STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A402	A. BUILDING _____ B. WING _____	08/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JNH-JEFFERSON INN	3550 HWY 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 at the facility from 08/05/2024 through 08/08/2024. During the survey, the SA determined the facility was not in compliance with the requirements of participation in Medicare and Medicaid and cited F692 and F761. The facility had a census of 81 and was licensed for 90 beds.	F 000		
F 692 SS=D	Nutrition/Hydration Status Maintenance CFR(s): 483.25(g)(1)-(3) §483.25(g) Assisted nutrition and hydration. (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident- §483.25(g)(1) Maintains acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise; §483.25(g)(2) Is offered sufficient fluid intake to maintain proper hydration and health; §483.25(g)(3) Is offered a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet. This REQUIREMENT is not met as evidenced by: Based on observations, interviews, and record	F 692	1. What corrective action(s) will be	9/30/24

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

Electronically Signed | 08/21/2024

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F 692	Continued From page 1 reviews the facility failed to follow physician orders for dietary supplements for one (1) of two (2) residents reviewed for nutrition. Resident #68 Findings Include: On 08/05/24 at 1:25 PM, an observation of Resident #68 eating lunch in the dining room revealed the resident could feed himself, using his left hand, after staff set up his tray. The resident consumed 100% of his meal, but there was no dietary supplement on his lunch tray. On 08/06/24 at 1:20 PM, an observation of Resident #68 eating lunch in the dining room revealed that Certified Nursing Assistant (CNA) #1 noted that there was no Boost on his tray, so she left the dining area and returned with the Boost in hand. The resident immediately picked it up and began to consume it. On 08/07/24 at 10:10 AM, in an interview with the Registered Dietitian (RD), she stated she expected the staff to honor residents' preferences and encourage them to eat. She mentioned she expected the staff to offer the Boost and noted the resident had gained some weight over the past couple of months. On 08/07/24 at 1:00 PM, an observation of Resident #68 eating in the dining room revealed Boost was not on the lunch tray. On 08/07/24 at 3:25 PM, in an interview, CNA #1 stated when a resident has an order for a supplement, it is usually placed on the resident's meal tray. On 08/07/24 at 4:15 PM, during an interview, the	F 692	accomplished for those residents found to have been affected by the deficient practice On 08/09/2024, immediate action(s) taken for the resident(s) #68 found to have been affected. Resident #68 was assessed by the nurse no physical harm was noted. The nurse provided Resident #68 with prescribed supplement. 2. How the facility will identify other residents having the potential to be affected by the same deficient practice. The facility has determined by the census that 2 residents had the potential to be affected. 3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur. On 08/09/2024, the Director of Nurses was verbally counseled by the Nurse Administrator on understanding the need to follow the Physician orders for dietary supplements as prescribed. Beginning 08/09/2024, the Director of Nurses in-serviced the nursing staff and certified nursing assistants on the importance of following the Physician orders for dietary supplements as prescribed. Newly hired nursing and certified nursing assistant staff will be in-serviced upon hire, quarterly, and as needed by the Director of Nurses on the importance of following Physician orders. 4. How the facility plans to monitor its performance to make sure that solutions are sustained. The facility must develop a	

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F 692	Continued From page 2 Director of Nursing (DON) stated when there is a nutritional change, the order form goes to the pantry so they will be informed of the changes. She stated the Registered Dietitian (RD), pantry person, nurse, and CNAs are all informed about it. She confirmed it was the nurse's responsibility to give the resident a supplement as ordered by the physician and to make sure that it is charted accurately. On 08/08/24 at 10:15 AM, during an interview, the RD stated she reviewed Resident #68's chart and had recently changed the order to double portion meals and Boost four (4) times a day (QID). She confirmed the resident should receive Boost four (4) times a day. On 08/08/24 at 10:32 AM, in an interview, CNA #2 stated she did not have access to get the supplement from the medication room. She stated Resident #68 was supposed to get Boost with every meal and emphasized it was the nurse's responsibility to give the resident his Boost. She noted she had observed it not being on the tray at times, but when she was there, she would ask the nurse for the Boost. A record review of Resident #68's "Identification and Summary Sheet" revealed an admission date of 3/18/24 with diagnoses of Huntington's Disease, Depression, and Gastric Esophageal Reflux Disease. A record review of Resident #68's "Physician Orders," dated 6/26/24 revealed an order for pureed diet x 2 (double portions) with Boost QID (four times a day) and when requested.	F 692	plan for ensuring that correction is achieved and sustained. This plan must be implemented, and the corrective action evaluated for its effectiveness. The plan of correction is integrated in to the quality assurance system. Beginning on 08/20/2024, the Nurse Administrator will monitor the nursing staff to address the issues understanding of importance of following Physician orders for dietary supplements as prescribed two (2) times a week for two weeks, then one (1) time a week for two weeks, then monthly using the Facility□s Monitoring Supplements Given at Medication Audit Tool. Any deficient practices will be corrected by the Nurse Administrator. Beginning 08/21/2024, the Registered Dietitian will review the Dietitian Recommendation Log with the Treatment Team for nutritional improvements weekly. Beginning 08/21/2024 the Nursing Home Administrator will review audit documentation weekly for 30 days. Beginning on 09/25/2024, the Nursing Home Administrator will report all audit findings to the Quality Assurance Performance Improvement (QAPI) committee monthly for two (2) quarters for action until consistent substantial compliance has been achieved as determined by the committee.	
F 761 SS=D	Label/Store Drugs and Biologicals	F 761		9/30/24

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F 761	Continued From page 3 CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews record review and facility policy review, the facility failed to date medications that were opened and stored in two (2) of four (4) medication refrigerators in medication storage rooms. Findings Include: A record review of the facility policy titled "MultiDose Vials," dated 11/21, revealed " 1.	F 761	1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice On 08/09/2024, RN#2 verified delivery of vials with Pharmacy and immediately labeled the vials with the 28-day expiration date. No residents required assessment. 2. How the facility will identify other	

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F 761	Continued From page 4 ...This policy establishes the requirements to regulate the use of multidose vials to ensure stability and prevent contamination ... 2. POLICY: The pharmacy attempts to supply injectable drugs in unit of use vials when practical, but many items are only available in multidose vials. 3. PROCEDURE: A. All multi-dose vials must be dated with a 28-day expiration date from the time of initial puncture ..." On 08/07/24 at 08:30 AM, during an observation of the medication room in Building 33 on the second floor with Licensed Practical Nurse (LPN) #1, the medication refrigerators were found to contain Novolin R vials that had been opened and not dated. On 08/07/24 at 08:35 AM, an interview with LPN #1 revealed that nurses were trained during orientation and at least yearly on medication labeling and storage, especially insulin. It was the responsibility of the nurse who opened the vial to date it. On 08/07/24 at 08:45 AM, during an observation of the medication room in Building 33 on the first floor with Registered Nurse (RN) #2, the medication refrigerators were found to contain vials of Novolin R and Levemir that had been opened and not dated. On 08/07/24 at 08:50 AM, an interview with RN #2 revealed it was the responsibility of the nurse to date the vial when it was opened. On 08/07/24 at 11:19 AM, an interview with the Director of Nursing (DON) of the facility, confirmed that nurses have received training regarding the importance of dating multidose vials	F 761	residents having the potential to be affected by the same deficient practice. The facility has determined by the census that eighteen (18) residents had the potential to be affected. 3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur. On 08/09/2024, the Registered Nurse was verbally counseled by the Director of Nursing r on understanding the need to follow the Facility□s Multidose Vials Policy on labeling and dating multidose vials. Beginning 08/09/2024, the Director of Nurses in-serviced the nursing staff and on the importance of following the Facility□s Multidose Vials Policy. Newly hired nursing and certified nursing assistant staff will be in-serviced upon hire, quarterly, and as needed by the Director of Nurses on the importance of following the Facility□s Policy. 4. How the facility plans to monitor its performance to make sure that solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. This plan must be implemented, and the corrective action evaluated for its effectiveness. The plan of correction is integrated in to the quality assurance system. Beginning on 08/20/2024, the Nurse Administrator or the Infection Preventionist Nurse will monitor labeling the MultiDose Vials in the Medication Storage Room two (2) times a week for two weeks, then one (1) time a week for	

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F 761	Continued From page 5 when they are opened. The DON stated the nurses are to follow facility policy and date the vials as they are opened.	F 761	two weeks, then monthly, using Labeling Multidose Vials Audit Log. Any deficient practices will be corrected by the Nurse Administrator. Beginning 08/21/2024 the Nursing Home Administrator will review audit documentation weekly for 30 days. Beginning on 09/25/2024, the Nursing Home Administrator will report all audit findings to the Quality Assurance Performance Improvement (QAPI) committee monthly for two (2) quarters for action until consistent substantial compliance has been achieved as determined by the committee.	