

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>255126                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                                         | (X3) DATE SURVEY<br>COMPLETED<br><br>08/28/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Wilkinson County Senior Care                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>116 South Lafayette Street<br>Centreville, MS 39631 |                                                 |
| 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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                  |                                                 |
| F 0812<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, staff interview, and facility policy review, the facility failed to properly store frozen and dry storage food in accordance with professional standards for food service safety for one (1) of four (4) days of survey. Findings Include: A record review of the facility policy Storage of Frozen Foods with a review date of 11/23 revealed, The facility ensures the quality and safety of frozen food through accepted storage practices. 8. Opened boxes with liners should be closed and sealed tightly with packing tape or twist ties .On 08/25/2025 at 10:48 AM, during an initial tour of the kitchen with the Dietary Manager (DM), multiple concerns were identified in the freezer and dry storage areas. In the freezer, several food items were observed open and exposed to air inside their original cardboard boxes, including [NAME] biscuits, sugar-free chocolate chip cookies, Salisbury steak patties, chicken patties, and fish sticks. In the dry storage room, a box of yellow cake mix was found stored in a plastic bag within a cardboard box but not sealed. None of the open items were tightly sealed or protected from air exposure. On 08/25/2025 at 11:29 AM, during an interview with the Dietary Manager, she confirmed that all open food items should be sealed before storage in both the freezer and dry storage. She explained that exposure to air can lead to freezer burn and, in dry storage, create conditions that may contribute to resident illness. She acknowledged that staff had left the food items open and stated it is her responsibility to ensure food is stored correctly and that she checks behind staff. On 08/28/2025 at 2:00 PM, during an interview with the Nursing Home Administrator (NHA), she stated that staff are expected to follow policies and procedures. She reported that she had met with the dietary team and planned to implement cross-training among kitchen staff to ensure compliance with proper storage procedures.</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.

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