for Resident #2, revealed a BIMS score of 15, indicating Resident #2 is cognitively intact. Record review of the Admission MDS Assessment, with an ARD of 9/2/22, for Resident #3, revealed a BIMS score of 15, indicating Resident #3 is cognitively intact. Record review of the 5-Day MDS Assessment, with and ARD of 10/21/22, for Resident #4, revealed a BIMS score of 15, indicating Resident #4 is cognitively intact.	F 809		
F 812 SS=F	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents	F 812		1/13/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255156	A. BUILDING _____ B. WING _____	C 11/30/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRENADA REHABILITATION AND HEALTHCARE CENTER	1966 HILL DRIVE GRENADA, MS 38901

(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
F 812	Continued From page 7 from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews, facility policy review, and record review, the facility failed to adhere to the kitchen cleaning schedule, failed to store resident plate covers and utensils under sanitary conditions, and failed to clean food preparation/drying equipment, as evidenced by observations of the unclean kitchen areas and unclean food preparation/drying equipment for 1 of 2 kitchen tours during a complaint survey. Review of the facility policy titled, "Healthcare Services Group,"HCSG" Policy 027 Equipment," with a revision date of 9/2017, revealed, "Policy Statement, All food service equipment will be clean, sanitary ... Procedures, 1. All equipment will be routinely cleaned and maintained in accordance with manufacturer's directions and training materials. 2. All staff members will be properly trained in the cleaning and maintenance of all equipment." Review of the facility policy titled, "Healthcare Services Group (HCSG) Policy 028, Environment," with a revised date of 9/2017, revealed, "Policy Statement, All food preparation areas, food services areas, and dining areas will be maintained in a clean and sanitary condition. ... Procedures, 1. The Dining Services Director will ensure that the kitchen is maintained in a clean and sanitary manner, including floors, walls, ceilings, lighting, and ventilation. 2. The Dining Services Director will ensure that all employees	F 812	F 812 Food Procurement/Store/Prepare/Serve Sanitary 1. On 12-8-2022, the Housekeeping Floor Technician deep cleaned the floors and baseboards in Dietary's Kitchen, Dry Storage Room, and Dish Room. The Dietary Director ordered the following additional kitchen items/equipment to replace current inventory; 6 pots, 2 deep fryer baskets, 2 large cookie sheets, 2 large baking pans, 2 skillets, and 2 drying racks. On 11-28-2022, 11-29-2022, and 11-30-2022, the Dietary Director and Dietary staff deep cleaned the steam table, steam table shelf, the stove, deep fryer, and the stove back splash. On 11-29-2022, the Dietary Director updated the kitchen cleaning assignments schedule and initiated an all Dietary staff education on the kitchen cleaning assignments schedule and to notify the Maintenance Director and or Administrator if there are signs of pests or rodents. On 11-28-2022, the Maintenance Director contacted the Pest Control vendor and their technician replaced pest control trap apparatuses located in Dietary with no negative outcomes noted during the site visit. On 12-2-2022; the Administrator,	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255156	A. BUILDING _____ B. WING _____	C 11/30/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRENADA REHABILITATION AND HEALTHCARE CENTER	1966 HILL DRIVE GRENADA, MS 38901

(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
F 812	Continued From page 8 are knowledgeable in the proper procedures for cleaning and sanitizing of all food services equipment and surfaces. ... 4. The Dining Services Director will ensure that a routine cleaning schedule is in place for all cooking equipment, food storage areas, and surfaces." An observation on 11/28/22 at 08:45 AM, during the initial tour for a complaint investigation, revealed there was a buildup of crumbs, small ripped pieces of plastic and paper, and piles soft gray substance around the base of all the walls in the kitchen, around the base of all the walls in the dish room, around the base of all the walls in the dry storage room, under the freezer in the dry storage room, under the prep tables in the kitchen, and under the appliances in the kitchen. This observation revealed a buildup of black residue in the grout on the entire kitchen floor, in the grout of the open floor areas of the dish room, and in open floor area of the dry goods room. The observation revealed portions of the floor grout under the appliances in the kitchen, under the dishwashing table, and the dishwasher in the dish room, to be white. This observation also revealed 6 pots with black buildup that completely covered the bottom and halfway up the sides of each pot. Two (2) deep fryer baskets with black and yellow buildup between the small open squares of the baskets, on the handles, and extended up to the plastic grip covers. Observation revealed 2 large cookie sheets with black buildup around all 4 sides, 2 large baking pans with yellow buildup around all 4 sides, and revealed 2 skillets with the entire outer area covered with a black buildup. This observation also revealed 2 metal drying racks for the resident food plate covers were covered in a dry red substance. All the cross bars on the drying rack and all 4 wheels and wheel	F 812	Maintenance Director, and Pest Control vendor Facility Representative met and developed a new Pest Control Program consisting of an additional monthly site visit and an exterior spraying around the facility grounds and along the creek behind the facility that was completed on12-20-2022. 2. All residents have the potential to be affected. 3. On 11-29-2022, quality review observations were conducted by the Administrator to ensure the pest control apparatuses were in compliance and the facility was maintaining an effective pest control program. No deficient areas were noted. On 12-6-2022; the Governing Body, Infection Preventionist, and additional Quality Assurance Performance Improvement committee members completed Root Cause Analysis and determined the following: Dietary staff failed to complete the duties/tasks on the kitchen cleaning assignments schedule, Dietary staff failed to notify the Maintenance Director and or Administrator that there were signs of pests or rodents, and the current pest control program with Pest Control vendor failed to have enough site visits and interior pest control techniques in the Dietary Department to maintain an effective pest control program so that the facility is free of pests and	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255156	A. BUILDING _____ B. WING _____	C 11/30/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRENADA REHABILITATION AND HEALTHCARE CENTER	1966 HILL DRIVE GRENADA, MS 38901

(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
F 812	Continued From page 9 locks on each rack were observed to be covered with the dry red substance. 15 resident food plate covers were observed drying directly on the cross bars of one of the metal drying racks. During the observation on 11/28/22 at 8:45 AM a silver metal stand was observed, that held the plastic cup inserts for drying the utensils, (forks, butter knives, and spoons), and was observed to have a buildup of black residue covering its entire right side. There were 14 plastic insert cups noted in the silver metal stand, that hold utensils to dry, and were observed to have black build up around the top edges and in the drainage holes, on the sides and bottoms of the plastic cup inserts. The observation revealed there were 3 plastic insert cups used to dry the freshly washed utensils. Plastic insert cup #1 was observed to have 12 forks in it. Plastic insert cup # 2 was observed to have 15 spoons in it. Plastic insert cup # 3 was observed to have 15 butter knives in it. This observation also revealed black build up under the entire area of a shelf over/attached to the steam table, the entire area under a shelf over/attached the prep table, and behind the bars that attach the shelf to the prep table, that was located beside the steam table. An observation on 11/28/22 at 8:45 AM revealed the stove with a yellow buildup on the front edge of the cook top, yellow build up on top of and streaked down on the outside of the oven door located on the right front of the stove, a black and yellow buildup that covered the right outer side of the stove, and a black and yellow buildup that covered the left outer side of the deep fryer, that was located directly beside the stove. The approximately 24-inch by 36-inch back splash panel located at the back of the cook top of the	F 812	rodents. On 11-29-2022, the Dietary Director initiated an all Dietary staff education with a completion date of 1-13-2022, on the kitchen cleaning assignments schedule and to notify the Maintenance Director and or Administrator if there are signs of pests or rodents. The Dietary Director will educate newly hired Dietary staff on the kitchen cleaning assignments schedule and to notify the Maintenance Director and or Administrator if there are signs of pests or rodents. 4. On 12-5-2022, the Administrator and or Dietary Director will conduct Quality Review Observations ensuring that the kitchen cleaning assignments schedule is being completed and the Dietary Department is free of pests and rodents and in accordance with professional standards for food service safety for 4 times a week for 4 weeks, then 2 times a week for 4 weeks, and then 1 time a week for 4 weeks. Quality Review findings will be submitted to the Quality Assurance Performance Improvement Committee and reviewed by the Interdisciplinary Team on 12-30-2022, and then monthly for two additional months. Root Cause Analysis will be used to determine Performance Improvement Plans as indicated. 5. Completion Date 1-13-2022.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255156	A. BUILDING _____ B. WING _____	C 11/30/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRENADA REHABILITATION AND HEALTHCARE CENTER	1966 HILL DRIVE GRENADA, MS 38901

(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
F 812	Continued From page 10	F 812		

stove, revealed an approximate 16-inch by 36-inch black shiny buildup. The observation revealed a black shiny build up that covered the entire top that covered the deep fryer. There was a black shiny build up, on the floor under the stove, that measured approximately six (6) inches in diameter, and on the floor under the deep fryer, that measured approximately four (4) inches in diameter. A small steam table pan was observed on the floor, located halfway under the back right side of the deep fryer, with a black residue covering the inside, bottom of the pan. During this observation a total of 6 insect/rodent sticky traps in the kitchen and the dry storage room. Insect/rodent sticky trap #one (1) was in the dry storage room under the freezer with 6 large brown bugs on it. Insect/rodent sticky trap #two (2) held 1 large brown bug and 4 small black bugs with tan markings on their back, and insect/rodent sticky trap #three (3) held 1 large brown bug and 3 small black bugs with tan markings on their back. Insect/rodent sticky traps #2 and #3 were both located to the right of the freezer, near the base of the wall in the kitchen. Insect/rodent sticky trap #4 was located near the base of the wall, and under the right side of the food prep table that was located directly beside the main kitchen entrance and held 6 large brown bugs and a twin pack of butter crackers. Insect/rodent sticky trap #five (5) was located behind the ice machine, near the base of the wall, and it held 12 small dark brown pellet shaped particles on the outer edge of the 2 longer sides of the trap, held 2 small lizard looking creatures, 5 large brown bugs, and 10 small black bugs. Insect/rodent sticky trap number 6 was located behind the refrigerator near the main entrance to the kitchen and held 4 large brown bugs, 1 large black spider, and 10 small black bugs. 2 large

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255156	A. BUILDING _____ B. WING _____	C 11/30/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRENADA REHABILITATION AND HEALTHCARE CENTER	1966 HILL DRIVE GRENADA, MS 38901

(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
F 812	Continued From page 11	F 812		

brown bugs were also observed on the floor behind this refrigerator that were not on a trap. All bugs observed were dead.

An observation and interview on 11/28/22 at 8:45 AM with the Dietary Manager (DM), confirmed the observations of the buildup of crumbs, small, ripped pieces of plastic, piles of soft gray substance, and small, ripped pieces of paper at the base of the walls in the kitchen, around the walls in the dish room, and around the walls in the dry storage room. The DM confirmed the buildup of black residue in the grout on the entire kitchen floor, in the grout of the open areas of the floor in the dish room, and in the grout in the open areas of the floor in the dry goods room. She revealed the original color of the grout appeared to be white and the floor was dirty and unsanitary. She revealed she had only been employed as the DM for 2 weeks, that she was aware the kitchen areas were not clean and was planning to get with housekeeping this week to get a deep cleaning done to the floor in the kitchen, the dry storage room, and the dishwashing room. The Dietary Manager also confirmed that the 2 metal drying racks for the resident food plate covers was covered in a dry red substance. The Dietary Manager revealed the dry red substance was rust, confirmed that all the cross bars on the drying racks were covered with the dry red substance, confirmed that the 4 wheels on each drying rack were covered with the dry red substance, and confirmed that 15 freshly washed resident food plate covers were drying directly on the cross bars of, 1 of the drying racks, covered with the dry red substance. She requested the Dietary Dishwasher to remove the resident plate covers, wash them last, and allow them to dry in the plastic wash rack from the dishwashing

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255156	A. BUILDING _____ B. WING _____	C 11/30/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRENADA REHABILITATION AND HEALTHCARE CENTER	1966 HILL DRIVE GRENADA, MS 38901

(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
F 812	Continued From page 12	F 812		

machine. The Dietary Manager was observed to use a white, wet towel to rub the dry red substance to see if it would come off and the towel revealed the dry red substance was easily transferred. She revealed the metal drying rack was old, in need of replacement, and was not a sanitary way to dry the tops for the resident plate covers. The DM confirmed the observation of the silver metal stand that held the plastic cup inserts for drying the utensils, (forks, butter knives, and spoons), had a buildup of black resident on the entire right side of it and confirmed the buildup of black residue on the top and within the drainage holes in the sides and bottoms of the 14 plastic insert cups that were used to dry the residents' utensils. She confirmed there were 3 plastic insert cups used to dry the freshly washed utensils that consisted of 12 forks, 15 spoons, and 15 butter knives. She was observed to use a wet, white towel that revealed the black buildup could be removed from the right side of the silver metal stand. She requested the Dietary Dishwasher remove the utensils from the plastic cup inserts, wash them again, and allow them to air dry in the plastic dishwasher racks. She confirmed the observation of the 6 pots being covered with black buildup that completely covered the bottom of them and halfway up the sides of each pot, confirmed that there was black and yellow buildup between all the small squares of the 2 deep fryer baskets, confirmed that there was yellow buildup around all 4 sides of 2 large baking pans, confirmed that there was yellow buildup around all 4 sides of 2 large baking pans, and confirmed that the entire outer area of 2 skillets was covered with a black buildup. She also confirmed that the stove had yellow buildup on the front edge of the cook top, confirmed that there was yellow buildup on the top of and streaked down on the outside of

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255156	A. BUILDING _____ B. WING _____	C 11/30/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRENADA REHABILITATION AND HEALTHCARE CENTER	1966 HILL DRIVE GRENADA, MS 38901

(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
F 812	Continued From page 13	F 812		

the oven door located on the right side of the stove, confirmed that there was yellow buildup that covered the right outer side of the stove, and confirmed the back splash panel, located at the behind the cook top of the stove, had an approximate 16-inch by 36-inch black shiny buildup. Confirmation was also provided by the DM, of there being a black and yellow buildup that covered the left outer side of the deep fryer, confirmed that there was a black shiny buildup that covered the entire top that covered the deep fryer, confirmed that there was a black shiny buildup on the floor under the stove that measured approximately 6 inches in diameter, confirmed that there was a black shiny buildup on the floor under the deep fryer that measured approximately 4 inches in diameter, and revealed that the steam table pan was on the floor to catch over flow of grease from the deep fryer. She revealed she was aware of the need to clean all the kitchen appliances and the entire kitchen area, was aware that she had not updated the previous kitchen cleaning schedule to reflect cleaning assignments for the dietary staff to ensure cleaning was being done, and that there was a need to remove the buildup from the floor to provide a sanitary environment to prepare the residents' food. She noted she was not aware that she had to verbally inform the dietary staff to clean the kitchen and kitchen equipment, daily, because they could visibly see the need for cleaning. She confirmed she was responsible to ensure the entire kitchen was being cleaned. She confirmed the black buildup on the 2 large baking pans, the 2 cookie sheets, the 6 pots, the 2 skillets, the 2 fryer baskets, the top and side of the stove, and the top and side of the deep fryer had the likelihood to cause a fire.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255156	A. BUILDING _____ B. WING _____	C 11/30/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRENADA REHABILITATION AND HEALTHCARE CENTER	1966 HILL DRIVE GRENADA, MS 38901

(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
F 812	Continued From page 14	F 812		

An interview on 11/28/22 at 09:20 AM with the Dietary Cook, revealed she had not been informed or assigned to clean any areas of the kitchen. She revealed her name had not been put on a cleaning schedule, so she did not know she had to clean up.

An interview on 11/28/22 at 09:30 AM with the Dietary Dishwasher, revealed he had painted the drying racks used to dry the resident plate covers, approximately 3 to 4 years ago, with canned spray paint that had worn off over time. He revealed he had not attempted to clean the dry substance off the drying racks again and always stacked the resident plate covers on them to dry. He revealed he had not paid attention to whether any of the dry red substance had come off the rack onto the resident plate covers. He revealed he had not attempted to clean the silver metal stand that holds the plastic insert cups for drying the utensils, nor had he attempted to clean the plastic insert cups. He did confirm the silver metal stand needed cleaning and revealed it had been that way for a while.

An interview on 11/28/22 at 09:50 AM with the Registered Dietician, revealed she mentioned the need for all the grease buildup on the appliances and the floor to be removed to the previous DM back in April or May of 2022, had not discussed the need to clean the kitchen area and the kitchen appliances with the new DM. She revealed she was responsible for kitchen inspections once a month, to check to see if the kitchen area was clean and was not aware of the severity of cleaning needs in the kitchen.

A kitchen tour observation and interview on 11/28/22 at 10:05 AM with the Administrator,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255156	A. BUILDING _____ B. WING _____	C 11/30/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRENADA REHABILITATION AND HEALTHCARE CENTER	1966 HILL DRIVE GRENADA, MS 38901

(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
F 812	Continued From page 15	F 812		

revealed he knew the kitchen needed to be cleaned, that he was not aware of the severity of the cleaning needs, he had been employed at the facility since the week before Thanksgiving, and he had not yet toured the kitchen. He revealed he was not aware of the buildup on the appliances, pots, pans, fryer baskets, the condition of the floor in the kitchen areas, and the condition of the drying rack for the resident plate covers. He was observed to use the wet, white towel to see if the dry red substance would lift from the drying rack for the resident plate tops, and he was observed to be able to easily remove the dry red substance from the dish top drying rack with the white, wet towel. The Administrator revealed the food for the residents was not being prepared in a sanitary kitchen, that the drying rack for the resident plate covers needed to be replaced, and there was a likelihood of a fire from the buildup he observed on the stove's back splash, on the stove's edge of the cook top, and on the stove's right outer side, on the bottom and sides of the 6 pots, on all 4 sides of the 2 large pans, on the left outer side of the deep fryer, in all of the small squares of 2 deep fryer racks and on the deep fryer cover.

Record review of the nursing facility's kitchen cleaning schedule for the month of November 2022 revealed a listing for the specific areas of the kitchen and the kitchen appliances that must be cleaned, either daily or weekly, for Sundays (Su), Mondays (M), Tuesdays (T), Wednesdays (W), Thursdays (TH), Fridays (F), and Saturdays (Sa), and check marks to indicate what had been cleaned, and when it was cleaned. The schedule consisted of week one (1), week two (2), week three (3), and 2 days of week four (4), for the month of November 2022. The cleaning schedule

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255156	A. BUILDING _____ B. WING _____	C 11/30/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRENADA REHABILITATION AND HEALTHCARE CENTER	1966 HILL DRIVE GRENADA, MS 38901

(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
F 812	Continued From page 16 revealed no check marks, for week one's daily and weekly cleaning tasks, to indicate cleaning was done to any of the kitchen areas or the kitchen appliances. The cleaning schedule also revealed: the ranges/stove was cleaned daily, on Monday, Tuesday, and Wednesday of week 2, was cleaned daily, on M, T, W, and F of week 2, but no cleaning was indicated for the 2 days of week 4; the kitchen floors were cleaned daily W, and T of week 2 and M and F of week 3, the steam table had no indication of cleaning for week 2, week 3, or week 4; the task to sweep behind heavy equipment revealed no check marks to indicate the task was completed during week 2, week 3 or week 4; the range/stove was cleaned weekly on M of week 2, on M of week 3, but had no check mark indicating cleaning for week 4; the deep fryer was cleaned weekly on T of week 2 and on T of week 3, but had no check mark indicating cleaning for week 4, the task to clean dish drying rack indicated weekly cleaning on M of week 2 and Su of week 3, but had no check mark indicating cleaning for week 4; and the task to clean the floors/walls was cleaned weekly on F of week 2, but had no check mark to indicate cleaning for week 3 and week 4	F 812		
F 925 SS=F	Maintains Effective Pest Control Program CFR(s): 483.90(i)(4) §483.90(i)(4) Maintain an effective pest control program so that the facility is free of pests and rodents. This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews, policy review, and record review, the facility failed to maintain food storage, preparation, and service	F 925	F 925 Maintains an Effective Pest Control Program	1/13/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255156	A. BUILDING _____ B. WING _____	C 11/30/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRENADA REHABILITATION AND HEALTHCARE CENTER	1966 HILL DRIVE GRENADA, MS 38901

(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
F 925	Continued From page 17 areas free of visible signs of insects and/or rodents, as evidenced by observations of evidence of an infestation in the kitchen and dry food storage room, for 1 of 2 kitchen tours. Findings include: Review of the facility policy titled, "HCSG Policy 029 Pest Control," with a revised date of 9/2017, revealed, "Policy Statement, A program will be established for the control of insects and rodents for the Dining Services department. Procedures, 1. The Dining Services Director coordinates with the Director of Maintenance to arrange pest control services on a monthly basis, or as needed. 2. All food preparation, service, and storage areas will be monitored regularly for any signs of pest/vermin. The center staff will be notified immediately of any concerns." An observation on 11/28/22 at 08:45 AM, during the initial tour for a complaint investigation, revealed a total of six (6) insect/rodent sticky traps in the kitchen and the dry storage room. Insect/rodent sticky trap # one (1) was in the dry storage room under the freezer with 6 large brown bugs on it. Insect/rodent sticky trap # two (2) held 1 large brown bug and 4 small black bugs with tan markings on their back, and insect/rodent sticky trap # three (3) held 1 large brown bug and 3 small black bugs with tan markings on their back. Insect/rodent sticky traps #2 and #3 were both located to the right of the freezer, near the base of the wall in the kitchen. Insect/rodent sticky trap #4 was located near the base of the wall, and under the right side of the food prep table that was located directly beside the main kitchen entrance and held 6 large brown bugs and a twin pack of butter crackers.	F 925	1. On 11-28-2022, the Maintenance Director contacted the Pest Control vendor and their technician replaced pest control trap apparatuses located in Dietary with no negative outcomes noted during the site visit. On 12-2-2022; the Administrator, Maintenance Director, and Pest Control vendor Facility Representative met and developed a new Pest Control Program consisting of an additional monthly site visit and an exterior spraying around the facility grounds and along the creek behind the facility that was completed on 12-20-2022. 2. All residents have the potential to be affected. 3. On 11-29-2022, quality review observations were conducted by the Administrator to ensure the pest control apparatuses were in compliance and the facility was maintaining an effective pest control program. No deficient areas were noted. On 12-6-2022; the Governing Body, Infection Preventionist, and additional Quality Assurance Performance Improvement committee members completed Root Cause Analysis and determined the following: Dietary staff failed to notify the Maintenance Director and or Administrator that there were signs of pests or rodents, and the pest control program with the Pest Control vendor failed to have enough site visits and	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255156	A. BUILDING _____ B. WING _____	C 11/30/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRENADA REHABILITATION AND HEALTHCARE CENTER	1966 HILL DRIVE GRENADA, MS 38901

(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
F 925	Continued From page 18 Insect/rodent sticky trap # five (5) was located behind the ice machine, near the base of the wall, and it held 12 small dark brown pellet shaped particles on the outer edge of the 2 longer sides of the trap, held 2 small lizard looking creatures, 5 large brown bugs, and Ten (10) small black bugs. Insect/rodent sticky trap number 6 was located behind the refrigerator near the main entrance to the kitchen and held 4 large brown bugs, 1 large black spider, and 10 small black bugs. 2 large brown bugs were also observed on the floor behind this refrigerator that were not on a trap. An observation and interview on 11/28/22 at 09:00 AM with the Dietary Manager, confirmed the observations of a total of 6 insect/rodent sticky traps in the kitchen and the dry storage room, that insect/rodent trap #1 was located in the dry storage room, under the freezer, with 6 large brown bugs on it, that insect/rodent trap #2 and #3 were both located on the right side of the freezer, near the base of the wall in the kitchen, confirmed that insect/rodent trap #2 held 1 large brown bug and 4 small black bugs with tan markings on their back, and confirmed insect/rodent trap #3 held 1 large brown bug and 3 small black bugs with tan markings on their back. She also confirmed the observations that insect/rodent trap #4 was located near the base of the wall, and under the right side of the food prep table that was located beside the main kitchen entrance with 6 large brown bugs on it, confirmed that insect/rodent trap # 5 was located behind the ice machine, near the base of the wall, with 12 small dark brown pellet shaped particles on the outer edge of the 2 longer sides of the trap, that it held 2 small lizard looking creatures, that it held 5 large brown bugs, and that it held 10 small black bugs on it, confirmed that	F 925	interior pest control techniques in the Dietary Department to maintain an effective pest control program so that the facility is free of pests and rodents. On 11-29-2022, the Dietary Director initiated an all Dietary staff education with a completion date of 1-13-2022, on notifying the Maintenance Director and or Administrator if there are signs of pests or rodents. The Dietary Director will educate newly hired Dietary staff on notifying the Maintenance Director and or Administrator if there are signs of pests or rodents. 4. On 12-5-2022, the Administrator and or Dietary Director will conduct Quality Review Observations ensuring that the Dietary Department is free of pests and rodents and in accordance with professional standards for food service safety for 4 times a week for 4 weeks, then 2 times a week for 4 weeks, and then 1 time a week for 4 weeks. Quality Review findings will be submitted to the Quality Assurance Performance Improvement Committee and reviewed by the Interdisciplinary Team on 12-30-2022, and then monthly for two additional months. Root Cause Analysis will be used to determine Performance Improvement Plans as indicated. 5. Completion Date 1-13-2022.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255156	A. BUILDING _____ B. WING _____	C 11/30/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRENADA REHABILITATION AND HEALTHCARE CENTER	1966 HILL DRIVE GRENADA, MS 38901

(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
F 925	Continued From page 19	F 925		

insect/rodent trap # 6 was located directly behind the refrigerator, near the main entrance to the kitchen, that held 4 large brown bugs, held 1 large black spider, and held 10 small black bugs on it. She confirmed that there were 2 additional large brown bugs behind the same refrigerator that were not on a trap. The Dietary Manager revealed the facility did have an infestation, that she was aware of it, that she was not aware she was to call the Maintenance Director or the Administrator for an as needed visit from the exterminator to have the traps replaced, that she had only observed bugs on the floor, on the insect/rodent sticky traps, and not on any of the food preparation surfaces. She revealed even though she did not physically see any bugs crawling on the food preparation areas, she instructed staff to sanitize the areas prior to preparing food. She revealed the insect infestation could possible cause food borne illness for the residents.

An interview on 11/28/22 at 09:20 AM with the Dietary Cook, revealed she was aware of the insect infestation and was not assigned to do anything about the insect/rodent sticky traps.

An interview on 11/28/22 at 09:30 AM with the Dietary Dishwasher revealed he was aware of the bug infestation in the kitchen and had not been informed he had to do anything about the insect/rodent sticky traps.

An interview on 11/28/22 09:37 AM with the Maintenance Supervisor, confirmed the facility had an insect infestation. He revealed the infestation was confined to the kitchen and that it had been going on his full year of employment. He revealed the exterminator only visited the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255156	A. BUILDING _____ B. WING _____	C 11/30/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRENADA REHABILITATION AND HEALTHCARE CENTER	1966 HILL DRIVE GRENADA, MS 38901

(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
F 925	Continued From page 20	F 925		

building once a month to spray, to replace the insect/rodent sticky traps, and the exterminator found that the source of the infestation was in a manhole near the facility in August 2022. He noted the insect/rodent sticky traps are always changed by the exterminator.

An interview on 11/28/22 at 09:50 AM with the Registered Dietician, revealed she was responsible for kitchen inspections once a month, to check to see if the kitchen area was clean, and revealed she was not aware of the insect infestation.

A kitchen tour observation and interview on 11/28/22 at 10:05 AM with the Administrator, revealed that he was not aware of the insect infestation. The Administrator was observed to pick up insect/rodent trap #5, confirmed that it held 12 small dark brown pellet shaped particles on the outer edge of the 2 longer sides of the trap, that held 2 small lizard looking reptiles, 5 large brown bugs, and 10 small black bugs. He revealed he did not think the pellet shaped particles, on the edges of the trap, came from a mouse. He revealed he was not aware of the infestation, was able to do a call back to the exterminator as needed, and that the Dietary Manager, nor Maintenance Director had requested a call back for the exterminator. The Administrator confirmed that there was a total of 6 insect/rodent sticky traps and confirmed the count of bugs on each. The Administrator revealed that there was likelihood for food caused illness, for the residents, due to the insect infestation.

A telephone interview on 11/28/22 at 12:50 PM with the Exterminator, revealed she had only

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255156	A. BUILDING _____ B. WING _____	C 11/30/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRENADA REHABILITATION AND HEALTHCARE CENTER	1966 HILL DRIVE GRENADA, MS 38901

(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
F 925	Continued From page 21	F 925		

treated the facility for 3 months and had been treating the infestation for large and small roaches for the entire time. She revealed the infestation existed when she took over the assignment. She noted she did not change the insect/rodent sticky traps during her monthly visit in November 2022, because the traps had 1 or 2 roaches on them. She revealed if there are not a lot of roaches on the traps during her visit, she will not change them, but will leave traps for the nursing facility to change out, if the traps get full of insects.

A telephone interview on 11/28/22 at 01:00 PM AM with the Exterminator Service Office Manager confirmed there were active treatments for large and small roaches in the kitchen of the nursing facility, for an insect infestation in the kitchen, and the documentation from the Exterminator, revealed that November 8, 2022, was the first month there had not been a change in the insect/rodent sticky traps, because there were not enough insects on them, at the time of the exterminator's visit, to warrant the insect/rodent sticky traps to be changed. She revealed the nursing facility could call at any time, before or after the monthly exterminator visit, for an exterminator to come and provide needed services. She noted some of the exterminators would leave extra insect/rodent sticky traps at the service areas for the customers to change out themselves. She also revealed she was able to go back, in her system, to June 2022 and noted there were treatments going on since that time.

Record review of the monthly pest control invoices/Service Inspection Report from the exterminating services dated 6/8/2022 revealed " ... Glue boards ... Areas Applied: Kitchen, Target

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255156	A. BUILDING _____ B. WING _____	C 11/30/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRENADA REHABILITATION AND HEALTHCARE CENTER	1966 HILL DRIVE GRENADA, MS 38901

(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
F 925	Continued From page 22 Pests: General Household Pest ... Glueboards ... Placement ... Target Pests: General Household Pest, Areas Applied: Kitchen - Kitchen Area;" 7/15/22 revealed ... Alpine Cockroach Gel, Areas Applied: Kitchen, Target Pests: Roaches ... Alpine Cockroach Gel ... Target Pests: Roaches, Areas Applied: Kitchen - Kitchen Area;" 8/16/22 revealed ... Glue Boards ... Areas Applied: Kitchen, Target Pests: General Household Pest ... Vendetta Plus Cockroach Gel Bait, Areas Applied: Kitchen, Target Pests: Roaches ... Glueboards ... Target Pests: General Household Pest, Areas Applied: Kitchen - Kitchen Area ... Vendetta Plus Cockroach Gel Bait ... Target Pests: Roaches, Areas Applied: Kitchen - Kitchen Area; ... Glueboards ... Areas Applied: Kitchen, Target Pests: General Household Pest;" 9/13/22 revealed Glueboards ... Areas Applied: Kitchen, Target Pests: General Household Pests ... Vendetta RHC (roach) Gel Bait, Areas Applied: Kitchen, Target Pests: Roaches ... Gleuboards ... Target Pests: General Household Pest ... Placement ... Areas Applied: Kitchen - Kitchen Area ... Vendetta RCH Gel Bait ... Target Pests: Roaches ... Areas Applied: Kitchen - Kitchen Area;" 10/13/22 revealed Glueboards ... Areas Applied: Kitchen, Target Pests: General Household Pest ... Glueboards ... Placement ... Target Pests: Generals Household Pest ... Areas Applied: Kitchen - Kitchen Area ... Alpine Cockroach Gel ... Target Pests: Roaches, Areas Applied: Kitchen - Kitchen Area;" and 11/08/22 revealed no treatment for the kitchen - kitchen area.	F 925		