STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A404	A. BUILDING _____ B. WING _____	12/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JNH-MADISON 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 along with a Complaint Investigation (CI MS #27077) at the facility from 12/2/24 through 12/5/24.The SA investigated CI MS #27077 for an incident with the call lights. There were no citations related to the complaint investigation. During the survey, the SA determined the facility was not in compliance with the requirements of participation in Medicare and Medicaid and cited F584. The facility had a census of 56 and was licensed for 63 beds.	F 000		
F 584 SS=D	Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7) §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft. §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly,	F 584		1/17/25

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		12/16/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A404	A. BUILDING _____ B. WING _____	12/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JNH-MADISON 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 584	Continued From page 1 and comfortable interior; §483.10(i)(3) Clean bed and bath linens that are in good condition; §483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv); §483.10(i)(5) Adequate and comfortable lighting levels in all areas; §483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and §483.10(i)(7) For the maintenance of comfortable sound levels. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and facility policy review, the facility failed to ensure a safe, sanitary, and comfortable environment by not preventing the buildup of dust and debris on kitchen and dining room vent covers for two (2) out of four (4) days of survey. Findings include: A review of the facility's policy titled "Cleaning of Patient/Resident Areas," dated 11/24, revealed, " ... II. Policy This policy provides procedures to clean and disinfect all patient/resident areas to prevent the spread of infection ... Procedure B. Steps to cleaning and disinfecting a building: ... 2. The following should be free of stains, visible dust, streaks, gross soil, spider webs and handprints. Clean and disinfect as needed ... k. Vents ..."	F 584	What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? On December 03, 2024, following notification of the observation of buildings 28 and 34, the housekeepers dusted the dining room vents. The Coordinator Unit Officer contacted maintenance to assess/review the vents for replacement or repair. Beginning on December 04, 2024, maintenance started replacing/repairing dining room vents. 2. How the facility will identify other residents having the potential to be affected by the same deficient practice.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A404	A. BUILDING _____ B. WING _____	12/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JNH-MADISON 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 584	Continued From page 2 On 12/02/2024 at 10:45 AM, during an observation of Building 28, the vent cover in the pantry was noted to be unsanitary, with a significant buildup of solid dust and debris on the cover. On 12/02/2024 at 11:30 AM, during an interview with Dietary Staff #1 related to the cleaning schedule of the vents she stated, "Sometimes I do it myself, but it's done once a month." On 12/03/2024 at 1:45 PM, during a follow-up observation of Building 28, the vent in the pantry was again noted to have thick dust present on the vent cover. On 12/03/2024 at 2:00 PM, during an observation of Building 34's dining room, both vent covers were noted to be heavily soiled with approximately 3/8 inch of thick dust accumulation. On 12/03/2024 at 2:30 PM, during an interview with the Administrator, she stated that a work order for cleaning the vents had been in place for a week but had not been completed at the time of the interview. On 12/03/2024 at 2:45 PM, during an interview with Maintenance Staff #1, he stated that vent cleaning is usually performed by housekeeping and was unsure of how often this is done. On 12/03/2024 at 2:55 PM, during a phone interview with the Housekeeping Supervisor, she stated that vents should be cleaned weekly. She explained that housekeeping can clean vents with a washcloth or soap but that Maintenance staff is	F 584	The Madison Inn Nursing Home Administrator reviewed the resident census and identified that all residents had the potential to be affected by the deficient practice. Of the 56 residents, no resident was affected by the deficient practice. 3.What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur. On December 04, 2024, the Environment Service Director in-serviced new hires, full-time, and contract housekeepers on Policy 191-29 Cleaning of Patient/Resident Areas. Housekeepers will dust vents daily for 30 days, then weekly ongoing. Housekeepers will report any paint chip, rust, or broken vents to the Coordinator Unit Office (CUO). The CUO will complete the electronic work order for maintenance to repair/replace vents. Beginning on December 04, 2024 maintenance repaired/replaced the dining room vents on buildings 28 and 34 and will sustain dining room vents ongoing as required. 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 into the quality assurance system.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A404	A. BUILDING _____ B. WING _____	12/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JNH-MADISON 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 584	Continued From page 3 responsible for removing and performing thorough weekly dusting of the vents. On 12/03/2024 at 3:05 PM, during an interview with Dietary Staff #2, she stated that maintenance is usually responsible for cleaning the vents but admitted, "No one has been here in a while." She confirmed the vents were thickly covered in dust, adding, "I see why you are concerned because the vents have a lot of dust covering them."	F 584	Beginning December 05, 2024, the Coordinator Unit Officer (CUO) will monitor housekeepers using the Environmental Services Housekeeper Round sheet daily for 30 days, then weekly ongoing. Beginning December 12, 2024, the CUO will report findings weekly to the Environment Service Director and Madison Inn Nursing Home Administrator (NHA), then monthly. On January 06, 2025, Madison Inn□s NHA will report audit findings to the Quality Assurance and Performance Improvement (QAPI) committee, then quarterly for action until consistent, substantial compliance has been achieved as determined by the committee. Should systemic changes not be practical, the QAPI committee will investigate and determine if further action(s) must be implemented. The actions from Madison Inn□s QAPI meeting will be reported to the Jaquith Nursing Home Executive Committee.	