

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

PRINTED: 12/05/2024
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 _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/25/2024	
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
F 000	INITIAL COMMENTS The State Agency (SA) conducted five (5) Complaint Investigations (CI MS #26558, MS #26720, CI MS #26857, CI MS# 26858 and CI MS #26861) at the facility from 10/23/24 through 10/25/24. CI MS #26558 was investigated related to Resident Rights, Quality of Life and Quality of Care/Treatment. CI MS #26720 was investigated regarding Death at the facility. CI MS #26857 was investigated for Quality of Care/Treatment for Resident not groomed adequately, Nursing Services and Quality of Life. CI MS #26858 was investigated for Quality of Care/Treatment for Responsible Party (RP) not notified of change of condition, Nursing Services and Quality of Life. CI M S#26861 was a facility reported incident and investigated for Resident Neglect related to pressure sores. During the survey, the SA determined the facility was in compliance with the requirements for participation in Medicare and Medicaid and there were no deficiencies cited. The facility held a license for 45 beds, with a census of 43.			F 000			

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

TITLE

(X6) DATE

Electronically Signed

11/01/2024

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.