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>**10/09/2025** |
|---|---|---|---|

| 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 |
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| M0000 | Initial Comments<br><br>The State Agency (SA) conducted an annual recertification survey at the facility from 10/06/25 through 10/09/25. 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 M815 and M1570.<br><br>The census at the time of the survey was 76 with a bed capacity of 90. | M0000 | | |
| M0815 | 45.29.1 Safe Food Handling Procedures<br><br>Safe Food Handling Procedures. Food shall be prepared, held, and served according to current Mississippi State Department of Health Food Code Regulations.<br><br>This LICENSURE REQUIREMENT is NOT MET as evidenced by:<br><br>Based on observation, interview, and facility policy review the facility failed to ensure that food was prepared and served in a sanitary manner to prevent foodborne illness. Specifically, a food-service worker was observed failing to change gloves after touching a door handle while taking food temperatures. This failure demonstrated a breach of proper hand-hygiene and glove-use procedures and created a risk of cross-contamination for one (1) of four (4) dietary observations.<br><br>Findings include:<br><br>A record review of the facility's "Food Storage "policy (revised June 2025) revealed, "Employees will maintain good personal-hygiene practices and safe food-handling procedures during food storage."<br><br>A record review of the facility's "Food Preparation and Meal Service" policy (revised June 2025) revealed, "Employees will observe safe-handling practices during preparation and service of food to residents and patients."<br><br>An observation on October 9, 2025, at 8:09 AM, during | M0815 | | |



| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| M0815 | Continued from page 1<br>breakfast temperature checks in the dietary department, the State Agency observed Dietary Member #2 (DM #2), who had been employed at the facility for 24 years, open the kitchen door while wearing gloves. DM #2 then returned to taking food temperatures without removing the gloves, washing her hands, or donning new gloves before resuming food handling.<br><br>On October 9, 2025, at 8:15 AM, during an interview, DM #2 acknowledged that she should have removed her gloves, performed hand hygiene, and applied new gloves after touching the door handle which was a surface that may have been contaminated. DM #2 also stated that proper hand hygiene is important to prevent the spread of germs and to maintain food safety during food preparation and service. | M0815 | | |
| M1570 | 48.58.1 Infection Control<br><br>The following infection control standards shall be met:<br><br>1. The facility must maintain and document an effective infection control program that protects patients, families, visitors, and facility personnel by preventing and controlling infections and communicable diseases.<br><br>2. The facility must have an active surveillance program that includes specific measures for prevention, early detection, control, education, and investigation of infections and communicable diseases in the facility. There must be a mechanism to evaluate the effectiveness of the program(s) and take corrective action when necessary. The program must include implementation of nationally recognized systems of infection control guidelines to avoid sources and transmission of infections and communicable diseases.<br><br>3. The facility must follow accepted standards of practice to prevent the transmission of infections and communicable diseases, including the use of standard precautions.<br><br>This LICENSURE REQUIREMENT is NOT MET as evidenced by:<br><br>Based on observations, interviews, record reviews and facility policy review, the facility failed to prevent the possible spread of infection during wound care as evidenced by failure to implement proper use of Enhanced Barrier Precautions (EBP) during wound care for one (1) of three (3) care observations. Resident | M1570 | | |

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| M1570 | Continued from page 2<br>#11<br><br>Findings include:<br><br>A record review of the facility's "Standard Precautions & Enhanced Barrier Precautions" dated 6/2024 revealed “2. POLICY: All employees will utilize Standard Precautions or Enhanced Barrier Precautions when indicated, on all patients/residents at all times...3.… Enhanced Barrier Precautions expands the use of Personal Protective Equipment (PPE) beyond situations in which exposure to blood and body fluids is anticipated. High contact resident care includes Wound care (any skin opening requiring a dressing…”<br><br>A record review of the EBP signage revealed “…Providers and staff must also: Wear gloves and a gown for the following High-Contact Resident Care Activities...Wound care: any skin opening requires dressing…”<br><br>On 10/06/2025 at 2:43 PM, during initial tour, Licensed Practical Nurse (LPN) #1 was observed in Resident #11’s room providing bilateral wound care on his legs. LPN#1 did not have a gown on while providing care.<br><br>On 10/6/25 at 2:50 PM, during an interview LPN #1 confirmed she did not have a gown on doing wound care. She stated she was aware that she was supposed to wear a gown. She stated she did not look at the EBP signage by the door. She stated she forgot to put a gown on. She stated the purpose of the gown is to protect the residents from getting an infection from the outside. She stated her actions put the resident at risk for infection.<br><br>On 10/8/25 at 10:13 AM, in an interview the Director of Nursing (DON) stated LPN #1 should have put a gown on. She stated there is a signage on the outside of the door alerting staff to use EBP when providing certain care. She stated she expects staff to follow policy and procedures while doing care. She stated the nurses have gowns on their cart.<br><br>On 10/8/25 at 10:28 AM, in an interview with LPN #2 / Infection Preventionist (IP) nurse stated she expects staff to wear gowns and gloves when doing care. She stated she does in services and rounds in the facility every other month. She stated by LPN #1 not wearing a gown, that increased the risk of the resident getting an infection. She stated LPN#1 could have bacteria on her clothes and spread it to other residents. She stated when a resident has open areas there is a risk of spreading infection to the wound by not wearing a gown doing care. | M1570 | | |

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| M1570 | Continued from page 3<br><br>A record review of Resident #11 “Identification and Summary Sheet” revealed an admission date of 6/2/21 with diagnoses that included Peripheral Vascular Disease.<br><br>A record review of Resident #11’s “Physician Order revealed an order dated 9/15/25 “Clean lower extremities (Legs and feet) with NS (normal saline). Apply Silvadene to lower legs. Apply ABD (abdominal) pad and wrap and kerlix daily and PRN (as needed) if soiled until healed.”<br><br>A record review of Resident #11’s Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 5/22/25 revealed a Brief Interview for Mental Status (BIMS) score of 15 which indicated the resident was cognitively intact. | M1570 | | |