

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/16/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 25A197	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - BUILDING 78 B. WING _____		(X3) DATE SURVEY COMPLETED 10/10/2023
NAME OF PROVIDER OR SUPPLIER JNH-JAQUITH INN			STREET ADDRESS, CITY, STATE, ZIP CODE 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	
K 000	INITIAL COMMENTS 42 CFR 483.70(a) The facility must meet the applicable provisions of the 2012 (existing) Edition of the Life Safety Code (LSC) of the National Fire Protection Association (NFPA).	K 000			
K 918 SS=F	Electrical Systems - Essential Electric Syste CFR(s): NFPA 101 Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and	K 918		11/10/23	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

11/01/2023

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.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/16/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 25A197	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - BUILDING 78 B. WING _____		(X3) DATE SURVEY COMPLETED 10/10/2023
NAME OF PROVIDER OR SUPPLIER JNH-JAQUITH INN			STREET ADDRESS, CITY, STATE, ZIP CODE 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	
K 918	Continued From page 1 readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70) This REQUIREMENT is not met as evidenced by: Based on the review of documentation, the facility failed to properly document records of testing the generator annually as directed by NFPA 99 sections 6.4.4.1.1.3 and 6.4.4.2. This deficient practice had potential of affecting the entire facility on the day of facility survey. Findings include: On 10/10/23 at 1:00 PM, the facility could not produce documentation showing the current 2023 annual testing and service of the generator. The facility ' s last annual test of the generator was documented and performed 4/5/22. The finding was acknowledged by the Administrator and Maintenance Supervisor during the exit interview on 10/10/23.	K 918	The facility could not produce documentation showing the current 2023 annual test and service of the generator. On 10/31/2023, The facility acquired a vendor to inspect and service the generator and a purchase order was issued. 37 residents have the potential to be affected by the deficient practice. On 10/31/2023 the Jaquith Inn Quality Assurance Performance Improvement (QAPI) Coordinator in-serviced the Coordinator Unit Operations (CUO) and the Maintenance Supervisor on maintaining documentation for generator service check. Beginning 11/2/2023, the vendor will conduct an annual generator inspection. Upon completion of inspection, the vendor will submit inspection report to the facility's maintenance department. The facility's maintenance dept. will forward a copy of the inspection report to the QAPI Coord. The QAPI Coord. will notify the Quality Assurance Performance Improvement (QAPI) Committee Six (6) months and then three (3) months prior to inspection expiration date. Beginning 11/1/2023 the NHA will report		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/16/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 25A197	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - BUILDING 78 B. WING _____		(X3) DATE SURVEY COMPLETED 10/10/2023
NAME OF PROVIDER OR SUPPLIER JNH-JAQUITH INN			STREET ADDRESS, CITY, STATE, ZIP CODE 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	
K 918	Continued From page 2	K 918	all findings to the QAPI Committee every six months for action until consistent substantial compliance has been achieved as determined by the committee. Should systemic changes not be effective, the QAPI Committee will investigate and determined if further action(s) need to be implemented. The actions from the QAPI meeting will be reported to Jaquith Nursing Home Executive Committee.		