

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  255168	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/04/2024
NAME OF PROVIDER OR SUPPLIER  Merit Health Wesley		STREET ADDRESS, CITY, STATE, ZIP CODE  5001 Hardy Street Hattiesburg, MS 39402	

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 - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>43283</p> <p>Based on observation, staff interview, and facility policy review, the facility failed to ensure food items in the freezer were sealed properly, scoops for sugar and flour were stored properly, and facial hair was restrained in the food preparation area for two (2) of two (2) kitchen observations.</p> <p>Findings Include:</p> <p>A review of the facility's policy, Productions Purchasing Storage- Food and Supply Storage, revised 01/24, revealed: .All food, non-food items and supplies used in food preparation shall be stored in such a manner as to prevent contamination to maintain the safety and wholesomeness of the food for human consumption . Dry Storage .Hang scoops. Scoops may be stored in bins on a scoop holder .Frozen Storage .Wrap food tightly to prevent cross-contamination .</p> <p>A review of the facility's policy, Orientation and Education- Uniform Dress Code revised on 01/24, revealed, . Associates Working with Food . Restrain all facial hair with a beard net/restraint .</p> <p>On 09/03/24 at 9:30 AM, during an observation of the freezer with Dietary Staff #1 and Dietary Staff #2, there were unsealed food items in the freezer, including tater tots, beef patties, and pizza dough. Both Dietary #1 and Dietary #2 confirmed the items were not sealed and acknowledged that all food items should be properly sealed to prevent contamination.</p> <p>At 9:40 AM on 09/03/24, during an observation of the dry storage area, there were silver square food containers submerged in the sugar and flour bins. Dietary #1 and Dietary #2 confirmed that the food containers were being used as scoops and should not be stored in the bins. Dietary #2 explained the kitchen used the silver square food containers, known as a 1/6th pan, because of the large quantities used in food preparation.</p> <p>At 9:50 AM on 09/03/24, during an observation and interview, Dietary Staff #3 was preparing chicken for lunch. He had a full beard and was not wearing a hair restraint to cover the facial hair. During an interview, Dietary #3 confirmed that he was not wearing a hair restraint because the facility did not have any for his facial hair and he was aware he should be wearing a hair restraint. Dietary #1 and Dietary #2 confirmed that Dietary #3 should have been wearing a facial hair restraint and confirmed that all facial hair should be covered at all times during food preparation. Dietary #2 stated she was unaware that the facility was out of facial hair restraints.</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 - Many</p>	<p>On 09/04/24 at 8:55 AM, during an interview with Dietary #2, she confirmed she was aware of the standards and stated that she expected her staff to properly seal all food items in the freezers and to properly store flour and sugar scoops after each use. She acknowledged that these practices are essential to prevent food contamination and confirmed that the facility had since purchased facial hair restraints for the staff. She stated in situations where facial hair restraints were unavailable, staff could use hairnets as a temporary solution. She reiterated that hair restraints are mandatory for all staff while preparing or standing over food.</p> <p>On 09/04/24 at 10:55 AM, during a follow-up kitchen observation and temperature check with Dietary #1 and Dietary #4, Dietary #4 was observed taking the food temperatures for all items to be served. Although he wore a hat to cover his hair, Dietary #4 had a full beard and was not wearing a facial hair restraint. During an interview at 11:05 AM, Dietary #4 confirmed that he was aware of the requirement to wear a facial hair restraint in the food area and admitted that he had not worn one. Dietary #1 confirmed that facial hair restraints were available for staff use.</p> <p>At 11:15 AM on 09/04/24, during an interview with Dietary #2, she stated Dietary #4 should have worn a hair restraint to cover his facial hair while checking the food line temperatures, reiterating that facial hair restraints were available and should be worn as required.</p> <p>On 09/04/24 at 1:40 PM, during an interview with the Administrator, he explained that he had been informed by the kitchen staff about the concerns raised during the survey. He stated that he expected all kitchen staff to follow the guidelines and regulations regarding food storage and hair restraints.</p>		

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<p>F 0882</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Designate a qualified infection preventionist to be responsible for the infection prevent and control program in the nursing home.</p> <p>48181</p> <p>Based on staff interview and facility policy review, the facility failed to insure the facility's Infection Preventionist (IP) completed specialized training in infection prevention and control for two (2) of two (2) days of the recertification survey.</p> <p>Findings include:</p> <p>A review of the facility's policy, Infection Preventionist, dated 3/15/23, revealed, .The Infection Preventionist is responsible for coordinating the implementation and updating of our established Infection prevention and control policies and practices. Policy Interpretation and Implementation .2. The Infection Preventionist will .d. Have completed specialized training in infection prevention and control .</p> <p>On 09/04/24 at 07:30 AM, in an interview with the IP, he revealed he had not completed all the modules that are required for the specialized training in infection prevention and control.</p> <p>On 09/04/24 at 08:52 AM, an interview with the Administrator revealed the facility's IP had not completed the specialized training modules. The Administrator stated there had been recent transitions in leadership, including the IP position. The previous IP had left the facility in July of this year, and she had specialized training in infection prevention and control and the current IP had completed at least one (1) module in the training. The Administrator confirmed he was responsible for ensuring the facility's IP had the required specialized training.</p>