

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255308	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/29/2025
NAME OF PROVIDER OR SUPPLIER Stone County Rehabilitation and Nursing Ctr Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 1436 East Central Avenue Wiggins, MS 39577	

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>Based on observation, interview, and facility policy review, the facility failed to store and serve food in accordance with professional standards for food safety related to two (2) opened spice bottles on the spice rack, changing gloves without hand washing and the cook dropping food on the service line counter then picking it up and placing it on the residents plate for 2 of 2 kitchen observations.</p> <p>Findings include:</p> <p>A review of the facility's policy, Preventing Foodborne Illness-Food Handling revised August 2018, revealed, . 1. This facility recognizes that the critical factors implicated in foodborne illness are: a. Poor personal hygiene of food services employees .</p> <p>A review of the facility's policy, Food Receiving and Storage revised July 2014, revealed, Foods shall be . stored in a manner that complies with safe food handling practices .opened containers must be .sealed or covered during storage.</p> <p>On 05/27/25 at 10:14 AM, during an observation and interview of the kitchen with the Registered Dietician and Nutritionist (RDN), on the spice rack 2 bottles of spices were left opened, leaving the spices exposed.</p> <p>On 05/28/25 at 11:11 AM, during an observation and interview with the Cook, a piece of cubed chicken fell and landed on the service line counter. The [NAME] picked the chicken up from the service line counter and placed it on the resident's plate. Throughout the lunch service the [NAME] was observed changing gloves on three occasions without washing hands before donning new gloves. The [NAME] acknowledged that she dropped the cubed chicken pieces and placing them on the plate and that she failed to wash her hands before putting on new gloves. The [NAME] confirmed it is her responsibility to maintain a sanitary environment. The [NAME] stated she has been trained and knows the correct way to operate in the kitchen. The [NAME] affirmed that the staff receive in-service training once a month on the topic of food safety.</p> <p>On 05/28/25 at 12:34 PM, in an interview with the Interim Administrator revealed she acknowledged the opened spice bottles, the [NAME] failing to wash her hands between glove changes and the [NAME] picking up food from the counter of the food line and placing the food back on the resident's plate. The Administrator stated as the interim supervisor for the kitchen she is responsible for maintaining safety in the service and storage of food. The Interim Administrator stated the staff will be in-serviced and going forward she expects excellent service from the kitchen staff.</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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