Mississippi State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **10/29/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JNH-MADISON INN	**3550 HIGHWAY 468 WEST BUILDING 28 AND 34, 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
M0000	Initial Comments The State Agency (SA) conducted an annual recertification survey at the facility from 10/27/25 through 10/29/25. 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.	M0000		
M0815	45.29.1 Safe Food Handling Procedures Safe Food Handling Procedures. Food shall be prepared, held, and served according to current Mississippi State Department of Health Food Code Regulations. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Level II- Isolated Based on observation, interview, and facility policy review, the facility failed to ensure the safe storage and labeling of food and beverages in accordance with accepted food safety practices and the facility policy for one (1) of three (3) days of survey. Findings include: A review of the facility's Food Storage Policy revealed: "When drink mix has been prepared, a label will be on jug/container and date opened will be used for date prepared." "Document name of product on label if it has been removed from its original packaging." These policy requirements were not followed at the time of the observation. On 10/27/2025 at 10:26 AM, during a tour of the pantry in Building #28, the State Agency observed the following: Pitchers containing Kool-Aid and Lemonade were not labeled with a preparation date or discard date. Tuna salad was stored in Styrofoam cups covered with plastic wrap and did not have a preparation or discard date. On 10/29/2025 at 8:30 AM, the Administrator acknowledged that discard dates are required on all	M0815		

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

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M0815	Continued from page 1 drink pitchers and food containers to prevent the growth of pathogens and avoid potential illness among residents. On 10/29/2025 at 10:45 AM, the Infection Preventionist stated during an interview that failure to label food with discard dates can result in contamination and resident illness. She confirmed that pantry staff receive monthly and as-needed training on food handling and storage protocols. On 10/29/2025 at 11:43 AM, the Pantry Supervisor acknowledged she had prepared the Kool-Aid, lemonade, and tuna salad on Sunday for resident snacks. She stated that she had failed to label the items with discard dates and admitted it was an oversight. She further confirmed that labeling food items is necessary to prevent contamination and illness.	M0815		
M1570	48.58.1 Infection Control The following infection control standards shall be met: 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. 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. 3. The facility must follow accepted standards of practice to prevent the transmission of infections and communicable diseases, including the use of standard precautions. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, and record review, the facility failed to implement infection prevention practices during medication administration for one (1) of three (3) observed residents (Resident #42) as	M1570		

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M1570	Continued from page 2 evidenced by the Licensed Practical Nurse (LPN) #1 failed to use a barrier when placing resident medications on an unclean surface, and failed to disinfect the medications before returning them to the medication cart. Findings include: On 10/29/25 at 8:25 AM, observed LPN #1 remove eye drops and inhaled medication (Albuterol) from the medication cart and placed both items directly onto Resident #42's bedside dresser without the use of a protective barrier. The medications were administered, and afterwards, LPN #1 returned the medications to the cart without disinfecting them before placing them in the drawer alongside medications for other residents. In an interview at 8:28 AM, on 10/29/25, LPN #1 acknowledged that she should have placed a barrier between the resident's dresser and the medications. She further stated that she had no idea what type of fluids or contaminants might be present on the resident's dresser and recognized the risk for cross-contamination. On 10/29/25 At 8:48 AM, during an interview the Director of Nursing (DON) confirmed that the resident's dresser top could harbor infectious organisms, and that the facility's recommendation is for nurses to use a barrier when placing medication items on resident furniture to prevent cross-contamination with items returned to the medication cart. On 10/29/25 at 10:13 AM, during an interview the Infection Preventionist Nurse confirmed that nurses are trained that any object that touches surfaces in a resident's room should either remain in the room or be disinfected prior to being returned to shared areas such as the medication cart. The nurse explained that, at a minimum, a disinfectant wipe should be used to clean the surface before placing items on the surface. A record review of the facility's procedure guide indicated that medications such as eye drops should be placed on a "clean, dry surface" prior to administration. A record review of Resident #42's "Identification and Summary Sheet" revealed an admission date of 6/4/15 with diagnoses including Schizophrenia. A record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 9/5/25 revealed a Brief Interview for Mental Status (BIMS) score of 15,	M1570		

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M1570	Continued from page 3 indicating the resident was cognitively intact. Record review of physician orders for Resident #42 included: Thera eye drops 0.25%, one drop in each eye three times daily, with a start date of 2/10/23. Albuterol 90 MCG inhaler, 2 puffs by mouth twice daily, with a start date of 8/15/25.	M1570		