

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255050	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/21/2024
NAME OF PROVIDER OR SUPPLIER Jefferson Davis Community Hospital Ecf		STREET ADDRESS, CITY, STATE, ZIP CODE 1320 Winfield Street Prentiss, MS 39474	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48181</p> <p>Based on observation, staff interview, and facility policy review, the facility failed to store food in accordance with professional standards for food safety related to expired foods, overly ripe produce, and scoops stored in dry bins touching food items for one (1) of two (2) kitchen observations.</p> <p>Findings included:</p> <p>A review of the facility's policy titled Storing: Food and Equipment revealed, . Team members must store food in a manner that ensures quality, freshness, and safeguards against foodborne illness . Items to Label. Ensure all food items are labeled .How Long to Keep .Generally, food should be discarded or used by the use-by date. The use-by date is the last date the manufacturer recommends use of the food and also may be referred to as the expiration date .Containers .Cover, label, and date all leftovers . Store scoops in a covered area .not in food containers.</p> <p>A review of the facility's policy titled HACCP (Hazard Analysis and Critical Control Points) and Food Preparation Guidelines, revised ,d+[DATE], revealed, Fruits and Vegetables . Inspect for signs of spoilage, bruises, and damage .</p> <p>On [DATE] at 10:13 AM, during an observation with the Patient Service Manager (PSM) and the Food Services Director (FSD), in Refrigerator #1 there were three (3) aluminum pans with cut iced cake slices with no label or date, one (1) opened container of facility-made peanut butter with a prep date of [DATE] and a use-by date of [DATE], one (1) half bologna sandwich with no label or date, two (2) unopened packs of ham with a use-by date of [DATE], and one (1) unopened pack of bologna with a use-by date of [DATE]. In Refrigerator #2, there was one (1) opened container of cooked cauliflower with no label or date, thirty-three (33) bell peppers with soft spots and black and/or white biological growth, and seven (7) tomatoes with soft spots and biological growth. In Refrigerator #3, there was one (1) aluminum foil-wrapped food item identified as pork loin with no label or date, and one (1) opened pack of bologna with a faded and unidentifiable date. In the pantry, a scoop was inside the sugar bin, touching the sugar. On the spice rack, scoops were stored inside the containers and touching the food items in a 4-pound container of kosher salt, a 4-pound container of black pepper, and a 4-pound container of onion powder.</p> <p>(continued on next page)</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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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On [DATE] at 11:30 AM, during an interview, the [NAME] stated that all kitchen staff are responsible for checking food for expiration and safety, and this monitoring should occur daily. The [NAME] confirmed that staff are in-serviced on food safety one (1) to two (2) times per month.</p> <p>On [DATE] at 11:44 AM, during an interview, the PSM acknowledged the scoops left in the dry bins, overly ripe produce, expired foods, and unlabeled food items observed. The PSM stated that all staff are responsible for checking the food for quality, labeling, and expiration dates.</p> <p>On [DATE] at 11:50 AM, during an interview, the FSD confirmed the findings, including overly ripe produce, scoops left in dry bins, and expired and unlabeled food. The FSD stated that it is everyone's responsibility to check foods for quality and expiration dates, which should take place daily. The FSD stated she conducts monthly in-services on food safety.</p> <p>On [DATE] at 9:45 AM, during an interview, the Administrator acknowledged the concerns observed in the kitchen. The Administrator confirmed that the FSD and PSM are responsible for monitoring food expiration dates and proper storage. He stated that going forward, he expects the kitchen to be in complete compliance.</p>		