

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115338	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/09/2025
NAME OF PROVIDER OR SUPPLIER Miona Geriatric & Dementia Center		STREET ADDRESS, CITY, STATE, ZIP CODE 201 Poplar Street Ideal, GA 31041	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>33548</p> <p>Based on observations and staff interviews, the facility's dietary staff failed to wash and sanitize dishware while preparing puree food items to prevent cross contamination for ten of 71 residents receiving an oral diet.</p> <p>Findings include:</p> <p>Observation on 3/8/2025 at 11:50 am of Dietary [NAME] AA prepare puree food items for the lunch meal revealed after completing the puree braised beef with rice, she took the food processor bowl and blade to the food preparation sink labeled meat. The dietary cook rinsed the food processor bowl and blade with water. Dietary cook AA placed the un-washed and un-sanitized food processor bowl and blade back on the base and was about to pour cooked corn into the food processor bowl but was asked to stop before the corn was contaminated. Further observation revealed a poster attached to the wall directly behind the food processor titled Attention Staff Food Processor and step #2 Do not put in dish sink when done. Put it in dishwasher and place back on base.</p> <p>During an interview on 3/8/2025 at 11:50 am Dietary [NAME] AA confirmed that she only rinsed the food processor bowl and blade with water after preparing the braised beef with rice. The dietary cook confirmed that the food processor bowl and blade were not properly washed and were not properly sanitized and she was going to continue to puree the cooked corn. Dietary cook AA stated that she normally washes and sanitizes the food processor dishware in the dish machine, but forgot during this observation.</p> <p>During an interview on 3/8/2025 at 11:50 am the Certified Dietary Manager (CDM) confirmed that she also observed Dietary [NAME] AA rinse the food processor dishware with only water. The CDM confirmed that the food processor dishware was not properly washed and sanitized between preparing puree food items. The CDM stated that dietary staff were to wash and sanitize food processor dishware between food items when preparing puree foods.</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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