STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	10/12/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JNH-JAQUITH INN	3550 HIGHWAY 468 WEST WHITFIELD, MS 39193

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS The State Agency (SA) conducted an annual recertification survey and a Complaint Investigation (CI), MS # 22979, at the facility from 10/10/23 through 10/12/23. The SA investigated MS #22979 for Abuse. There were no citations related to the complaint investigation. During the annual recertification survey, the SA determined the facility was not in compliance with the requirements of participation in Medicare and Medicaid and cited F641. The facility held a license for 45 beds with a census of 37.	F 000		
F 641 SS=D	Accuracy of Assessments CFR(s): 483.20(g) §483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REQUIREMENT is not met as evidenced by: Based on interviews, record review, and facility policy review, the facility failed to accurately code the Minimum Data Set (MDS) reflecting anticoagulant medications for two (2) of fourteen sampled residents reviewed. (Resident # 11, Resident #23) Findings include: Review of the facility's policy, "Minimum Data Set (MDS) Assessment" dated May 2022, revealed, "1. PURPOSE AND ACCOUNTABILITY. The facility shall conduct an interdisciplinary assessment using the MDS assessment in accordance with Federal/State regulations. This assessment provides information on the	F 641	Residents #11 and #23 did not receive anticoagulant medications in the month of August 2023. The Minimum Data Set (MDS) nurse was counseled by the Director of Nurses (DON) 10/12/23 on Accuracy coding of the MDS according to the resident's status with emphasis on utilizing information from the Resident Assessment/Instrument (RAI) manual and on anticoagulant and antiplatelet usage and side effects. The MDS nurse modified residents #11 and #23 section N of the MDS to code plavix as an antiplatelet medication on 11/2/2023. Five (5) residents have the potential to be affected by the deficient practice.	11/21/23

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

Electronically Signed | 11/01/2023

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F 641	Continued From page 1 resident's condition which is used to develop an individualized plan of care and to track changes in the resident's status. This policy applies to all members of the treatment team. 2. POLICY. It is the policy of the facility to utilize information from the Resident Assessment/Instrument (RAI) and to follow the Care Planning Process in accordance to State and Federal regulation to provide quality care and services which improve residents' quality of life ... 4. PROCEDURE ... I. Staff members who complete portions of the assessment attest to the accuracy of their section by signature ... J. The completed MDS is verified and signed by the MDS Coordinator..." A record review of the "2021 Lippincott Pocket Drug Guide for Nurses," revealed the classification of Plavix is listed as an antiplatelet. Resident #11 Record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date of 8/23/23, revealed Resident # 11 had a Brief Interview for Mental Status, (BIMS) score of 13, which indicated the resident was cognitively intact. Section N revealed Resident #11 received anticoagulant medication for seven (7) days out of the seven (7) days in the look back period. Record review of the "Identification and Summary Sheet" revealed the facility admitted Resident #11 on 6/06/2005. Review of the facility's, "Physicians Orders" revealed the Resident #11 had an order for Plavix 75 mg (milligrams) po (by mouth) daily, prescribed on 5/15/17, and updated and signed by the physician on 9/11/23.	F 641	On 10/12/23 the Jaquith Nurse Administrator in-serviced the Jaquith Inn MDS nurse on the facility's MDS Assessment policy and procedure. The MDS nurse was counseled by the DON on Accuracy coding of the MDS according to the resident's status with emphasis on utilizing information from the RAI and on anticoagulant and antiplatelet usage and side effects. On 10-31-23 and 11/2/2023 the Jaquith Nurse Administrator audited five, (5) MDS(s) for accurate coding of anticoagulants and anti-platelets in section N of the MDS and no problems with coding were noted. The Jaquith Nurse Administrator will audit section N on the MDS for accurate coding weekly for one month then monthly for two months beginning 10-31-23. The Jaquith Nurse Administrator will report any coding inaccuracies to the Quality Assurance Performance Improvement (QAPI) Committee on 11/2/2023, 11/21/2023 and monthly for three (3) months. The committee will meet as needed until consistent substantial compliance has been achieved as determined by the committee.	

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F 641	Continued From page 2	F 641		

Record review of the August 2023, "Medication Administration Record (MAR)" for Resident #11, revealed Plavix 75 mg was administered seven (7) days out of the seven (7) days in the look back period and all other days during the month. There were no anticoagulant medications administered.

Resident #23

Record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date of 8/9/23 revealed Resident #23 had a Brief Interview for Mental Status, (BIMS) score 13, which indicated the resident was cognitively intact. Review of Section N revealed Resident #23 received anticoagulant medication for seven (7) or the seven (7) days in the look back period.

Record review of the "Identification and Summary Sheet" revealed the facility admitted Resident #23 on 6/24/15.

Review of the facility's, "Physicians Orders" revealed Resident #23 had an order for Plavix 75 mg (milligrams) po (by mouth) daily, prescribed on 4/5/22, and updated and signed by the physician on 9/11/23. Diagnoses and comments indicated Resident #23 had a history of CVA (Cerebrovascular Accident).

Record review of the August 2023 "Medication Administration Record (MAR)" for Resident #23, revealed Plavix 75 mg was administered seven (7) days during the seven (7) day look back period and all other days during the month. There were no anticoagulant medications administered.

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F 641	Continued From page 3 During an interview on 10/11/23 at 3:52 PM, Registered Nurse (RN) #1 confirmed she failed to code the MDS correctly, as she coded Plavix as an anticoagulant in section N. The nurse revealed she has problems separating the medications because anticoagulant medications also thin the blood. During an interview on 10/12/23 at 12:42 PM, RN #1 confirmed she failed to code the MDS correctly. RN #1 said she coded the Plavix as an anticoagulant in Section N, because she has problems separating the medications because both medications thin the blood. During an interview 10/12/23 at 12:47 PM, the Director of Nurses (DON) confirmed Plavix was not coded correctly. The DON confirmed Plavix is an antiplatelet and does not thin the blood. The DON said she expects the MDS nurse to code the medication correctly. During an interview with the Administrator on 10/12/23 at 1:05 PM, he revealed he expects the nurses to code the medications correctly on the MDS.	F 641		