STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 25A402	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JNH-JEFFERSON INN	3550 HWY 468 WEST P O BOX 207 BLDG 33, WHITFIELD, Mississippi, 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
F0000	INITIAL COMMENTS The State Agency (SA) conducted a Complaint Investigation (CI) MS # 472794 and CI MS# 472798 at the facility from 7/31/25 through 8/01/25 related to allegations of abuse, neglect and injury of unknown origin. During the survey, the SA determined the facility was not in compliance with the requirements for participation in Medicare and Medicaid and cited F550 with CI MS# 472798. The facility held a license for 90 beds, with a census of 78.	F0000		09/17/2025
F0550 SS = D	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. §483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen	F0550	1. On 08/01/2025, the Director of Nursing and Staff Education verified that instruction in incontinent care training included assisting residents into their bed, not conducting the care in the hallway. On 08/01/2025 Resident #2 was assessed by the Director of Nursing, no negative outcome was noted from the deficient practice. 2. The facility has determined by the census that two (2) residents had the potential to be affected. 3. On 08/01/2024, the Director of Nursing was verbally counseled by the Nursing Home Administrator on understanding the need to follow the Facility's Rights of Residents Policy on Respect and Dignity with personal care. Beginning 08/01/2024, the Director of Nurses in-serviced the nursing and Certified Nursing Assistants (CNA) staff on the importance of following the Facility's Incontinence/Perineal Care 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. Beginning on 08/11/2025, the Nurse Team Lead or the CNA Staff Educator Nurse will monitor Incontinency Care two (2) times a week for two weeks, then one (1) time a week for two weeks, then monthly for one (1) month, using Incontinence/Perineal Care Log. Any deficient practices will be corrected by the Nurse Team Lead. Beginning 08/15/2025 the Nursing Home Administrator will review audit documentation weekly for 30 days. Beginning on 09/17/2025, the Nursing Home Administrator will report all audit findings to the Quality Assurance	09/17/2025

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 reverse for further 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.

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

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F0550 SS = D	Continued from page 1 or resident of the United States. §483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility. §483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is NOT MET as evidenced by: Based on observation, record review, interview, and facility policy review, the facility failed to ensure the residents' right to be treated with dignity and respect, as evidenced by staff provided incontinent care without providing privacy for two (2) of four (4) sampled residents. Resident #1 and Resident #2. Findings include: Record review of the facility policy titled, “RIGHTS OF RESIDENTS”, dated July 2023, revealed “…All persons admitted to (Proper name of facility) will be assured that their legal rights will be protected and promoted. The resident will receive care consistent with basic human dignity…The resident has the right to a dignified existence...” On 7/30/25 at 9:39 AM, during a pre-survey interview with the Complainant who is the facility Ombudsman stated that during a routine visit at this facility on 6/10/25, she walked down the hallway and noticed two aides with Resident #1 in the hallway and there was something going on that “was not right”. She stated that it appeared the staff were attempting to provide care for the resident in the hallway and that they put the resident into a Geri-recliner and took her into her room when they noticed her approach. On 7/31/25 at 2:48 PM, observation revealed that Certified Nursing Assistant (CNA) #3 was providing incontinent care for Resident #2 in the resident’s room with the door open. There was no privacy curtain in use and the resident’s perineal area was exposed. CNA # 3, the CNA Supervisor joined CNA #4 without providing instruction or correction on provision of privacy for incontinent care.	F0550	Continued from page 1 Performance Improvement (QAPI) committee monthly for two (2) quarters for action until consistent substantial compliance has been achieved as determined by the committee.	

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F0550 SS = D	Continued from page 2 On 7/31/25 at 3:00 PM, during an interview CNA #4 confirmed that it was not the correct procedure to provide incontinent care in the hallway and that privacy should be provided to maintain residents' dignity and ensure their rights. She confirmed that the facility provided in-service training regarding residents' rights, including the right to receive care in a dignified manner and incontinent care, including provision of privacy for care. On 7/31/25 at 3:10 PM, during an interview CNA #3 confirmed that she had the authority to provide instruction and correction to CNAs if she observed any problem with care. She said that it was not the correct procedure to provide incontinent care in the hallway and that privacy should be provided to maintain residents' dignity and ensure their rights. She confirmed that the facility provided in-service training regarding residents' rights, including the right to receive care in a dignified manner and incontinent care, including provision of privacy for care. On 7/31/25 at 6:22 PM, during a telephone interview, CNA #1 stated that she and CNA #2 were providing incontinent care for Resident #1 in the hallway outside the doorway of her room on 6/10/25 when the ombudsman came around the corner in the hallway and they took the resident into her room and provided incontinent care. She confirmed that it was not the correct procedure to provide incontinent care in the hallway and that privacy should be provided to maintain residents' dignity and ensure their rights. She confirmed that the facility provided in-service training regarding residents' rights, including the right to receive care in a dignified manner and incontinent care, including provision of privacy for care. On 8/01/25 at 9:20 AM, during an interview the Administrator confirmed that she was notified by a visitor to the facility on 6/10/25 that they had "seen something that did not look right". She stated that she had interviewed the two staff involved, CNA #1 and CNA # 2, and that they had denied anything out of the ordinary. She stated she had interviewed Resident #1 and noted no change from baseline and nothing unusual. She said she saw Resident #1 daily and had not noted any change in condition, function or behavior since 6/10/25. She stated that it was not the correct procedure to provide incontinent care in the hallway and that privacy should be provided to maintain residents' dignity and ensure their rights. She confirmed that the facility provided in-service training regarding residents' rights, including the	F0550		

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F0550 SS = D	Continued from page 3 right to receive care in a dignified manner and incontinent care, including provision of privacy for care. On 8/01/25 at 10:15 AM, during an interview Licensed Practical Nurse (LPN) #1 revealed she was the Infection Preventionist (IP) for the facility. She stated that she provided in-service training for nursing staff including incontinent care. She stated she utilized direct observation of incontinent care and other tasks and competency checkoffs for CNA s and nurses. She stated that nursing staff are to take residents to the resident's room, shower room or bathroom to provide incontinent care and that was a big part of treating residents with respect and dignity and an infection control issue. "It is not best practice to provide Activities of Daily Living (ADL) care in the hallway, especially incontinent care". On 8/01/25 at 11:32 AM, during a telephone interview, CNA #2 confirmed that Resident #1's incontinent brief was down, and her perineal area was exposed in the hallway when the ombudsman came down the hallway on 6/10/25. She confirmed that it was not the correct procedure to provide incontinent care in the hallway and that privacy should be provided to maintain residents' dignity and ensure their rights. She confirmed that the facility provided in-service training regarding residents' rights, including the right to receive care in a dignified manner and incontinent care, including provision of privacy for care. On 8/01/25 at 12:21 PM, during an interview the DON revealed that she and the IP and the Staffing Department Head of Nursing Services provided in-service training regarding Residents' Rights, including but not limited to the right of each resident to be treated with respect and dignity and provision of privacy for any care that included uncovering residents' bodies. She stated that she was unaware CNAs were providing incontinent care for residents in the hallways or without provision of privacy for the residents. On 8/01/25 at 1:30 PM, during an interview LPN #2 revealed that she was part of a program to train CNAs prior to certification for employment at the facility. She confirmed that the program provided instruction in incontinent care, and that the incontinent care training included assisting residents into their bed, not conducting the care in the hallway. Record review of the "Identification and Summary Sheet" for Resident #1 revealed the facility admitted the	F0550		

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F0550 SS = D	Continued from page 4 resident on 10/21/15 with diagnoses that included Schizoaffective disorder (bipolar type), Histrionic personality disorder and Chronic obstructive pulmonary disease (COPD). Record review of the Quarterly Minimum Data Set (MDS) for Resident #1 with an Assessment Reference Date (ARD) of 4/09/25 revealed the resident had no Brief Interview for Mental Status (BIMS) score with documentation that the resident was not able to participate in the interview because she “rarely/never understood” and she was dependent for toileting hygiene and all activities of daily living and was always incontinent of bowel and bladder. Resident #2 Record review of the “Identification and Summary Sheet” for Resident #2 revealed the facility admitted the resident on 4/01/2019 with diagnoses that included Schizophrenia, Mood disorder and Dementia. Record review of the Quarterly MDS for Resident #2 with an ARD 2/05/25 revealed the resident had no BIMS score with documentation that the resident was not able to participate in the interview because she “rarely/never understood” and she was dependent for toileting hygiene and all activities of daily living and was always incontinent of bowel and bladder.	F0550		