STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255251	A. Building B. Wing	06/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MS Care Center of Dekalb	220 Willow Avenue DE Kalb, MS 39328

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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, staff interview, and facility policy review, the facility failed to ensure refrigerated and frozen food items were properly labeled and dated and failed to discard expired and spoiled food items in the dietary department for one (1) of three (3) kitchen observations, with the potential to affect all residents who receive meals from the kitchen.Findings include:Review of the facility's Food Safety Policy, with a revision date of 11/16, revealed It is the policy that this facility ensures the quality and safety of refrigerated foods through accepted storage practices.Procedure.2. Foods will be stored, prepared, distributed and served in accordance with professional standards for food service safety. All non-hazardous, opened foods are labeled with name of food and date stored.All hazardous foods are labeled with name of food and date to be discarded or the date stored. Cooked foods should not be held longer than 48 hours.On 6/15/26 at 11:20 AM, during an observation and interview, with the Dietary Manager (DM) revealed there was an opened bag of coleslaw stored in the milk refrigerator without a date and was brown and wilted. There was an opened bag of chopped cabbage in the milk refrigerator that was also undated. The DM removed the wilted coleslaw and explained the staff were supposed to date those food items and indicated she would discard them. In the freezer there was (1) opened package of frozen ground beef dated 04/09/2026, (1) opened bag of Salisbury steak with no date, and (1) opened bag of pork chops with no date. Observation of the small freezer revealed an open bag of onion rings with no date. Observation of Refrigerator #2 revealed (1) opened pitcher of apple juice dated 05/29/2026, (1) opened pitcher of cranberry juice dated 04/18/2026, and (1) opened pitcher of grape juice dated 04/10/2026.On 6/15/26 at 11:55 AM, during an interview, the DM confirmed all opened food items should be properly closed, labeled, and dated, and vegetables should not be stored in the milk refrigerator. The DM explained that dating opened food items helps ensure they have not expired and that improperly stored or expired food could spoil and make residents sick. She reported that juice pitchers should be dated to prevent spoilage and reduce the risk of illness.On 6/16/2026 at 2:10 PM, during an interview, the Nursing Home Administrator (NHA) stated she expected all food items to be properly labeled and dated, and that she had provided in-service education regarding these expectations. She stated that staff were aware of the requirement to date-stamp opened food items, and that by not labeling and dating the food, the residents run the risk of foodborne illness. The NHA revealed the DM was responsible for ensuring foods were properly labeled, monitored, and stored, although all kitchen staff shared responsibility.On 06/16/2026 at 2:30 PM, during an interview, the Assistant Dietary Manager stated she was still in training and planned to monitor staff practices more closely. She stated she expected staff to correctly label, date, and monitor food items for expiration. She explained that residents could get sick and that the elderly were vulnerable and required protection.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interview, record review and facility policy review the facility failed to ensure physician orders were obtained and documented upon admission for the continuation of hospice services for one (1) of (18) sampled residents. (Resident #9)Findings include:Review of the facility policy titled, Physician's Orders, with a revised date of 2/17/2025, revealed, .3. The printed order will be routed to Medical Records daily for verification and/or chart audit.4. The original physician's order is sent for e-signature through electronic health system.5. Orders will be recorded on the Medication Administration Record (MAR) .Record review of the admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 4/29/26 revealed under Section O-Special Treatments, Procedures, and Programs. Section K1. Hospice care, that Resident #9 was on Hospice services. Review of Resident #9's Order Summary Report with active orders as of 6/17/26 revealed no order for hospice services. During an interview on 06/17/2026 at 8:22 AM, Registered Nurse (RN) #1 revealed that Resident #9 was admitted to the facility while receiving hospice services. RN #1 confirmed there was no physician order in the admission orders to continue hospice services and stated that a physician order should always be present for hospice care.During an interview on 06/17/2026 at 9:05 AM, the Director of Nursing (DON) confirmed Resident #9 was receiving hospice services for Chronic Obstructive Pulmonary Disease (COPD) and acknowledged the facility failed to include an admission order documenting the continuation of hospice services upon admission to the facility.Review of the admission Record revealed Resident #9 was admitted to the facility on [DATE] with diagnoses which included Chronic Obstructive Pulmonary Disease, and Unspecified Asthma. Review of the MDS Section C with an ARD of 4/29/26 revealed Resident #9 had a Brief Interview of Mental Status (BIMS) score of 12, indicating that the resident was moderately cognitive impaired.