MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	61MA	A. BUILDING: _____ B. WING _____	C 08/05/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JNH-MADISON INN	3550 HIGHWAY 468 WEST WHITFIELD, MS 39193

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M 000	Initial Comments The State Agency (SA) conducted a survey for Complaint Investigation (CI) MS # 17900 from 7/20/21 through 7/24/21. The SA re-entered the facility on 8/3/21 through 8/5/21 for an extended survey to obtain additional interviews and documentation. The SA substantiated CI MS 17900 related to Abuse and Quality of Care related to lack of sufficient nursing staff. During the investigation the facility was found not to be in non-compliance with the Minimum Standards of Participation for Institutions for the Aged or Infirm. The SA identified an Immediate Jeopardy (IJ) and Substandard Quality of Care (SQC) which began on 7/12/21, when the facility failed to provide a licensed nurse for Building 34, 1st Floor Unit. The facility's failure to provide a licensed nurse resulted in missed mediations for eight (8) residents, missed tracheostomy care for two (2) residents, and missed PEG tube feedings for three (3) residents. The facility's failure to provide nursing services and supervision resulted in two (2) residents not receiving proper tracheostomy care on the 3-11 shift on 7/12/21 and on the 11-7 shift on 7/13/21, eight (8) residents not receiving medication on the 3-11 shift on 7/12/21, and percutaneous endoscopic gastrostomy (PEG) tube feedings for three (3) residents on 7/13/21 on the 11-7 shift placed the residents at risk, and in a situation which was likely to cause serious injury, harm, impairment, or death. On 7/22/21 at 7:00 PM, the SA informed the Nursing Home Administrator (NHA) of the Immediate Jeopardy (IJ) and Substandard Quality of Care (SQC) and provided the facility with the IJ Templates.	M 000		

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M 000	Continued From page 1 The IJ and SQC existed at: Rule 45.17.2 (M500) - Resident Rights - Level IV Rule 45.21.11 (M655) - Special Needs - Level IV The facility submitted an acceptable Removal Plan on 7/23/21 at 5:16 PM, in which the facility alleged all corrective actions to remove the IJ were completed on 7/22/21, and the IJ removed as of 7/23/21. The SA validated the Removal Plan on 7/24/21 and determined the IJ was removed on 7/22/21, prior to exit. Therefore, the scope and severity for Rule 45.17.2 (M500) Resident Rights and Rule 45.21.11 (M655) - Special Needs - Level IV was lowered from a Level IV to a Level II while the facility develops and implements a plan of correction to monitor the effectiveness of the systemic changes to ensure the facility sustains compliance with regulatory requirements. The SA cited M 635 related to Gastric tube feedings at a Level II. The facility had a census of 65 at the time of the survey and held a license for 79.	M 000		
M 500	45.17.2 Residents' Rights Residents' Rights. The residents' rights policies and procedures ensure that each resident admitted to the facility: 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	M 500		9/30/21

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M 500	Continued From page 2 the facility and to respect the personal rights and private property of other residents; 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; 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 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; 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;	M 500		

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M 500	Continued From page 3 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; 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; 7. is free from mental and physical abuse; 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 emergency application of the restraint; 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	M 500		

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M 500	Continued From page 4 law of third-party payment contract; 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; 11. is not required to perform services for the facility that are not included for therapeutic purposes in his plan of care; 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); 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); 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); 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	M 500		

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M 500	Continued From page 5 by the attending physician or nurse practitioner/physician assistant in the medical record); and 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. This Statute is not met as evidenced by: Level IV Based on record review, staff interview, and facility policy review, the facility failed to provide necessary nursing services and supervision for 15 of 15 residents with a sample of eight (8) residents residing on the 1st floor unit for the 3-11 shift and the 11-7 shift, on 7/12/21 through 7/13/21. Residents #1, #2, #3, #4, #5, #6, #7, and #8. The facility's failure to provide nursing services and supervision resulted in residents not receiving medications and treatments on 7/12/21 on the 3-11 shift continuing through 6:00 AM on 7/13/21. This placed the residents at risk, and in a situation which was likely to cause serious injury, harm, impairment, or death. The State Agency (SA) identified an Immediate Jeopardy (IJ) and Substandard Quality of Care (SQC) which began on 7/12/21, when the facility failed to ensure a licensed nurse was available to provide necessary supervision, administer medications, treatments, PEG tube feedings and perform tracheostomy care. On 7/21/21, at 7:00 PM, the SA informed the Nursing Home Administrator (NHA) of the	M 500	1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice. On 7/13/2021 at 6:00 a.m., Registered Nurse #1 immediately assessed and implemented the care plans for Residents #2 and #4 who had tracheostomies and Percutaneous Endoscopic Gastrostomy (PEG) tubes. Registered Nurse #1 suctioned both resident□s tracheostomies and started feeding pumps per physician orders and care plan for Residents #2, #4 and #8. Registered Nurse #1 administered medication and treatments according to physician□s orders and care plan for Residents #1, #3, #5, #6, #7, #9, #10, #11, #12, #13, #14, and #15 and none of the residents appeared to have suffered any adverse effects as a result of the deficient practice. Registered Nurse #1 notified attending physician of downstairs unit of building 34 had insufficient licensed nursing staff on 7/12/2021 from 6:00 p.m. to 6:00 a.m. On 7/13/2021 at 9:00 a.m., the attending physician assessed Residents #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13,	

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M 500	Continued From page 6 Immediate Jeopardy (IJ) and Substandard Quality of Care (SQC) and provided the facility with the IJ Template. The facility submitted an acceptable Removal Plan on 7/22/21 at 5:16 PM, in which the facility alleged all corrective actions to remove the IJ were completed on 7/22/21 and the IJ removed as of 7/23/21. The SA validated the Removal Plan on 7/24/21 and determined the IJ was removed on 7/23/21, prior to exit. Therefore, the scope and severity for Rule 45.17.2 (M500) was lowered from a Level IV to a Level II while the facility develops and implements a plan of correction to monitor the effectiveness of the systemic changes to ensure the facility sustains compliance with regulatory requirements. Findings include: Review of the facility policy titled, "Injuries, Abuse, Neglect, Mistreatment, Misappropriation of Resident Property or Exploitation of Residents", revised September 2019, revealed " ...2. POLICY. A. Jaquith Nursing Home (JNH) residents have a right to be free from abuse, neglect, exploitation, mistreatment, sexual battery, and misappropriation of property ...B. Neglect: The failure of the facility, its employees, or service providers to provide goods and services to a resident that are necessary to avoid physical harm, pain, mental anguish, or emotional distress." Record review of the facility "Investigative Findings" dated 7/13/21, BUILDING 34 POSSIBLE NEGLECTS OF MULTIPLE RESIDENTS, revealed that on, "7/13/21, the	M 500	#14, and #15 and no injuries or harm were noted. On 7/13/2021, the Madison Inn resident□s Comprehensive Care Plans were reviewed by the Minimum Data Set (MDS) Registered Nurse. 2. How the facility will identify other residents having the potential to be affected by the same deficient practice. On 7/13/2021, all physician□s orders of Madison Inn residents with medication and treatments were reviewed by a Registered Nurse and identified 65 of 65 residents had the potential to be 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 07/13/2021, the Jaquith Nursing Home (JNH) Nurse Administrator counseled the Contract RN (working upstairs on building 34 from 3-11 on 7/12/21 and 11-7 on 07/12/21 - 7/13/21) on the procedure of notifying the on-call Nursing Home Administrator (NHA) and on-call Director of Nursing (DON) as needed for unintended occurrences. On 07/14/2021, JNH Nurse Administrator counseled the Agency LPN (scheduled and declined to work 11-7 shift on 07/13/2021) on the procedure of notifying the on-call DON if unwilling to accept an assignment. On 07/16/2021, the Administrator-In-Training (AIT) in-serviced all facility staff on the JNH policy Injuries, Abuse, Neglect, Mistreatment, Misappropriation of Resident Property or Exploitation of Resident. Emphasis was placed on neglect and reporting timely. On 07/16/ 2021, an emergency staffing	

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M 500	Continued From page 7 Administrator advised the Department of Safety & Investigative Services that on 7/12/21, the B-shift nurse for the downstairs unit on B34 tested Covid + and was sent home. It was determined that attempts were made to get nurse coverage for the unit; however, no replacement nurse came for B shift. An agency nurse came at midnight for C-shift, but refused to accept the assignment and left. Therefore, there was no nurse for the downstairs unit on B34 for C shift either ... The facility failed to provide sufficient licensed nursing staff for the downstairs' unit of B34 from 6:00 PM - 6:00 AM on 7/13/21. Therefore, neglect by the facility is substantiated. Please do know that each of the Residents on the unit was assessed by (Formal Name of Physician) of the morning of 7/13/21 and none of the residents appear to have suffered an adverse effect as a result of this insufficiency ..." On 7/20/21 at 6:10 PM, in an interview with Registered Nurse (RN) #1 revealed on 7/12/21 at approximately 3:30 PM, License Practical Nurse (LPN) #1 relieved RN #1 and narcotic count was completed. Registered Nurse (RN) #1 revealed when she arrived on the unit on 7/13/21 at 6:00 AM, she was told that there had been no nursing coverage on the unit. She stated she immediately assessed Residents #2 and #4, who had tracheostomies and PEG tubes. She suctioned both tracheostomies and started the feeding pumps for Residents #2, #4 and #8, which were not functioning because there was no water in the bags. On 7/20/21 at 6:40 PM, in an interview with the RN/Administrator (RN/Admin) revealed on 7/12/21 LPN #1 was informed she was Covid-19 positive and was directed to leave the facility immediately, waiting for her relief in her car with	M 500	contract was executed to obtain additional licensed agency nursing staff to work on units with Covid-19 cases. On 07/22/2021- 07/23/2021, the JNH Nurse Administrator in-serviced all nursing staff including the Director of Nursing (DON), and the Director of Staffing on policies and procedures related to Medication Administration, Tracheostomy Care, Enteral Feeding, Following the Care Plan, Abuse and Neglect, Resident□s Rights, and the Chain of Notification for staffing concerns. Emphasis was placed on ensuring immediate reporting of alleged neglect of residents. All newly hired nursing staff will be in-serviced during orientation and as needed on these policies and procedures. Beginning 08/19/2021, to ensure sufficient nursing staff area available to provide care for the residents, the Jaquith Nursing Home Administrator (NHA) on-call verifies each shift□s staffing with Staffing Department. Any insufficient staffing concerns will be discussed through the conference call initiated by NHA on-call along with the Nurse Staffing Director and/or Nurse Staffing Coordinator, and Certified Nursing Assistant (C.N.A) Staffing Director for A-shift (7:00 a.m.-3:30 p.m.), B-shift (3:00 p.m. - 11:30 p.m.), and C-shift (11:00 p.m. - 7:00 a.m.). After the conference call, if shifts are not covered by licensed nurses and CNAs, the Nurse Staffing Coordinator/Nurse Staffing Director will coordinate with the DON (or DON on-call) and NHA (or NHA on-call) to reassign nurse assignments to ensure staffing needs are met. On 8/19/2021, the JNH Nurse	

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M 500	Continued From page 8 the narcotics keys. On 7/12/21 at approximately 7:45 PM, LPN #1 gave the 2nd floor RN #2 the narcotic keys; but did not count the narcotics. The agency relief nurse presented at the facility at approximately 11:00 PM on 7/12/21; but would not accept the narcotic keys nor take the assignment of 1st floor nurse because the medication room was in disarray. The RN/Administrator (RN/Admin) revealed on 7/12/21 from approximately 6:00 PM until 7/13/21 at 6:00 AM there was no licensed nurse on the 1st floor resulting in 15 residents not receiving nursing services and supervision. On 7/21/21 at 9:30 AM, in an interview with the Administrator (Adm) revealed the facility's failure to provide sufficient nursing staff, resulted in medication/treatments being missed for approximately 12 hours from 7/12/21 at 6:00 PM until 7/13/21 at 6:00 AM. The Adm revealed the facility failed to ensure sufficient nursing staff was available to provide necessary nursing services. On 7/21/21 at 1:30 PM, in an interview with RN/Admin revealed the residents with tracheostomy could have had a mucous plug during the shift with no licensed nurse. RN/Admin explained the likelihood of harm was present on 7/12/21 at 6:00 PM through 7/13/21 at 6:00 AM for all residents not receiving medications or treatments. On 7/21/21 at 1:40 PM, in an interview with the Adm, he confirmed that because there was not licensed nursing staff on 7/12/21 in Building 34 1st floor there could have been a serious negative outcome among the residents. On 7/21/21 at 2:30 PM, in an interview with Certified Nursing Assistant (CNA) #2 revealed	M 500	Administrator in-serviced all the newly hired emergency contract and agency nursing staff on Tracheostomy Care, Enteral Feeding, Medication Administration, and Care Plan policies and procedures. On 8/26/ 2021-8/30/2021, the JNH Nurse Administrator in-serviced all licensed nursing staff on the policies and procedures related to accuracy when completing the Medication Administration Record (MAR) and Treatment Administration Record (TAR). Beginning 08/31/2021, the Madison Inn on-coming shift□s licensed nurse will validate with the off-going shift□s licensed nurse all resident□s MAR and TAR daily using the Medication and Treatment Administration Record Audit form daily for 30 days, weekly for 30 days, then every two weeks for 30 days. On 8/27/2021-8/31/2021, Staff Education Registered Nurse in-serviced all licensed nursing staff on the facility policy on Tracheostomy Care, Enteral Feeding, Medication Administration, and Following the Care Plan using the validation checklist to ensure licensed nurse perform the procedure correctly. 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. Beginning 08/19/2021, the Nursing Home Administrator (NHA) on call, Director of	

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M 500	Continued From page 9 she was working on 7/12/21 on the 3:00 PM to 11:00 PM shift. LPN #1 informed her she tested positive for Covid-19 and was informed to leave facility immediately, but there would be another nurse to replace her. CNA #2 revealed at approximately 4:30 PM on 7/12/21, she was the only staff present on the 1st floor until around 7:00 PM when a CNA came in early to help her with the 15 residents. CNA #2 revealed there was an RN on the 2nd floor of Building 34. In the event of an emergency, RN #2 told CNA #2 to come get her. RN #2 came to the 1st floor and medicated a resident for pain, then RN #2 went back to the 2nd floor. There were no problems with any of the other residents on the 1st floor, the tube feedings were not empty, nor did the tube feeding machines made any beeps, and the tracheostomy residents had no problems. She said, "I did give all my diabetic snacks out like I normally do." On 7/21/21 at 2:50 PM, in an interview with LPN #1 revealed she reported to Building 34 1st floor and counted the narcotics with the off going nurse. At approximately 4:00 PM, she received a phone call from the Medical Director on call for the campus who explained that she was Covid-19 positive and needed to leave the facility immediately. LPN #1 revealed she left the facility and waited in her car for the replacement nurse. LPN #1 revealed she contacted the Director of Nurses (DON) #2 on call for the campus and was informed relief would be there shortly. LPN #1 stated that she waited in her car until approximately 8:00PM when RN #2 came to her car and received the narcotic keys from LPN #1, then LPN #1 left the campus. On 7/21/21 at 3:00 PM, in an interview with RN #2 revealed when she was aware that LPN #1	M 500	Nursing (DON) on-call, Nurse Staffing Director or Nurse Staffing Coordinator, and C.N.A Staffing Director will meet weekly to review upcoming weekend and weekday schedule of CNAs and nurses. Beginning 8/19/2021, The NHA will document staffing issues using the Jaquith Nursing Home Staffing Concern Log daily for 30 days, then weekly for 30 days to ensure sufficient nursing staff are available to provide care for the residents. Beginning 8/25/2021, the Director of Nurse Staffing or Nurse Executive will conduct an audit of nursing staff call-ins and nursing staffing adhering to the Accountability for Nursing Personnel Assignment policy and procedure weekly. The reasons for the nursing staff call-ins will be assessed to ensure that any concerns are identified. Findings of this audit will be reported to the DON, the NHA, and the Human Resources Director weekly. The Accountability for Nursing Personnel Assignment policy and procedure will be revised and submitted to the JNH Executive Committee for approval on 9/9/2021. The NHA on call will follow the revised Accountability for Nursing Personnel Assignment policy. Beginning on 9/8/2021, the DON will review sixty-five (65) Medication and Treatment Administration records and document any corrective actions on the Medication and Treatment Administration Record Audit form weekly for 30 days, then once a month for 60 days to ensure Medication Administration policies and procedures are followed and no omissions are noted on all three shifts. The DON will	

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M 500	Continued From page 10 was unable to work her scheduled shift, she informed the RN/Admin and was informed by the RN/Admin and DON #2 on call, that an agency nurse would report to the facility and would be responsible for the 1st floor Building 34 residents. Then, when the agency nurse failed to work on 1st floor Building 34, she was informed by the RN/Admin, that she was not responsible for 1st floor Building 34 medications and/or treatments. Record review of the facility's daily schedule for 7/12/21 on the 3:00 PM through 11:00 PM shift and 7/13/21 for the 11:00 PM through 6:00 AM shift for Building 34, 1st floor revealed that LPN #1 was assigned for both shifts. Record review of 1st floor Building 34 timecards revealed LPN #1 clocked in on 7/12/21 at 2:55 PM and clocked out 7/12/21 at 8:00 PM. RN #2's timecard revealed RN#2 clocked in on 7/12/21 at 2:55 PM and clocked out on 7/13/21 at 7:50 AM. Resident #1 Record review of Resident #1's Identification and Summary Sheet revealed Resident #1 was admitted to the facility on 11/9/04, with diagnoses including Dementia, Psychosis, Anemia, Mood Disorder, Paresis, Insulin Dependent Diabetes Mellitus (IDDM), and Glaucoma. Record review of Resident #1's Medication Chart revealed on 7/12/21 at 6:00 PM Depakote 250 milligrams (mg) tablet take one (1) tablet by mouth twice a day, Metformin 1000 mg tablet take one (1) tablet by mouth twice a day, and Risperdal 1 mg take one (1) tablet by mouth twice a day, was not initialed on the Medication Chart. Record review of Resident #1's Physician's Order Form for the month of 07/21 revealed orders for	M 500	review the audit form findings with the NHA weekly for 30 days then once a month for 60 days. Beginning on 9/15/2021, the Madison Inn NHA will report all audit findings to the Quality Assurance Performance Improvement (QAPI) committee monthly for action until consistent substantial compliance has been achieved as determined by the committee. Should systemic changes not be effective QAPI will investigate and will determine if further action(s) need to be implemented. The actions from Madison Inn□s QAPI meeting will be reported to the JNH Executive Committee.	

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M 500	Continued From page 11	M 500		

Depakote 250 milligrams (mg) take one (1) tablet by mouth twice a day, Metformin 1000 mg take one (1) tablet twice a day, and Risperdal one (1) mg by mouth two times a day.

Record review of Resident #1's Treatment Chart revealed on 7/12/21 on B shift (3 to 11) monitor every day for dehydration (dry mucous membranes, urine output, fever), monitor for side effects of psychotropic medications, monitor for signs and symptoms of pain (facial grimaces, moaning, verbal) document every shift and document according to scale. On 7/12/21 on B shift (3-11) these were not initialed on the Treatment Chart.
Record review of Resident #1 annual Minimum Data Set (MDS) dated 4/30/21, indicated a Brief Interview for Mental Status (BIMS) summary score of 15, indicating Resident #1 was cognitively intact.

Resident #2

Record review of Resident #2's Identification and Summary Sheet revealed he was admitted to the facility on 4/10/03. His diagnoses included Neurologic Devastation, Vegetative State related to Anoxic Brain Injury on 1/27/03, Tracheotomy, Contractures/Spasticity to all Extremities, Percutaneous Endoscopic Gastrostomy (PEG), and Left Above Knee Amputation.

Record review of Resident #2's Medication Chart revealed on 7/12/21 at 6:00 PM Metoprolol 50 mg tablet take one (1) tablet per tube twice a day, Metoclopramide 5mg/5ml give 10ml (10mg) per tube every 8 hours, Vitamin C 500mg tablet take 1 tablet per tube twice a day, Arginard 1 packet (pk) via PEG tube BID (twice a day), and Promod 30cc per PEG tube BID, were not initialed. On

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M 500	Continued From page 12 7/12/21 at 6:00 PM and 7/13/21 at 12:00 AM, Baclofen 10mg tablet take 1 tablet per tube every 6 hours, Baclofen 20mg tablet take 2 tablets per tube every 6 hours, Iprat-Albut 0.5-3(2.5) mg/3ml compare to DuoNeb 2.5-0.5mg/3ml use 1 vial in nebulizer every 6 hours, Guaifenesin DM syrup (regular) give 10ml per tube every 6 hours, Docusate Sodium 100mg capsule take 1 capsule twice a day, was not initialed. At 10:00 PM on 7/12/21, Saline nebulization 3ml nebulized every 8 hours to thin secretions, use indefinitely, was not initialed. Record review of Resident #2's Tube Feeding Record revealed on 7/12/21 on the 3-11 shift initials with a line drawn through for "Label bag/bottle with feeding type, name, date, time and initials", "Flush with water (Record amount per flush) 60cc's/hr. Flush with 30cc's of water before and after each medication administered", "Check for residuals & placement prior to medication and feedings by (Aspiration only)", and "Keep head of bed elevated 30 to 45 degrees and Check breath sounds for rales, rhonchi, or congestion every shift". Record review of Resident #2 Treatment Chart revealed on 7/12/21, the following treatment was not initialed for "Monitor Q (every) day for dehydration". The following teatments had a diagonal line drawn through the signature box for B and C shifts, "Ensure the left ear is positioned with no pressure at all times", "PEG site care q (every) shift & PRN, clean with normal saline (NS), apply Lantiseptic and cover with drain sponge", "Trach care q shift and PRN, clean with NS, apply drain sponge", "O2 at 5 liters with 28% humidified air via trach colar","Place brief under resident, do not try to pull brief between legs, change q 2 hours and PRN". The following	M 500		

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M 500	Continued From page 13	M 500		

treatments had a diagonal line drawn through the signature box for the B shift, "Aquaphor to right foot BID indefinitely", "mouth care q shift and PRN with glycerin swabs", "All trach, O2, nebulizer tubing checked q shift at the beginning and end of the shift to ensure its working properly", "turn q 1 hour side to side, do not turn on back", "Monitor for s/s of pain", The following had a diagonal line through the signature box for C shift, "Change suction canister and tubing daily and PRN".

Record review of Resident #2's Physician's Order Form dated 07/21 revealed Metoprolol 50 mg give one (1) tablet per tube twice a day, Metoclopramide 5mg/5ml give 10ml (10mg) per tube every 8 hours, Vitamin C 500mg tablet take 1 tablet per tube twice a day, Arginard 1 packet (pk) via PEG tube BID (twice a day), and Promod 30cc per PEG tube BID, Baclofen 10mg tablet take 1 tablet per tube every 6 hours, Baclofen 20mg tablet take 2 tablets per tube every 6 hours, Iprat-Albut 0.5-3(2.5) mg/3ml compare to DuoNeb 2.5-0.5mg/3ml use 1 vial in nebulizer every 6 hours, Guaifenesin DM syrup (regular) give 10ml per tube every 6 hours, Docusate Sodium 100mg capsule take 1 capsule twice a day, and Saline nebulization 3ml nebulized every 8 hours to thin secretions, use indefinitely.

Record review of the Physician Orders dated 4/27/21 revealed Diet, Nutren 2.0 ,55 cubic centimeters (cc) per hour with 75cc/hr (hour) H2O (water) flush/Promod 30 cc per peg tube two times a day, and Arginaid one packet per PEG tube two (2) times a day, O2 (oxygen) at 5 liters per minute (lpm) via tracheostomy with 28 % (percent) humidified air and tracheostomy care every shift/as needed, clean with normal saline and apply drain dressing; suction PRN with 14

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M 500	Continued From page 14	M 500		

French (Fr) catheter using sterile technique.

Record review of Resident #2's quarterly MDS dated 6/25/21 Section C, indicated BIMS summary score 00, which indicated severely impaired cognitive status.

Resident #3

Record review of Resident #3's Identification and Summary Sheet revealed he was admitted to the facility on 6/24/08, with diagnose including Status Post Ruptured Intracranial Aneurysms, Seizure, Blindness, Short Term Memory Loss, Craniotomies, Hypertension, and Hyperlipidemia.

Record review of Resident #3's Physician Order Form dated, 7/21, revealed Famotidine 20 milligrams (mg) tablet take 1 (one) tablet PO (by mouth) twice a day, Depakote 500 mg tablet EC dispensed (disp) as Divalproex Sod 500 mg tablet take 3 tablets PO at bedtime, Depakote 250 mg tablet EC disp as Divalproex Sod 250 mg tab take 1 tablet PO at bedtime, Dilantin 500 mg Infatab disp as Phenytoin 50 mg Infatab take 1 tablet PO every 8 AM & 6PM, Dilantin 100 mg Kapseal disp as Phenytoin sod Ext 100 mg CA take 1 capsule PO every 8AM, 1PM, and 6PM, and Pravachol 80 mg tablet disp as Pravastatin 80 mg tablet take 1 tablet PO at bedtime.

Record review of Resident #3's Medication Chart on 7/12/21 at 6:00 PM revealed a diagonal line drawn through the signature box for Famotidine 20mg tablet take 1 tablet PO twice a day, Divalproex SOD 500mg tab compare to Depakote 500 mg 3 tablets PO at bedtime, Divalproex SOD 250mg tablet compare to Depakote 250 mg take 1 tablet by mouth at bedtime, Polyethylene Glycol Powder compare to

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M 500	Continued From page 15	M 500		

Miralax Powder dissolve & take 17 grams in fluid P daily at 6 PM, Phenytoin 50mg Ingatab compare to Dilantin 50mg 1 tablet at 6:00 PM and Phenytoin SOD EXT 100mg capsule compare to Dilantin 100mg one (1) capsule by mouth at 6:00 PM, and Pravastatin 80mg tablet compare to Pravachol 80mg take 1 tablet PO at bedtime.

Record review of Resident #3's Treatment Chart revealed on 7/12/21, a diagonal line drawn through the signature box for "Monitor Q (every) day for dehydration", "Monitor for seizure activity, notify MD if present" and "Monitor for s/s (signs/symptoms) of pain (facial grimaces, moaning, verbal etc) every shift and document according to scale if pain is noted document intervention and outcoe in nurses note".

Record review of Resident #3's quarterly MDS dated 6/25/21, Section C, revealed a BIMS summary score of 09 which indicated moderate cognitive impairment.

Resident #4

Record review of Resident # 4's Identification and Summary Sheet revealed he was admitted to the facility on 8/1/01. His diagnoses included Closed Head Injury, Quadriparesis, Tracheostomy, Gastritis, Depression, Aphasia, Dysphagia, PEG tube, Type II Diabetes Mellitus, and Dyslipidemia.

Record review of Resident #4's Physician's Order Form, dated 7/21, revealed Sodium CL (chloride) for inhalation .9 use 1 vial via nebulizer every 8 hours, Ferrous Sulfate 220mg/5ml elixir give 220mg (5ml) per tube 2 times a day, Metformin 500mg tablets take 1 tablet per PEG 2 times a day, Pravastatin 40mg tablet take 1 tablet per tube at bedtime, DuoNeb 2.5-0.5mg/3ml solution

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M 500	Continued From page 16	M 500		

dispense (disp) as Iprat-Albut 0.5-3 (2.5) mg/3 use 1 vial in nebulizer every 6 hours, Nexium DR 20 mg capsule disp as Esomeprazole Mag DR 30 mg open 1 capsule and mix with 50 ml water give per tube 2 times a day, Reglan 5 mg/5ml syrup disp as Metoclopramide 5mg/5 ml syrup give 5 ml per tube every 8 hours, Vitamin C 500mg tablet take 1 tablet per tube twice a day, Flomax 0.4 mg capsule SA disp as Tamsulosin HCL 0.4 mg capsule give 1 capsule per tube twice daily, and Aquaphor ointment apply topically to the affected area 2 times a day.

Record review of Resident #4's Physicians Orders, dated 4/27/21, revealed, Diet, Diabetasource AC @ 65 cc/hr w/40 cc/hr H2O flus, check placement & residuals Q 4 hours, hold tube feedings if gastric residual >100 cc & then recheck in 1 hr. Flush PEG with 30 cc of H2O before & after meds and give 5-10 cc H2O between meds. Humidified oxygen via trach collar 28% at 5 liters per minute (lpm). Trach care Q shift & prn, clean w/normal saline and apply dressing, wash hands daily use B hand rolls at all times, and PEG site care q shift & prn, clean PEG w/NS, blot dry, apply lantiseptic, then drain dressing.

Record review of Resident #4's Medication Chart revealed Ferrous Sulfate 220mg/5ml elixir give 220mg (5ml) per tube 2 times a day, Metformin 500 mg tablets take 1 tablet per PEG 2 times a day, Pravastatin 40 mg tablet take 1 tablet per tube at bedtime, Esomeprazole Mag Dr 20 Mg C compared to Nexium Dr 20 mg capsule opening capsule & mix with 50 ml water give per tube 2 times a day, Vitamin C 500 mg tablet take 1 tablet per tube twice a day, and Tamsulosin HCL 0.4 mg capsule give 1 capsule per tube twice daily, not initialed on 7/12/21 at 6:00 PM.

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M 500	Continued From page 17 Record review of Resident #4's Medication Chart revealed Iprat-Albut 0.5-3 (2.5) MG/3 comp use 1 vial in nebulizer every 6 hours and Guaifenesin 100 mg/5ml give 10 cc per tube every 6 hours not initialed on 7/12/21 at 6:00 PM and 7/13/21 at 12:00 AM. Record review of Resident #4's Medication Chart revealed Metoclopramide 5mg/5ml SY comp to Reglan 5mg/5ml syrup give 5 ml per tube every 8 hours and Sodium Chloride 0.9 % irrigation use 30 cc via nebulizer every 8 hours, not initialed on 7/12/21 at 10:00 PM. Record review of Resident #4's Treatment Chart revealed trach care q shift and prn clean trach site with NS blot dry apply drainage gauze, keep HOB elevated 30-45 degrees q shift, clean PEG site with NS apply antiseptic cover with drain sponge q shift, Hydrophore to heels truck and extremities BID, suction q shift and prn with 14 FR (french) suction catheter, O2 at 5 liters with 28% humidified air via trach collar, monitor q shift for dehydration- dry mucus membranes, decreased urine output, fever, was hands daily use bilateral hand rolls at all times, place pillows under calves to float heels at all times, and monitor for s/s (signs/symptoms) of pain (facial grimaces moaning, verbal etc) every shift and document according to scale, not initialed on 7/12/21 B shift. Record review of Resident #4's annual MDS dated 5/21/21, Section C indicated BIMS summary score 00, which indicated severely impaired cognitive status. Resident #5	M 500		

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M 500	Continued From page 18	M 500		

Record review of Resident #5's Identification and Summary Sheet revealed she was admitted to the facility on 8/19/20. Her diagnoses were Cerebrovascular Disease, Expressive Aphasia Left Middle Cerebral Artery, Vascular Dementia, Hypertension, Hyperlipidemia, Hypothyroidism, Peripheral Artery Disease, Acute Renal Failure, and Rhabdomyolysis.

Record review of Resident #5's Physician's Order Form dated 07/21 revealed Quetiapine 200 mg tablet take 1 tablet PO twice a day, Clonazepam 1 mg tablet take 1 tablet po twice daily for 28 days, Valproic Acid 250 mg/5ml S give 500 mg (10 ml) PO three times daily, Lac-Hydrin 12% lotion dispense as Ammonium Lact 12% lotion apply topically to affected area every evening, Hydralazine 25 mg tablet take 1 tablet PO daily, Coreg 25 mg tablet dispense as Carvedilol 25 mg tablet take one tablet PO twice daily, and Pravastatin 40 mg tablet take 1 tablet PO at bedtime.

Record review of Resident #5's Medication Chart revealed Valproic Acid 250 mg/5 ml give 500 mg (10 ml) PO three times daily, Carvedilol 25 mg tablet comp to Coreg 25 mg tablet take one tablet PO twice daily, Pravastatin 40 mg tablet take 1 tablet PO at bedtime, give med with Boost 1 container PO, Clonazepam 1 mg PO BID, and Seroquel 200 mg PO @ 6PM each day not given on 7/12/21 at 6:00 PM. Hydralazine 25 mg tablet take 1 tablet PO every 8 hours, not initialed on 7/12/21 at 10:00 PM.

Record review of Resident #5's Treatment Chart revealed monitor q day for dehydration (dry mucous membranes, urine output, ever), monitor for side effects of psychotropic medication, and Lac Hydrin 12% lotion to feet q evening, and

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M 500	Continued From page 19	M 500		

monitor for s/s of pain (facial grimaces, moaning, verbal etc) every shift and document according to scale, not initialed on 7/12/21 B shift.

Review of Resident #5's MDS dated 07/16/2021 quarterly, indicated BIMS summary score of 00, which indicated severely impaired cognitive status.

Resident #6

Record review of Resident #6's Identification and Summary Sheet revealed she was admitted to the facility on 09/02/20. Her diagnoses included Schizoaffective Disorder with history of Aggressive Behavior, Intellectual Developmental Disability, Seizure Disorder, and Hypertension.

Record review of Resident #6's Physician's Order Form dated 07/21, revealed, Depakote 125 mg sprinkle capsule dispense as Divalproex 125 mg sprinkle take six (6) twice daily, Pravastatin 40 mg tablet take 1 tablet PO at bedtime, Os-Cal 500 plus D tablet dispense as Oyster Cal D 500 mg tablet take 1 tablet PO twice a day, Dicyclomine 10 mg/5ml solution give 5 mg (2.5 ml) PO every morning and 10 mg (5ml) at noon and at bedtime, and Risperdal 0.5 mg take 1 tablet by mouth at bedtime.

Record review of Resident #6 Medication Chart on 7/12/21 at 6:00 PM revealed a diagonal line drawn through the signature box for Divalproex 125 mg springle compared to Depakote 125 mg springle take 6 capsules PO twice daily, Pravastatin 40 mg tablet take 1 tablet PO at bedtime, Oyster Cal D 500 mg tablet compared to Os-Cal 500 + D tablet take 1 tablet PO twice a day, Dicyclomine 10mg/5ml solution 5mg (2.5ml) PO give 10 mg (5ml) at bedtime, and Risperidone

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0.5 mg tablet compared to Risperdal 0.5 mg tablet take 1 tablet PO at bedtime.

Record review of Resident #6's Treatment Chart on 7/12/21 on B and C shift not initialed to monitor Q (every) day for dehydration (dry mucous, membranes, urine output, fever), monitor for seizure activity and monitor for s/s of pain (facial grimaces moaning, verbal etc) every shift and document.

Record review of Resident #6's quarterly MDS dated 5/7/21 Section C, indicated BIMS summary score of 03, which indicated severely impaired cognitive status.

Resident #7

Record review of Resident #7's Identification and Summary Sheet revealed she was admitted to the facility on 6/16/20. Her diagnoses included Schizophrenia, Hypertension, Congestive Heart Failure, Prior Type two (2) Diabetes Mellitus-not requiring medication, Hypertension, Extrapyramidal Symptoms (EPS), and Peripheral Arterial Disease.

Record review of Resident #7's Physician's Order Form dated 7/21, revealed, Lorazepam 0.5 mg take one (1) tablet PO twice daily, Lorazepam 1 mg tablet take one (1) tablet PO twice daily, Miralax powder dispense as Polyethylene Glycol Powder dissolve 17 grams in liquid and give PO 3 times a day, Abilify 20 mg tablet dispense as Aripiprazole 20 mg tablet take 1 tablet PO every evening, Hydroxyurea 500 mg capsule take 1 capsule PO 3 times a day, Benztropine 1 mg tablet take 1 tablet PO every evening, Propranolol 40 mg tablet take 1 tablet PO twice a day, Eliquis 5 mg tablet by mouth twice a day, and Colace

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M 500	Continued From page 21 100 mg capsule dispense as Docusate Sod 100 mg capsule take 2 capsule PO twice daily, Senna tablets take 2 tablets PO twice daily, and Melatonin 3 mg tablets take 1 tablet PO every evening. Record review of Resident #7's Medication Chart on 7/12/21 at 6:00 PM revealed a diagonal line drawn through the signature box for Bisacodyl 10 mg suppository compared to Dulcolax 10 mg suppository insert 1 suppository rectally on Monday, Wednesday and Friday, Lorazepam0.5 mg tablet take 1 tablet PO twice daily, Lorazepam 1 mg tablet take 1 tablet PO twice daily, Polyethylene Glycol Powder compared to Miralax Powder dissolve 17 grams in Liquid and give PO 3 times daily, Aripiprazole 20 mg tablet compared to Abilify 20 mg tablet take 1 tablet every evening, Hydroxyurea 500 mg capsule take 1 capsule PO 3 times a daily, Benztropine 1 mg tablet take 1 tablet PO every evening, Propranolol 40 mg tablet take 1 tablet PO twice a day, Atorvastatin 40 mg tablet take 1 tablet PO at bedtime, Eliquis 5 mg tablet take 1 tablet PO twice a day, Thera Tears 0.25% eye drops instill 1 drop in each eye three times a day, Docusate Sod 100 mg capsule compared to Colace 100 mg capsule take 2 capsules PO twice daily, Senna Tablets take 2 tablets PO twice daily, and Melatonin 3mg tablets take 1 tablet PO every evening. Record review of Resident #7's Treatment Chart on 7/12/21 on B and C shift not recorded in signature box, to monitor Q day for dehydration (dry mucous, membranes, urine output, fever), monitor for side effects of psychotropic medications, lap tray to geri-chair while out of bed r/t (related to) safety, and monitor for s/s of pain (facial grimaces moaning, verbal etc) every shift and document.	M 500		

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M 500	Continued From page 22 Record review of Resident #7's MDS dated 5/7/21 quarterly, revaled a BIMS summary score of 04, which indicated severely impaired cognitive status. Resident #8 Record review of Resident #8's Identification and Summary Sheet revealed she was admitted to the facility on 4/18/16. Her diagnoses included Type 2 Diabetes Mellitus, Dysphagia-PEG tube, Hypertension, and Intercranial Hemorrhage with Quadriparesis. Record review of Resident #8's Physicians Orders dated 4/21/21, revealed Isosource 1.5 at 50 cc/hr with 55 cc/hr H2O flush; check gastric residuals Q4h (every 4 hours), if residual greater than 100cc hold TF (tube feeding) for 1 hour then recheck. Lantiseptic to buttocks Q shift, heel protectors on at all times, and clean PEG site W/NS (with normal saline) & apply drain dressing Q shift. Record review of Resident #8's Physician's Order Form dated 7/21, revealed Metformin 500 mg tablets take 1 tablet per tube each evening, Pravastatin 40 mg tablet take 1 tablet per tube each evening, and Labetalol HCL 200 mg take 1 tablet per tube every eight (8) hours. Record review of Resident #8's quarterly MDS dated 7/23/21 Section C, indicated a BIMS Summary score, 00, which indicated severely impaired cognitive status. Record review of Resident #8's Medication Chart on 7/12/21 at 6:00 PM, revealed a diagonal line drawn through the signature box for Metformin	M 500		

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M 500	Continued From page 23 500 mg tablets take 1 tablet per tube twice a day. Record review of Resident #8's Medication Chart on 7/12/21 at 10:00 PM, revealed a diagonal line drawn through the signature box for Labetalol HCL 200 mg take 1 tablet per tube every eight (8) hours. Record review of Resident #8's Treatment Chart on 7/12/21 on B shift revealed, no signature in signature box for "monitor Q day for Dehydration (mucous membranes, urine output, fever)", "clean PEG site with sterile saline apply drain sponge q shift", "heel protectors at all times", "mouth care q shift", "notify MD for vomiting, evidence of respirator issues or for diarrhea", "keep HOB elevated 30-40° at all times", "insure heel protectors are in place and that no pressure is against mattress or padded siderail is against the tips of her toes", "monitor for s/s of pain (facial grimaces, moaning, verbal, etc) every shift and document". Record review of Resident #8's Tube Feeding Record revealed on 7/13/21there were no initials for "label bag/bottle with feeding type, Isosource 1.5 at 50 cc/hr with flush with water at 55 cc/hr". Removal Plan The facility submitted an acceptable Removal Plan on 7/22/21 for the IJ. Review of the facility's Removal Plan revealed the facility took the following actions to remove the IJ: In response to the Immediate Jeopardy (IJ) template provided to the Administrator cited on July 21,2021 at 7:00 p.m., the following is a summary of the event and the actions taken by	M 500		

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M 500	Continued From page 24	M 500		

the facility to remove the Immediate Jeopardy.

Brief Summary

Madison Inn building 34 had insufficient licensed nursing staff on 7/12/2021 from 6:00 p.m. to 6:00 a.m. which gives us neglect of Residents #1, #2, #3, #4, and #5 on the first floor of building 34. Medications and treatments were missed for Residents #1, #2, #3, #4, and #5 during this time frame. Tracheostomy care was not provided on Residents #2 and #4 during the time frame.

The following corrective actions were taken for Residents #1, #2, #3, #4, and #5 affected by the insufficient licensed nursing staff and other facility Residents who could be potentially affected by insufficient licensed nursing staff in the future.

1.On July 13, 2021 at 6:15am RN#1 assessed Residents #1, #2, #3, #4, and #5 and gave 6 am medications and treatments to Residents #1, #2, #3, #4, and #5 and no negative outcomes or harm noted. RN#1 notified the attending physician that building 34 had insufficient licensed nursing staff on 7/12/2021 from 6:00 p.m. to 6:00 a.m. on 7/13/2021, the first floor. Medications and treatments were missed for Residents #1, #2, #3, #4, and #5 during this time frame. Tracheostomy care was not provided on Residents #2 and #4 during the time frame. On 7/13/2021 at 9:00 a.m. attending physician assessed Residents #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, and #15 and no injuries or harm noted

2.On July 14, 2021, at 3:30pm until 4:30pm Jaquith Nursing Home Nurse Administrator counseled the Agency LPN scheduled and declined to work 11-7 shift on 7/13/21and Contract RN working on building 34 on 3-11 and

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M 500	Continued From page 25 11-7 shifts on 7/12/21 and 7/13/21 on the policy and procedure of notifying the on-call Administrator and Director of Nursing as needed for unintended occurrences. 3.On July 15, 2021, at 01:30 p.m., a Quality Assurance meeting was conducted with Jaquith Nursing Home Director, Chief Medical Doctor, Safety Investigative Services,Jaquith Nursing Administrator, Director of Nursing #1 and Director of Nursing #2, Nurse Staffing Director, Administrator in Training #1 and Administrator in Training #2, Service Outcome Director to discuss and determine corrective actions for further incidents of this magnitude. Corrective actions discussed were to inform resident's representative of incident on 7/12/21 and 7/13/21. Educate staff on notifying leadership through propercommunication (campus switchboard). Inservice staff (agency/contract) on Injuries, Abuse, Neglect, Mistreatment, Misappropriation of Resident Property or Exploitation of Resident POL J530-55. Establishing protocol of nurse's responsibility and Chain of Notification for Staffing Concerns. Contracting additional staff for Covid-19 buildings. 4.On July 16, 2021, at 7:00am Emergency Covid-19 staffing contract executed to obtain more licensed agency staff to work on units with Covid-19 cases. Social Worker#1 called Residents #1, #2, #3, #4, and #5 representative of the incident and documented in resident	M 500		
M 635	45.21.7 Gastric feeding Gastric feeding. Residents who are eating alone or with assistance are not fed by a gastric tube unless their clinical condition indicates that the	M 635		9/30/21

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M 635	Continued From page 26 use of a gastric feeding tube is unavoidable. The residents who are fed by a gastric tube receive the treatment and services to prevent complications or to restore if possible, normal eating skills. This Statute is not met as evidenced by: Level II Based on staff interview, facility policy review and record review the facility failed to maintain continuous Percutaneous Endoscopic Gastrostomy (PEG) feedings, resulting in missed PEG tube feedings for three (3) of three (3) sampled residents reviewed for PEG feedings. Resident #2 and #8. Findings include: Review of facility policy titled, "Standard of Care", revised May 2017, revealed, " ...2. POLICY. The Lippincott Manual of Nursing Procedures is the designated nursing reference manual for clinical practice ...". Record review of the Lippincott Manual of Nursing Procedures, Seventh Edition, page 767, revealed, "Transabdominal Tube Feeding and Care...Nursing care for patients receiving intermittent enteral feeding through a PEG or Percuaneous Endoscopic Jejunostomy (PEJ) tube includes providing skin care at the tube site, maintaining the feeding tube, administering feedings, monitoring the patients response to tube feedings, adjusting the feeding schedule...". On 7/20/21 at 6:10 PM, in an interview with Registered Nurse (RN) #1 revealed when arrived on the unit on 7/13/21 at 6:00 AM all three (3) feedings were stopped because there was no	M 635	1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice. On 7/13/2021 at 6:00 a.m., Registered Nurse #1 immediately assessed and started the feeding pumps, administered medications and provided treatments per physician□s orders for Residents #2, #4, and #8 who had Percutaneous Endoscopic Gastrostomy (PEG) tubes. No harm or negative outcomes were noted. On 7/13/2021 at 9:00 a.m., the attending physician assessed Residents #2, #4, #8, and no injuries or harm noted. 2. How the facility will identify other residents having the potential to be affected by the same deficient practice. On 7/13/2021, all physicians□ orders of Madison Inn residents with Nutrition/Hydration were reviewed by a Registered Nurse. On 07/13/2021, 12 of 65 residents had the potential to be 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 7/22/2021- 7/23/2021, Jaquith Nursing Home (JNH) Nurse Administrator in-serviced all nursing staff on Enteral	

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M 635	Continued From page 27 water in the bags. When asked when the pumps may have stopped or when the bags were hung, she stated, "I don't know." On 7/20/21 at 6:40 PM in an interview with RN/Administrator (RN/Admin) revealed on 7/12/21 from approximately 6:00 PM till 7/13/21 6:00 AM there was no license nurse on the 1st floor resulting in three (3) residents did not receive their complete PEG tubes feedings. On 7/21/21 at 9:30 AM, in an interview with the Administrator (Adm) revealed that on 7/12/21, 3-11 shift throught 6:00 AM on 7/13/21, the facility failed to provide sufficient nursing staff which resulted in three (3) residents not receiving their prescribed PEG tube feedings. Resident # 2: Record review of Resident #2 's Identification and Summary Sheet revealed admitted to the facility on 4/10/03 diagnosis revealed Neurologic Devastation, Vegetative State related to Anoxic Brain Injury on 1/27/03, Tracheotomy, Contractures/Spasticity to all Extremities, PEG tube, and Left Above Knee Amputation. Record review of Resident #2 Physician Orders dated 7/26/21 revealed the diet is Nutren 2.0 at 55 cubic centimeters (cc) per hour with 60cc per hour water flush. Record review of Resident #2's Minimum Data Set (MDS) dated 6/25/21, quarterly, indicated a Brief Interview for Mental Status (BIMS) summary score of 00, which indicated that the resident was severely cognitively impaired..	M 635	Feeding policy and procedure. On 8/19/2021, the JNH Nurse Administrator in-serviced all the newly hired emergency contract and agency nursing staff on Enteral Feeding policy and procedure. On 8/27/2021-8/31/2021, Staff Education Registered Nurse in-serviced all licensed nursing staff on the facility policy on Enteral Feeding using the validation checklist to ensure licensed nurse perform the procedure correctly. All newly hired licensed nursed will be in-serviced and trained through Staff Education in orientation on Enteral Feeding policy and procedure. Beginning 08/19/2021, the Jaquith Nursing Home Administrator (NHA) on-call verifies each shift□s staffing with Staffing Department. Any insufficient staffing concerns will be discussed through the conference call initiated by NHA on-call along with the Nurse Staffing Director and/or Nurse Staffing Coordinator, and Certified Nursing Assistant (C.N.A) Staffing Director for A-shift (7:00 a.m.-3:30 p.m.), B-shift (3:00 p.m. - 11:30 p.m.), and C-shift (11:00 p.m. - 7:00 a.m.). After the conference call, if shifts are not covered by licensed nurses and CNAs, the Nurse Staffing Coordinator/Nurse Staffing Director will coordinate with the DON (or DON on-call) and NHA (or NHA on-call) to reassign nurse assignments to ensure staffing needs are met. 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	

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M 635	Continued From page 28 Record review of Resident #2 Tube Feeding Record revealed on 7/12/21 on 3-11 shift a line was drawn through the box for "Label bag/bottle with feeding type, name, date, time and initials", "Flush with water (Reocrd amounty per flush) 60cc's/hour, Flush with 30 cc's of water before and after each medication administered", "Check for residuals and placement prior to medication and feedings by "Aspiration only)" and "Keep head of bed elevated 30 to 45 degrees and Check breath sounds for rales, rhonchi, or congestion every shiftf." Resident #4 Record review of Resident #4's Identification and Summary Sheet revealed he was admitted to the facility on 8/1/01 diagnosis revealed Closed Head Injury, Quadriparesis, Tracheostomy, Gastritis, Depression, Aphasia, Dysphagia, PEG and Dyslipidemia. Record review of Resident #4 Physician Orders dated 7/26/21 revealed, Diet: Diabetasource AC at 65cc per hour with 40cc per hour water flush.Check placement and residuals every four (4) hours. Hold tube feedings if gastric residual > (greater) 100cc and then recheck in 1 hour. Flush PEG with 30cc water before and after meds. Give 5-10 cc water between meds. Record review of Resident #4's Tube Feeding Record revealed a mark in the boxes for "Label bag/bottle with feeding type, name, date, and initials (unless Bolus) Diabetasource AC at 63cc/hr", "Flush with water (Record amounty per flush) 40cc's/hr. Flush with 30cc's of water before and after each medication administered", "Check for residuals & placement prior to medication and feedings by (Aspiration only)", and "Keep head of	M 635	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. Beginning 8/19/2021, the NHA will document staffing issues using the Jaquith Nursing Home Staffing Concern Log daily for 30 days, then weekly for 30 days to ensure sufficient nursing staff are available to provide care for the residents. Beginning on 09/08/2021, a Service Outcome Division (SOD) licensed nurse along with Director of Nursing (DON) will observe the licensed nurses performing Enteral Feeding and Medication Pass by Percutaneous Endoscopic Gastrostomy (PEG) using the facility□s validation checklist for Enteral Feeding. using the facility□s validation checklist for Enteral Feeding on two (2) residents two times a week for two weeks, then weekly for two months to ensure nurses are performing the procedure in accordance with the facility□s Enteral Feeding policy and procedure. The SOD nurse will provide a written report after each observation to the DON and NHA. On 09/08/2021, the DON will review the facility□s Enteral Feeding Audit form to ensure licensed nurses are performing enteral feeding according to physician□s orders and care plans weekly for a month, then monthly for two months. Any deficient audit findings by the nurse will be addressed through education by the DON. The DON will report any deficient practice with the Madison Inn Nursing Home Administrator. Beginning on 9/15/2021, the Madison Inn	

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M 635	Continued From page 29 bed elevated 30 to 45 degrees and Check breath sounds for rales, rhonchi, or congestioon every shift." Record review of Resident #4's MDS dated 5/21/21, annual, indicated BIMS score 00, indicating severe cognitive impairment. Resident #8 Record review of Resident #8 Identification and Summary Sheet revealed the resident was admitted to facility on 4/18/16 diagnosis revealed Type two (2) Diabetes Mellitus, Dysphagia-PEG tube, Hypertension, and Intercranial Hemorrhage with Quadriparesis. Record review of Resident #8 Physician Orders revealed Diet: Isosource 1.5 at 50cc per hour with 55cc per hour water flush; check gastric residuals every 4 hours; if residual is greater 100cc hold tube feeding 1 hour then recheck. Record review of Resident #8's Tube Feeding Record revealed on 7/12/21 on the 3-11 and 11-7 shifts, there were initials in each box for "Label bag/bottle with feeding type, name, date, time and initials (unless Bolus) Isosource 1.5 at 50 cc/hr", "Flush with water (Record amount per flush) 55 cc's/hr. Flush with 30 cc's of water before and after each medication administered", "Check for residuals & placement prior to medication and feedings by (Aspiration only)" and "Keep head of bed elevated 30 to 45 degrees and check breath sounds for rales, rhonchi, or congestion every shift." Record review of Resident #8 MDS dated 7/23/21, quarterly, indicated BIMS 00.	M 635	NHA will report all audit findings to the Quality Assurance Performance Improvement (QAPI) committee monthly for action until consistent substantial compliance has been achieved as determined by the committee. Should systemic changes not be effective QAPI will investigate and will determine if further action(s) need to be implemented. The actions from Madison Inn□s QAPI meeting will be reported to the JNH Executive Committee.	

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M 655	Continued From page 30	M 655		
M 655	45.21.11 Special needs Special needs. Each resident with special needs shall receive proper treatment and care. These special needs shall include, but are not limited to injections; parenteral and enteral fluids; colostomy, ureterostomy, ileostomy care; tracheostomy care; tracheal suction; respiratory care; foot care; and prostheses. This Statute is not met as evidenced by: Level IV Based on record review, staff interview, and facility policy review, the facility failed to provide respiratory care to residents with tracheostomies (trachs) on the 1st floor, building 34 for two (2) of two (2) residents on the 3-11 shift on 7/12/21 until 6 AM on 7/13/21. Residents #2 and #4. The facility's failure to provide respiratory care and supervision resulted in two (2) residents not receiving proper tracheostomy care on the 3-11 shift on 7/12/21 until 6 AM on 7/13/21, placed these residents at risk and in a situation which was likely to cause serious injury, harm, impairment, or death. The State Agency (SA) identified an Immediate Jeopardy (IJ) and Substandard Quality of Care (SQC) which began on 7/12/21 when the facility failed to provide a licensed nurse to perform tracheostomy care on two (2) residents. On 7/21/21 at 7:00 PM, the SA informed the Nursing Home Administrator (NHA) of the Immediate Jeopardy (IJ) and Substandard Quality of Care (SQC) and provided the facility with the IJ	M 655	1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice. On 7/13/2021 at 6:00a.m., Registered Nurse #1 immediately assessed, suctioned, and provided treatments per physician□s orders to residents #2 and #4 who had tracheostomies. No harm or negative outcomes were noted. On 7/13/2021 at 9:00 a.m., the attending physician assessed Residents #2 and #4, and no harm or negative outcomes were noted. 2. How the facility will identify other residents having the potential to be affected by the same deficient practice. On 7/13/2021, all physicians□ orders of Madison Inn residents were reviewed by a registered nurse and 2 of 65 residents had the potential to be 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.	9/30/21

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M 655	Continued From page 31 Template. The facility submitted an acceptable Removal Plan on 7/22/21 at 5:16 PM, in which the facility alleged all corrective actions to remove the IJ were completed on 7/22/21 and the IJ was removed as of 7/23/21. The SA validated the Removal Plan on 7/24/21 and determined the IJ was removed on 7/23/21, prior to exit. Therefore, the scope and severity for Rule 45.21.11 Special Needs (M655) was lowered from a Level IV to a Level II while the facility develops a plan of correction to monitor the effectiveness of the systemic changes to ensure the facility sustains compliance with regulatory requirements. Finding include: Review of facility policy titled, "Standard of Care", revised May 2017, revealed, " ...2. POLICY. The Lippincott Manual of Nursing Procedures is the designated nursing reference manual for clinical practice ...". Record review of the Lippincott Manual of Nursing Procedures, seventh edition, revealed "Tracheostomy care, page 763, "Change the dressing frequently when secretions begin to collect because a wet dressing with excaudate or secretions predisposes the patient to skin excoriation, breakdown, and infection. Complications- Secretions that collect under dressings can encourage skin excoriation and infection. Hardened mucus or a slipped cuff can occlude the cannula opening and obstruct the airway ...". Record review of the facility "Investigative	M 655	On 7/22/2021- 7/23/2021, Jaquith Nursing Home (JNH) Nurse Administrator in-serviced all nursing staff on Tracheostomy Care policy and procedure. On 8/19/2021, the JNH Nurse Administrator in-serviced all the newly hired emergency contract and agency nursing staff on Tracheostomy Care policy and procedure. On 8/27/2021-8/31/2021, Staff Education Registered Nurse in-serviced all licensed nursing staff on the facility policy on Tracheostomy Care using the validation checklist to ensure licensed nurse perform the procedure correctly. All newly hired licensed nursed will be in-serviced and trained through Staff Education in orientation on Tracheostomy Care policy and procedure. Beginning 08/19/2021, the Jaquith Nursing Home Administrator (NHA) on-call verifies each shift□s staffing with Staffing Department. Any insufficient staffing concerns will be discussed through the conference call initiated by NHA on-call along with the Nurse Staffing Director and/or Nurse Staffing Coordinator, and Certified Nursing Assistant (C.N.A) Staffing Director for A-shift (7:00 a.m.-3:30 p.m.), B-shift (3:00 p.m. - 11:30 p.m.), and C-shift (11:00 p.m. - 7:00 a.m.). After the conference call, if shifts are not covered by licensed nurses and CNAs, the Nurse Staffing Coordinator/Nurse Staffing Director will coordinate with the DON (or DON on-call) and NHA (or NHA on-call) to reassign nurse assignments to ensure staffing needs are met. The NHA will document staffing issues using the Jaquith	

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M 655	Continued From page 32 Findings" dated 7/13/21, BUILDING 34 POSSIBLE NEGLECTS OF MULTIPLE RESIDENTS, revealed that on, "7/13/21, the Administrator advised the Department of Safety & Investigative Services that on 7/12/21, the B-shift nurse for the downstairs unit on B34 tested Covid + and was sent home. It was determined that attempts were made to get nurse coverage for the unit; however, no replacement nurse came for B shift. An agency nurse came at midnight for C-shift but refused to accept the assignment and left. Therefore, there was no nurse for the downstairs unit on B34 for C shift either ... The facility failed to provide sufficient licensed nursing staff for the downstairs' unit of B34 from 6:00 PM - 6:00 AM on 7/13/21. Therefore, neglect by the facility is substantiated. Please do know that each of the Residents on the unit was assessed by (Formal Name of Physician) of the morning of 7/13/21 and none of the residents appear to have suffered an adverse effect as a result of this insufficiency ..." On 7/21/21 at 10:00 AM, in an interview with Registered Nurse (RN) #1 revealed there is only two residents on 1st floor that have tracheostomies and they both require tracheostomy care every shift and more frequently as needed. Since there was no nurse on 7/12/21 on the 3-11 shift through 6:00 AM on 7/13/21 neither one of them receive tracheostomy care. On 07/21/2021 at 1:13 PM, in an interview with Director of Nurses (DON) #1 revealed the staff should follow physician orders on treatments to the Residents. On 7/12/21 on the 3-11 shift through 7/13/21 at 6:00 AM, both residents that have tracheostomies did not receive care which may have been harmful, if there were any	M 655	Nursing Home Staffing Concern Log daily for 30 days, then weekly for 30 days. 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. Beginning 8/19/2021, the NHA will document staffing issues using the Jaquith Nursing Home Staffing Concern Log daily for 30 days, then weekly for 30 days to ensure sufficient nursing staff are available to provide care for the residents. Beginning on 09/08/2021, a Service Outcome Division (SOD) licensed nurse along with Director of Nursing (DON) will observe the licensed nurses performing Tracheostomy Care using the facility□s validation checklist for Tracheostomy Care on two (2) residents with tracheostomies two times a week for two weeks, then weekly for two months to ensure nurses are performing the procedure in accordance with the facility□s Tracheostomy Care policy and procedure. The SOD nurse will provide a written report after each observation to the DON and NHA. On 09/08/2021, the DON will review the facility□s Tracheostomy Care Audit form to ensure licensed nurses are performing tracheostomy care according to physician□s orders and care plans weekly for a month, then monthly for two months. Any deficient audit findings by the nurse	

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M 655	Continued From page 33 complications with trachs. On 7/21/21 at 1:21 PM, in an interview with Registered Nurse Administrator (RN/NS-Admin) revealed on 7/12/21 on the 3-11 shift until 7/13/21 at 6:00 AM both residents on 1st floor Building 34 did not receive tracheostomy care as prescribed by physician. There was not a nurse present on 1st floor Building 34. The treatments were not completed on either resident. Either resident could have had a tracheostomy plug which would have been harmful. Resident #2 Record review of Resident #2's Identification and Summary Sheet revealed he was admitted to the facility on 4/10/03. His diagnoses included Neurologic Devastation, Vegetative State related to Anoxic Brain Injury on 1/27/03, Tracheotomy, Contractures/Spasticity to all Extremities, Percutaneous Endoscopic Gastrostomy (PEG), and Left Above Knee Amputation. Record review of Resident #2's Medication Chart revealed on 7/12/21 at 6:00 PM Iprat-Albut 0.5-3(2.5) (milligrams/milliliter) mg/3ml compared to DuoNeb 2.5-0.5mg/3ml use 1 vial in nebulizer every 6 hours, Guaifenesin DM syrup (regular) give 10ml per tube every 6 hours, was not initialed. At 10:00 PM on 7/12/21, Saline nebulization 3ml nebulized every 8 hours to thin secretions, use indefinitely, was not initialed. Record review of Resident #2 Treatment Chart revealed on 7/12/21, the following treatment was not initialed for the following treatments and had a diagonal line drawn through the signature box for B and C shifts, "Trach care q (every) shift and PRN (as needed), clean with NS(normal saline),	M 655	will be addressed through education by the DON. The DON will report any deficient practice with the Madison Inn Nursing Home Administrator. Beginning on 9/15/2021, the Madison Inn NHA will report all audit findings to the Quality Assurance Performance Improvement (QAPI) committee monthly for action until consistent substantial compliance has been achieved as determined by the committee. Should systemic changes not be effective QAPI will investigate and will determine if further action(s) need to be implemented. The actions from Madison Inn□s QAPI meeting will be reported to the JNH Executive Committee.	

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M 655	Continued From page 34	M 655		

apply drain sponge", and "O2(Oxygen) at 5 liters with 28% humidified air via trach collar". The following treatments had a diagonal line drawn through the signature box for the B shift, "All trach, O2, nebulizer tubing checked q shift at the beginning and end of the shift to ensure its working properly". The following had a diagonal line through the signature box for C shift "Change suction canister and tubing daily and PRN".

Record review of Resident #2's Physician's Order Form dated 07/21, Iprat-Albut 0.5-3(2.5) mg/3ml compared to DuoNeb 2.5-0.5mg/3ml use 1 vial in nebulizer every 6 hours, Guaifenesin DM syrup (regular) give 10ml per tube every 6 hours, and Saline nebulization 3ml nebulized every 8 hours to thin secretions, use indefinitely.

Record review of the Physician Orders dated 4/27/21 revealed O2 (oxygen) at 5 liters per minute (lpm) via tracheostomy with 28 % (percent) humidified air and tracheostomy care every shift/as needed, clean with normal saline and apply drain dressing; suction PRN with 14 French (Fr) catheter using sterile technique.

Record review of Resident #2's quarterly MDS dated 6/25/21 Section C, indicated Brief Interview for Mental Status (BIMS) summary score 00, which indicated severely impaired cognitive status.

Resident #4

Record review of Resident # 4's Identification and Summary Sheet revealed he was admitted to the facility on 8/1/01. His diagnoses included Closed Head Injury, Quadriparesis, Tracheostomy, Gastritis, Depression, Aphasia, Dysphagia, PEG tube, Type II Diabetes Mellitus, and Dyslipidemia.

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M 655	Continued From page 35 Record review of Resident #4's Physician's Order Form, dated 7/21, revealed Sodium CL for inhalation .9 use 1 vial via nebulizer every 8 hours, DuoNeb 2.5-0.5mg/3ml solution dispense (disp) as Iprat-Albut 0.5-3 (2.5) MG/3 use 1 vial in nebulizer every 6 hours. Record review of Resident #4's Physicians Orders, dated 4/27/21, revealed, Humidified oxygen via trach collar 28% (5LPM). Trach care Q shift & prn, clean with normal saline and apply dressing. Record review of Resident #4's Medication Chart revealed Iprat-Albut 0.5-3 (2.5) MG/3 comp use 1 vial in nebulizer every 6 hours and Guaifenesin 100 mg/5ml give 10 cc per tube every 6 hours not initialed on 7/12/21 at 6:00 PM and 7/13/21 at 12:00 AM. Record review of Resident #4's Medication Chart revealed Sodium Chloride 0.9 % irrigation use 30 cc via nebulizer every 8 hours, not initialed on 7/12/21 at 10:00 PM. Record review of Resident #4's Treatment Chart revealed trach care q shift and prn clean trach site with NS blot dry apply drainage gauze, suction q shift and prn with 14 FR(French) suction catheter, and O2 at 5L with 28% humidified air via trach collar, not initialed on 7/12/21 B shift. Record review of Resident #4 annual MDS dated 5/21/21, Section C indicated BIMS summary score 00, which indicated severely impaired cognitive status. The facility submitted an acceptable Removal Plan on 7/22/21 for the IJ. Review of the facility's	M 655		

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M 655	Continued From page 36 Removal Plan revealed the facility took the following actions to remove the IJ: In response to the Immediate Jeopardy (IJ) template provided to the Administrator cited on July 21,2021 at 7:00 p.m., the following is a summary of the event and the actions taken by the facility to remove the Immediate Jeopardy. Brief Summary Madison Inn building 34 had insufficient licensed nursing staff on 7/12/2021 from 6:00 p.m. to 6:00 a.m. which gives us neglect of Residents #1, #2, #3, #4, and #5 on the first floor of building 34. Medications and treatments were missed for Residents #1, #2, #3, #4, and #5 during this time frame. Tracheostomy care was not provided on Residents #2 and #4 during the time frame. The following corrective actions were taken for Residents #1, #2, #3, #4, and #5 affected by the insufficient licensed nursing staff and other facility Residents who could be potentially affected by insufficient licensed nursing staff in the future. 1.On July 13, 2021, at 6:15am RN#1 assessed Residents #1, #2, #3, #4, and #5 and gave 6 am medications and treatments to Residents #1, #2, #3, #4, and #5 and no negative outcomes or harm noted. RN#1 notified the attending physician that building 34 had insufficient licensed nursing staff on 7/12/2021 from 6:00 p.m. to 6:00 a.m. on 7/13/2021, the first floor. Medications and treatments were missed for Residents #1, #2, #3, #4, and #5 during this time frame. Tracheostomy care was not provided on Residents #2 and #4 during the time frame. On 7/13/2021 at 9:00 a.m. attending physician assessed Residents #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, and #15 and no injuries or harm noted.	M 655		

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M 655	Continued From page 37 2.On July 14, 2021, at 3:30pm until 4:30pm Jaquith Nursing Home Nurse Administrator counseled the Agency LPN scheduled and declined to work 11-7 shift on 7/13/21and Contract RN working on building 34 on 3-11 and 11-7 shifts on 7/12/21 and 7/13/21 on the policy and procedure of notifying the on-call Administrator and Director of Nursing as needed for unintended occurrences. 3.On July 15, 2021, at 01:30 p.m., a Quality Assurance meeting was conducted with Jaquith Nursing Home Director, Chief Medical Doctor, Safety Investigative Services,Jaquith Nursing Administrator, Director of Nursing #1 and Director of Nursing #2, Nurse Staffing Director, Administrator in Training #1 and Administrator in Training #2, Service Outcome Director to discuss and determine corrective actions for further incidents of this magnitude. Corrective actions discussed were to inform resident's representative of incident on 7/12/21 and 7/13/21. Educate staff on notifying leadership through proper communication (campus switchboard). Inservice staff (agency/contract) on Injuries, Abuse, Neglect, Mistreatment, Misappropriation of Resident Property or Exploitation of Resident POL J530-55. Establishing protocol of nurse's responsibility and Chain of Notification for Staffing Concerns. Contracting additional staff for Covid-19 buildings. 4.On July 16, 2021, at 7:00am Emergency Covid-19 staffing contract executed to obtain more licensed agency staff to work on units with Covid-19 cases. Social Worker#1 called Residents #1, #2, #3, #4, and #5 representative of the incident and documented in resident's medical chart. Administrator In Training # 1 in serviced staff (pantry, housekeeping, laundry, full	M 655		

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M 655	Continued From page 38 time/ agency/contract licensed nurses and certified nurse assistants) for Madison Inn on Policy J530-55 (Injuries, Abuse, Neglect, Mistreatment, Misappropriation of Resident Property or Exploitation of Resident). 5.On July 20, 2021, at 4:00pm JNH Nurse Administrator developed an emergency Contract and Agency Licensed Competency Checklist to ensure nurses remain aware of the Mississippi State Hospital policy and procedures, physician, and DON's phone numbers for notification of falls, incidents, accidents, incorrect narcotic count, and other unusual occurrences. To also ensure the nurse comply to the facility policies and procedures on Abuse, Neglect, Exploitation, Misappropriation of Resident items, notification of abuse and neglect, Orientation to service area, Review of Medication and treatment records, Tracheostomy Care, Feeding Tube administration, Following Medication administration policy and procedure, Care plan policy and procedure, and following physician orders. 6.On July 22, 2021, at 12:30pm JNH Nurse Administrator will begin in-servicing all nursing staff, Director of Nursing, Director of Staffing on these policies and procedures: Medication Administration, Tracheostomy care, Following the Care plan, Abuse and Neglect, Notification of DON, or DON on call for medication concerns such as medication errors, incorrect narcotic count, Resident Rights for Health and safety, and Chain of Notification for Staffing Concerns. No staff will be allowed to work until Inservice is completed. On 7/22/2021 at 1:30p.m. Contract and Agency Licensed Competency Checklist started and will be ongoing for new contract and agency staff.	M 655		

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M 655	Continued From page 39 7.The facility will be in compliance 7/22/2021 at 4:00pm. On 7/24/21, the SA validated the facility's Removal Plan by staff interviews, record reviews, and review of in-service sheets. The SA verified the facility had implemented the following measures to remove the IJ: 1. SA validated through record review and interview with RN#1 that on July 13, 2021, at 6:15 AM RN#1 assessed Residents #1, #2, #3, #4, #5, #7, and #8 and gave 6 AM medications and treatments to Residents #1, #2, #3, #4, #5, #7, and #8 and no negative outcomes or harm noted. RN#1 notified the attending physician that building 34 had insufficient licensed nursing staff on 7/12/2021 from 6:00 p.m. to 6:00 AM. on 7/13/2021, the first floor. Medications and treatments were missed for Residents #1, #2, #3, #4, #5, #7, and #8 during this time frame. Tracheostomy care was not provided on Residents #2 and #4 during the time frame. On 7/13/2021 at 9:00 a.m. attending physician assessed Residents #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, and #15 and no injuries or harm noted. 2. SA validated through record review and interview with the RN/Admin that on July 14, 2021, at 3:30 PM until 4:30 PM Jaquith Nursing Home Nurse Administrator counseled the Agency LPN scheduled and declined to work 11-7 shift on 7/13/21and Contract RN working on building 34 on 3-11 and 11-7 shifts on 7/12/21 and 7/13/21 on the policy and procedure of notifying the on-call Administrator and Director of Nursing as needed for unintended occurrences.	M 655		

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M 655	Continued From page 40 3. SA validated through record review and interview with the Administrator, Administrator in Training (AIT) and RN/Admin that on July 15, 2021, at 01:30 PM., a Quality Assurance meeting was conducted with Jaquith Nursing Home Director, Chief Medical Doctor, Safety Investigative Services, Jaquith Nursing Administrator, Director of Nursing #1 and Director of Nursing #2, Nurse Staffing Director, Administrator in Training #1 and Administrator in Training #2, Service Outcome Director to discuss and determine corrective actions for further incidents of this magnitude. Corrective actions discussed were to inform resident's representative of incident on 7/12/21 and 7/13/21. Educate staff on notifying leadership through proper communication (campus switchboard). Inservice staff (agency/contract) on Injuries, Abuse, Neglect, Mistreatment, Misappropriation of Resident Property or Exploitation of Resident POL J530-55. Establishing protocol of nurse's responsibility and Chain of Notification for Staffing Concerns. Contracting additional staff for Covid-19 buildings. 4. SA validated through record review and interview with RN/Admin, Social Worker, and AIT that on July 16, 2021, at 7:00 PM Emergency Covid-19 staffing contract executed to obtain more licensed agency staff to work on units with Covid-19 cases. Social Worker#1 called Residents #1, #2, #3, #4, #5, #7, and #8 representative of the incident and documented in resident's medical chart. Administrator In Training # 1 in serviced staff (pantry, housekeeping, laundry, full time/ agency/contract licensed nurses and certified nurse assistants) for Madison Inn on Policy J530-55 (Injuries, Abuse, Neglect, Mistreatment, Misappropriation of Resident Property or Exploitation of Resident).	M 655		

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M 655	Continued From page 41 5. SA validated through record review, sign in-sheets, and interview RN/Admin that on July 20, 2021, at 4:00 PM JNH Nurse Administrator developed an emergency Contract and Agency Licensed Competency Checklist to ensure nurses remain aware of the Mississippi State Hospital policy and procedures, physician, and DON's phone numbers for notification of falls, incidents, accidents, incorrect narcotic count, and other unusual occurrences. To also ensure the nurse comply to the facility policies and procedures on Abuse, Neglect, Exploitation, Misappropriation of Resident items, notification of abuse and neglect, Orientation to service area, Review of Medication and treatment records, Tracheostomy Care, Feeding Tube administration, Following Medication administration policy and procedure, Care plan policy and procedure, and following physician orders. 6. SA validated through record review, sign in sheets, and interview with DON #1 and AIT that on July 22, 2021, at 12:30 PM JNH Nurse Administrator will begin in-servicing all nursing staff, Director of Nursing, Director of Staffing on these policies and procedures: Medication Administration, Tracheostomy care, Following the Care plan, Abuse and Neglect, Notification of DON, or DON on call for medication concerns such as medication errors, incorrect narcotic count, Resident Rights for Health and safety, and Chain of Notification for Staffing Concerns. No staff will be allowed to work until Inservice is completed. On 7/22/2021 at 1:30p.m. Contract and Agency Licensed Competency Checklist started and will be ongoing for new contract and agency staff. The SA validated on 07/24/2021, all corrective	M 655		

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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) COMPLETE DATE
M 655	Continued From page 42 actions had been taken by the facility to remove the IJ as of 7/22/21 and the IJ was removed on 07/23/2021, prior to exit.	M 655		