Mississippi State Department of Health

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING<br>B. WING | (X3) DATE SURVEY COMPLETED<br>**08/01/2025** |
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| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| **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 |
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| M0000 | Initial Comments<br><br>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. CI MS # 472798 was investigated related to allegations of abuse and neglect, and CI MS# 472794 was investigated related to injury of unknown origin. 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 M500 related to CI MS #472798. | M0000 | | 09/17/2025 |
| M0500 | 45.17.2 Residents' Rights<br><br>Residents' Rights. The residents' rights policies and procedures ensure that each resident admitted to the facility:<br><br>1. is fully informed, as evidenced by the resident's written acknowledgment, prior to or at the time of admission and during stay, of these rights and is given a statement of the facility's rules and regulations and an explanation of the resident's responsibility to obey all reasonable regulations of the facility and to respect the personal rights and private property of other residents;<br><br>2. is fully informed, and is given a written statement prior to or at time of admission and during stay, of services available in the facility, and of related charges including any charges for services covered by the facility's basic per diem rate;<br><br>3. is assured of adequate and appropriate medical care, is fully informed by a physician or nurse practitioner/physician assistant of his medical conditions unless medically contraindicated (as documented by a physician or nurse practitioner/physician assistant in his medical record), is afforded the opportunity to participate in the planning of his medical treatment, to not be | M0500 | 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.<br><br>2. The facility has determined by the census that two (2) residents had the potential to be affected.<br><br>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.<br><br>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 | 09/17/2025 |



| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| M0500 | Continued from page 1<br>limited in his/her choice of a pharmacy or pharmacist provider in accordance with state law, as referenced in House Bill 1439, which states that the facility shall not limit a resident ' s choice of pharmacy or pharmacy provider if that provider meets the same standards of dispensing guidelines required of long term care facilities, to refuse to participate in experimental research, and to refuse medication and treatment after fully informed of and understanding the consequences of such action;<br><br>4. is transferred or discharged only for medical reasons, or for his welfare or that of other residents, or for nonpayment for his stay (except as prohibited by sources of third-party payment), and is given a two weeks advance notice in writing to ensure orderly transfer or discharge. A copy of this notice is maintained in his medical record;<br><br>5. is encouraged and assisted, throughout his period of stay, to exercise his rights as a resident and as a citizen, and to this end may voice grievances, has a right of action for damages or other relief for deprivations or infringements of his right to adequate and proper treatment and care established by an applicable statute, rule, regulation or contract, and to recommend changes in policies and services to facility staff and/or to outside representatives of his choice, free from restraint, interference, coercion, discrimination, or reprisal;<br><br>6. may manage his personal financial affairs, or is given at least a quarterly accounting of financial transactions made on his behalf should the facility accept his written delegation of this responsibility to the facility for any period of time in conformance with State law;<br><br>7. is free from mental and physical abuse;<br><br>8. is free from restraint except by order of a physician or nurse practitioner/physician assistant, or unless it is determined that the resident is a threat to himself or to others. Physical and chemical restraints shall be used for medical conditions that warrant the use of a restraint. Restraint is not to be used for discipline or staff convenience. The facility must have policies and procedures addressing the use and monitoring of restraint. A physician order for restraint must be countersigned within 24 hours of the | M0500 | Continued from page 1<br>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. | |

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| M0500 | Continued from page 2<br>emergency application of the restraint;<br><br>9. is assured security in storing personal possessions and confidential treatment of his personal and medical records, and may approve or refuse their release to any individual outside the facility, except, in the case of his transfer to another health care institution, or as required by law of third-party payment contract;<br><br>10. is treated with consideration, respect, and full recognition of his dignity and individuality, including privacy in treatment and in care for his personal needs;<br><br>11. is not required to perform services for the facility that are not included for therapeutic purposes in his plan of care;<br><br>12. may associate and communicate privately with persons of his choice, may join with other residents or individuals within or outside of the facility to work for improvements in resident care, and send and receive his personal mail unopened, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record);<br><br>13. may meet with, and participate in activities of, social, religious and community groups at his discretion, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record);<br><br>14. may retain and use his personal clothing and possessions as space permits, unless to do so would infringe upon rights of other residents, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record);<br><br>15. if married, is assured privacy for visits by his/her spouse; if both are inpatients in the facility, they are permitted to share a room, unless medically contraindicated (as documented by the attending physician or nurse practitioner/physician assistant in the medical record); and | M0500 | | |

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| M0500 | Continued from page 3<br><br>16. is assured of exercising his civil and religious liberties including the right to independent personal decisions and knowledge of available choice. The facility shall encourage and assist in the fullest exercise of these rights.<br><br>This LICENSURE REQUIREMENT is NOT MET as evidenced by:<br><br>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.<br><br>Findings include:<br><br>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...”<br><br>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.<br><br>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.<br><br>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 | M0500 | | |

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| M0500 | Continued from page 4<br>provision of privacy for care.<br><br>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.<br><br>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.<br><br>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 right to receive care in a dignified manner and incontinent care, including provision of privacy for care.<br><br>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 | M0500 | | |

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| M0500 | Continued from page 5<br>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".<br><br>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.<br><br>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.<br><br>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.<br><br>Record review of the "Identification and Summary Sheet" for Resident #1 revealed the facility admitted the resident on 10/21/15 with diagnoses that included Schizoaffective disorder (bipolar type), Histrionic personality disorder and Chronic obstructive pulmonary disease (COPD).<br><br>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 | M0500 | | |

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| M0500 | Continued from page 6<br>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.<br><br>Resident #2<br><br>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.<br><br>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. | M0500 | | |