MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	61JE	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) COMPLETE DATE
M 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 Minimum Standards for Institutions for the Aged or Infirm, state licensure requirements and cited M715.	M 000		
M 715	45.24.4 Labeling of drugs Labeling of drugs. Each facility shall follow the Mississippi State Board of Pharmacy labeling requirements. This Statute is not met as evidenced by: Level II 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. ...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 ..."	M 715	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 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	9/30/24

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M 715	Continued From page 1 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 when they are opened. The DON stated the nurses are to follow facility policy and date the vials as they are opened.	M 715	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 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	

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M 715	Continued From page 2	M 715	determined by the committee.	