STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A404	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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F 000	INITIAL COMMENTS	F 000		

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 for Neglect 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 Requirements of Participation in Medicare and Medicaid.

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 these and all residents residing on the 1st Floor Unit 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

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

Electronically Signed | 09/03/2021

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F 000	Continued From page 1	F 000		

Immediate Jeopardy (IJ) and Substandard Quality of Care (SQC) and provided the facility with the IJ Templates.

The IJ and SQC existed at:

CFR(s) §483.12(a)(1) Freedom from Abuse, Neglect, and Exploitation (F 600) - Scope and Severity "L".

CFR(s) § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning (F 695) - Scope and Severity "L".

CFR(s) §483.45(f)(2) Residents are free of any significant medication errors (F 760) - Scope and Severity "K".

IJ existed at:

CFR(s) §483.21(b)(1) Comprehensive Care Plans (F 656) - Scope and Severity "K".

CFR(s) §483.35(a)(1)(2) Sufficient Staff (F 725) - Scope and Severity "L".

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 CFR(s) §483.12(a)(1) Freedom from Abuse, Neglect, and Exploitation (F 600), CFR(s) § 483.25(i) Respiratory care, including

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F 000	Continued From page 2 tracheostomy care and tracheal suctioning (F 695), and CFR(s) §483.35(a)(1)(2) Sufficient Staff (F 725) was lowered from an "L" to an "F", and CFR(s) §483.21(b)(1) Comprehensive Care Plans (F 656) and CFR(s) §483.45(f)(2) Residents are free of any significant medication errors (F 760) was lowered from a "K" to an "E" 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 F692 related to PEG tube feedings at an "E". The facility had a census of 65 at the time of the survey and held a license for 79.	F 000		
F 600 SS=L	Free from Abuse and Neglect CFR(s): 483.12(a)(1) §483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. §483.12(a) The facility must- §483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; This REQUIREMENT is not met as evidenced by: Based on record review, staff interview, and facility policy review, the facility failed to provide necessary nursing services and supervision for	F 600	1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient	9/30/21

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F 600	Continued From page 3 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. After the Licensed Practical Nurse on the 3-11 shift was notified she was positive for Covid-19, the facility failed to ensure a replacement was present on the unit. 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 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	F 600	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, #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	

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F 600	Continued From page 4	F 600		

and determined the IJ was removed on 7/23/21, prior to exit. Therefore, the scope and severity for CFR 483.12(a)(1) Abuse and Neglect (F600), was lowered from a "L" to an "F" 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 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

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 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

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F 600	Continued From page 5 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 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	F 600	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 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	

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F 600	Continued From page 6 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 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	F 600	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 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	

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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 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

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 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

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F 600	Continued From page 8 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 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	F 600	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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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 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

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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 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,

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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 French (Fr) catheter using sterile technique.

Record review of Resident #2's quarterly MDS

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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 Miralax Powder dissolve & take 17 grams in fluid P daily at 6 PM, Phenytoin 50mg Ingatab

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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 dispense (disp) as Iprat-Albut 0.5-3 (2.5) mg/3

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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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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

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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

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for side effects of psychotropic medication, and Lac Hydrin 12% lotion to feet q evening, and 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

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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 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

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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 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),

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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.

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 Isosurce 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

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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 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".

The facility did not have a nurse on the first floor of Building 34 from appoximately 4:00 PM on 7/12/21 until 6:00 AM on 7/13/21, after the 3-11 nurse was notified that she was positive for Covid-19 and left the building. This left 15

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residents without licensed nursing services from approximately 4:00 PM on 4/12/21 through 6:00 AM on 7/13/21.

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 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

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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 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

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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 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

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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.

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 6:15am 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 a.m. 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,

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F 600	Continued From page 26 #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 3:30pm 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. 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 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.	F 600		

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4. SA validated through record review and interview with RN/Admin, Social Worker, and AIT that 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, #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).

5. SA validated through record review, sign in-sheets, and interview RN/Admin that 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. SA validated through record review, sign in sheets, and interview with DON #1 and AIT that on July 22, 2021, at 12:30pm JNH Nurse

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F 600	Continued From page 28 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, that as of 7/22/21, all corrective actions had been taken by the facility to remove the IJ and the IJ was removed on 07/23/2021, prior to exit.	F 600		
F 656 SS=K	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required	F 656		9/30/21

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F 656	Continued From page 29 under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv)In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. This REQUIREMENT is not met as evidenced by: Based on staff interview, record review, and facility policy review, the facility failed to implement care plan interventions related to medication administration, Percutaneous Endoscopic Gastrostomy (PEG) tube feedings, monitoring, and treatments for eight (8) of 15 residents care plans reviewed from the 3-11 shift on 7/12/21 through 6:00 AM on 7/13/21. Residents #1, #2, #3, #4, #5, #6, #7, and #8. The facility's failure to implement care plans, placed the residents at risk, and in a situation which was likely to cause injury, harm,	F 656	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	

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F 656	Continued From page 30 impairment, or death. The State Agency (SA) identified an Immediate Jeopardy (IJ) which began on 7/12/21 when the facility failed to provide a licensed nurse to implement care plans resulted in residents not receiving necessary services and treatments. On 7/21/21 at 7:00 PM, the SA informed the Nursing Home Administrator (NHA) of the Immediate Jeopardy (IJ) 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 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 CFR(s)483.21(b)(1)-Develop/Implement Comprehensive Care Plan (F656), was lowered from a "K" to an "E" 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 ...Care Plan Preparation ... A nursing care plan serves as a database for planning assignments, giving change-of-shift reports,	F 656	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, #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 07/13/2021, the Minimum Data Set (MDS) Registered Nurse reviewed all care plans and identified that 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 07/22/2021- 07/23/2021, the Jaquith Nursing Home (JNH) Nurse Administrator in-serviced all nursing staff including the Director of Nursing (DON), and the Director of Staffing on the Care Plan policy and procedure. All newly hired	

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F 656	Continued From page 31 conferring with the practioner or other members of the health care team, planning patient discharge, and documenting patient care. In addition, the care plan can be used as a management tool to determine staffing needs and assignments." 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 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 when the physician orders a medication and/or treatment, the care plan will indicate to give or perform medication and/or treatment, then the facility should follow the care plan. On 7/12/21 from 6:00 PM through 7/13/21 at 6:00 AM the care plans where not followed on 1st floor Building 34,	F 656	nursing staff will be in-serviced during orientation and as needed on the facility□s Care Plan policy and procedure. On 8/19/2021, the JNH Nurse Administrator in-serviced all the newly hired emergency contract and agency nursing staff on the facility□s Care Plan policy and procedure. On 8/27/2021-8/31/2021, Staff Education Registered Nurse in-serviced all licensed nursing staff on the facility□s Care Plan policy and procedure. 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 on 09/08/2021, a Service Outcome Division (SOD) licensed nurse along with Director of Nursing (DON) will review four medical records of the licensed nurse□s documentation according to the resident□s care plan using the facility□s validation checklist 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 Care Plan policy and procedure. The SOD nurse will provide a written report after each observation to the DON and NHA. Care Plans will continue to be reviewed weekly in accordance with the care plan schedule with nursing staff by the Minimum Data Set (MDS) nurse and	

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F 656	Continued From page 32 because there was no scheduled nurse. On 7/21/21 at 1:13 PM, in an interview with the Director of Nurse (DON) #1 revealed the staff should follow the care plans on the residents to provide safety and compliance. On 7/12/21 from 6:00 PM until 07/13/21 at 6:00 AM, the care plans were not followed. No nurse was present on the 1st floor Building 34 to follow care plans. On 7/21/21 at 1:21 PM, in an interview with Registered Nurse Administrator (RN/NS-Admin) revealed on 7/12/21 from 6:00 AM until 7/13/21 at 6:00 AM, the care plans on residents that required medications and/or treatments where not followed because no license nurse was present on 1st floor Building 34. 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 Depakote 250 milligrams (mg) take one (1) tablet by mouth twice a day, Metformin 1000mg take one (1) tablet twice a day, and Risperdal 1mg by	F 656	DON. Beginning on 09/08/2021, the DON will review the facility□s Care Plan validation checklist to ensure licensed nurses are providing care and documenting according to care plans weekly for a month, then monthly for two months. The JNH Nurse Administrator will also complete weekly audits of care plans for six (6) consecutive weeks to ensure that comprehensive care plans are developed for residents. 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 (NHA). 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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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's #1 Care Plan with a goal and target date of 8/5/21, revealed Behavior-Diagnosis Dementia, Psychosis Nos, and Depression. The intervention's include Risperdal 1mg PO (by mouth) twice a day and Depakote 250mg 1 tab (tablet) by mouth two (2) times a day (BID).

Record review of Resident #1's Care Plan with a goal and target date of 8/5/21, revealed Potential for complications R/T (related to) Diabetes with the intervention of Metformin 1000mg 1 tab PO BID.

Record review of Resident #1's Care Plan with a goal and target date of 8/5/21, revealed Risk for Dehydration related to dependence on staff for hydration with interventions to assess daily for S/S (signs/symptoms) of dehydration, (tenting of skin, increased thirst, dry mucous membranes, fever, etc.).

Record review of Resident #1's Care Plan with a goal and target date of 8/5/21, revealed Potential for SE (side effects) of psychotropic medication with interventions to monitor for S/S of side

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effects daily, hypotension, dizziness, faintness, rapid heart rate on rising from sitting/lying position.

Record review of Resident #1's 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 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.

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Record review of Resident #2's 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 (as needed) with 14 French (Fr) catheter using sterile technique.

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 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

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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 treatments 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 collar", "Place brief under resident, do not try to pull brief between legs, change q 2 hours and PRN". The following 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's #2 Care Plan with a goal and target date of 9/30/21, revealed diagnosis Hypertension with interventions Metoprolol Tar 50 mg give 1 tablet per tube twice day and nurse to provide H2O flush @60cc/hour.

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Record review of Resident's #2 Care Plan with a goal and target date of 9/30/21, revealed diagnosis Gastritis with interventions HOB (head of bed) up 30-45 degrees at all times and Metoclopramide 5mg/5ml give 10 cc per tube every 8 hours.

Record review of Resident's #2 Care Plan with a goal and target date of 9/30/21, revealed Increased risk for aspiration d/t (due to) use of feeding tube with interventions HOB elevated 30-45 degrees at all times, check placement and residual Q (every) 4 hours (hold feeding 1 hour if residual is >100cc's, and nurse to provide Nutren 2.0 @ (at) 55cc/hr with 60 cc hr H2O flush.

Record review of Resident's #2 Care Plan with a goal and target date of 9/30/21, revealed high risk for dehydration r/t dependent on nurse to provide fluids via feeding tube, use of laxative with interventions assess daily for s/s of dehydration (increased thirst, tenting of skin, dry mucous membranes, fever, decreased urination), and nurse to provide H2O flush @ 60cc/hr.

Record review of Resident's #2 Care Plan with a goal and target date of 9/30/21, revealed increased risk for ineffective airway clearance and high risk for infection R/T Tracheostomy with interventions provide nebulizer TX as ordered, trach care every shift and prn clean with normal saline/apply dressing, DuoNeb 2.3-0.5 mg/3 ml use 1 vial in nebulizer every 6 hours, Robitussin DM syrup give 10 cc per tube every 6 hours, and provide O2 at 5L with 28% humidified air via trach collar.

Record review of Resident's #2 Care Plan with a

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goal and target date of 9/30/21, revealed resident incontinent of bowel, H/O (history of) UTI's wears adult briefs with interventions monitor for s/s of dysuria and flank pain.

Record review of Resident's #2 Care Plan with a goal and target date of 9/30/21, revealed high risk for constipation with interventions Colace 100 mg 1 cap per tube twice daily and nurse to provide H2) flush @ 60 cc/hr.

Record review of Resident's #2 Care Plan with a goal and target date of 9/30/21, revealed increase risk for pressure ulcers with interventions Lantiseptic cream to buttocks q shift, right foot pillow at all times, turn/re-position every 2 hours/prn, thread 4x4's between fingers to right/left hands and right/left wrist BID, Vitamin C 500 mg 1 tablet per tube twice a day, Aquaphor Ointment to right food BID, Arginaid 1 pk per peg tube BID, Promod 30 cc per peg tube BID, and nurse to provide H2O flush @ 60 cc/hr.

Record review of Resident's #2 Care Plan with a goal and target date of 9/30/21, revealed dental needs will met with interventions oral care q shift and prn.

Record review of Resident's #2 Care Plan with a goal and target date of 9/30/21, revealed resident totally dependent on staff for ADL with interventions turn and reposition every 2 hours/prn, keep trach clean at all times, Baclofen 10 mg 1 tab per tube 4 times a day, Baclofen 20 mg 2 tabs per tube 4 times a day, nurse to provide Nutren @ 55 cc/hr with 50 cc/hr H20 flush, incontinent care q 2 hours/prn, and provide oral care q shift/prn.

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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 Miralax Powder dissolve & take 17 grams in fluid P daily at 6 PM, Phenytoin 50mg Ingatab

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compare to Dilantin 50 MG 1 tablet at 6:00 PM and Phenytoin SOD EXT 100mg capsule compare to Dilantin 100 MG 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 outcome in nurses note".

Record review of Resident #3's Care Plan with a goal and target date of 9/30/21, revealed diagnosis Hyperlipidemia with intervention to give Pravastatin 80 mg 1 tablet PO at bedtime.

Record review of Resident #3's Care Plan with a goal and target date of 9/30/21, revealed diagnosis GERD with intervention to give Famotidine 20 mg 1 tablet PO twice a day.

Record review of Resident #3's Care Plan with a goal and target date of 9/30/21, revealed potential for alteration in comfort r/t (related to) lumbar spondylosis with intervention to assess quality and location of pain.

Record review of Resident #3's Care Plan with a goal and target date of 9/30/21, Care Plan revealed diagnosis Seizure with interventions to monitor and document onset, duration, and post ictal response, document seizures on seizure chart, Dilantin 50 mg 1 PO every 8 AM and 6 PM,

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Dilantin 100 mg 1 cap PO every 8 AM, 1 PM, 6 PM, Depakote 500 mg 2 PO in the morning/noon and 3 tabs at bedtime, and Depakote 250 mg 1 PO at bedtime.

Record review of Resident's #3 Care Plan with a goal and target date of 9/30/21, revealed risk for constipation with interventions Colace 100 mg 2 caps po daily and Miralax powder-dissolve take 17 grams in fluid PO daily.

Record review of Resident's #3 Care Plan with a goal and target date of 9/30/21, revealed risk for dehydration with interventions to assess for dehydration every day.

Record review of Resident's #3 Care Plan revealed resident is incontinent of bladder with interventions notify MD of any s/s of UTI, burning upon urination and flank pain.

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 for inhalation .9 use 1 vial via nebulizer every 8 hours, Ferrous Sulfate 220MG/5ML elixir give 220

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MG (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, 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, 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 500 MG 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 w/30 cc of H2O before & after meds and give 5-10 cc H2O between meds. Humidified oxygen via trach collar 28% (5LPM). 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

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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.
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 compare 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 suction catheter, O2 at 5L 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 of pain (facial grimaces moaning, verbal etc.) every shift and document according to scale, not initialed on 7/12/21 B shift.
Record review Resident #4's Care Plan with a goal and target date of 8/26/21, revealed diagnosis Hyperlipidemia with intervention to give Pravastatin 40 mg 1 tab per Peg tube at bedtime.

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Record review Resident #4's Care Plan with a goal and target date of 8/26/21, revealed diagnosis GERD with interventions HOB elevated 30-45 degrees at all times, Reglan 5 mg/5 ml syrup give 5 ml per Peg tube every 8 hours and Nexium DR 20 mg cap-open 1 cap and mix with 50 ml H2) give per Peg tube 2 times a day.

Record review of Resident #4's Care Plan with a goal and target date of 8/26/21, revealed diagnosis Anemia with interventions Ferrous Sulf 220 mg/5ml elix- give 220 mg (5ml) per tube 2 times a day and Vitamin C 500 mg 1 per Peg tube BID.

Record review of Resident #4's Care Plan with a goal and target date of 8/26/21, revealed diagnosis Prostate Enlargement with intervention to give Flomax 0.4 mg per Peg tube BID.

Record review of Resident #4's Care Plan with a goal and target date of 8/26/21, revealed diagnosis Seborrheic Dermatitis with intervention to apply Aquaphor Ointment to extremities and trunk area 2 times a day.

Record review of Resident #4's Care Plan with a goal and target date of 8/26/21, revealed resident totally dependent on staff to provide ADL with intervention diet of Diabetasource AC @ 65 cc/hour with 40 cc/hour flush.

Record review of Resident #4's Care Plan with a goal and target date of 8/26/21, revealed resident incontinent of bladder with interventions notify MD of any s/s of UTI, burning upon urination and flank pain.

Record review of Resident #4 's Care Plan with a

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goal and target date of 8/26/21, revealed high risk for dehydration with intervention to assess daily for s/s dehydration.

Record review of Resident #4's Care Plan with a goal and target date of 8/26/21, revealed increased risk for ineffective airway clearance with interventions to provide humidified O2 at 28% via trach collar, suction resident as ordered with 14 FR cath, DuoNeb 2.5-0.5 MG/3ML solution use 1 vial in nebulizer every 6 hours, Guaifenesin 100 mg/3 ml give 10 ccl per tube every 6 hours, tach care every shift/prn clean wit normal saline and apply dressing, and 3 ml sodium chloride via nebulizer every 8 hours indefinitely.

Record review of Resident #4's Care Plan with a goal and target date of 8/26/21, revealed potential for complication R/T Diabetes with interventions Metformin 500 mg 1 tab per Peg tube BID.

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

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

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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 at 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 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.

Record review of Resident #5's Care Plan with a goal and target date of 10/21/21, revealed Behavior with interventions Clonazepam 1 mg 1 tab PO BID and Seroquel 200 mg 1 tab PO BID.

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Record review of Resident #5's Care Plan with a goal and target date of 10/21/21, revealed diagnosis Foot Dermatitis with intervention Lac-Hydrin 12% cream-apply to soles feet every evening.

Record review of Resident #5's Care Plan with a goal and target date of 10/21/21, revealed diagnosis Seizure with intervention to give Valproic Acid 250 mg/5ml 500 mg (10 ml) PO three times daily.

Record review of Resident #5's Care Plan with a goal and target date of 10/21/21, revealed potential for side effects of psychotropic medication with intervention to monitor or s/s of side effects-hypertension, dizziness, faintness, rapid heart rate on rising from sitting/lying position.

Record review of Resident's #5 Care Plan with a goal and target date of 10/21/21, revealed potential for alteration in comfort with intervention assess quality and location of pain.

Record review of Resident #5's Care Plan with a goal and target date of 10/21/21, revealed Dehydration with interventions to assess for dehydration every day.

Record review of Resident #5's Care Plan with a goal and target date of 10/21/21, revealed diagnosis Hypertension with interventions Coreg 25 mg 1 tab PO BID and Hydralazine 25 mg 1 tab PO every 8 hours.

Record review of Resident #5's Care Plan with a goal and target date of 10/21/21, revealed diagnosis Hyperlipidemia with interventions to

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give Pravastatin 40 mg 1 tab PO every HS.

Review of Resident #5's quarterly MDS dated 07/16/2021, 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's 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 0.5 mg tablet compared to Risperdal 0.5 mg

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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 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 Care Plan with a goal and target date of 8/12/21, revealed Behavior with interventions to Risperidone 0.5 mg 1 tab PO every HS and Depakote Sprinkles 125 mg 6 caps PO BID.

Record review of Resident #6's Care Plan with a goal and target date of 8/12/21, revealed diagnosis Seizure disorder with interventions monitor and document onset, duration and post ictal response, document seizure on seizure chart, and Depakote Sprinkles 125 mg 6 caps PO BID.

Record review of Resident #6's Care Plan with a goal and target date of 8/12/21, revealed Hyperlipidemia with interventions Pravastatin 40 mg 1 tab PO every HS.

Record review of Resident #6's Care Plan with a goal and target date of 8/12/21, revealed potential for alteration in comfort with interventions assess quality and location of pain, Os-Cal 500 +D 1 tab PO BID and Dicyclomine 10mg/(5ml) at bedtime.

Record review of Resident #6's Care Plan with a goal and target date of 8/12/21, revealed Dehydration with interventions to assess for dehydration every day.

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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 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

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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 safety, and monitor for s/s of pain (facial grimaces moaning, verbal etc.) every shift and document.

Record review of Resident #7's Care Plan with a goal and target date of 8/12/21, revealed resident with use of anticoagulant with intervention to give Eliquis 5mg PO twice a day.

Record review of Resident #7's Care Plan with a goal and target date of 8/12/21, revealed diagnosis Hyperlipidemia with interventions to give Atorvastatin 40 mg 1 PO hs (at bedtime).

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Record review of Resident #7's Care Plan with a goal and target date of 8/12/21, revealed constipation with interventions Colace 100 mg 2 caps PO twice daily, Miralax 17 grams in liquid and give 3 times a day, and Senna tablets 2 tabs PO twice daily.

Record review of Resident #7's Care Plan with a goal and target date of 8/12/21, revealed restraint-lap tray while up in Geri-chair with intervention apply restraint as ordered.

Record review of Resident #7's Care Plan with a goal and target date of 8/12/21, revealed diagnosis sleep with intervention give Melatonin 3mg 1 tab PO at 6 PM each day.

Record review of Resident #7's Care Plan with a goal and target date of 8/12/21, revealed Behavior with interventions give Abilify 20 mg 1 tab PO every hs and Lorazepam 1.5 mg PO BID.

Record review of Resident #7's Care Plan with a goal and target date of 8/12/21, revealed potential for side effects of psychotropic medication with interventions to monitor for S/S of side effect-hypotension, dizziness, faintness, rapid heart rate on rising form (from) sitting/lying position, Benzotropine 1mg 1 tab PO every hs and Propranolol 40 mg 1 tab PO twice a day.

Record review of Resident #7's Care Plan with a goal and target date of 8/12/21, revealed diagnosis Dry Eye Syndrome with intervention Thera-tears 0.25% 1 gtt both eyes 3 times a day.

Record review of Resident #7's Care Plan with a goal and target date of 8/12/21, revealed

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diagnosis Polycythemia with intervention to give Hydroxyurea 500 mg 1 cap TID.

Record review of Resident #7's Care Plan with a goal and target date of 8/12/21, revealed potential for alteration in comfort with intervention to assess quality and location of pain.

Record review of Resident #7's Care Plan with a goal and target date of 8/12/21, revealed Dehydration with intervention to assess for dehydration every day.

Record review of Resident #7's quarterly MDS dated 5/7/21, revealed 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 @ 50 cc/hr with 55 cc/hr H2O flush; check gastric residuals Q4h, if residual greater than 100cc hold TF for 1 hour then recheck. Lantiseptic to buttocks Q shift, heel protectors on at all times, and clean PEG site W/NS & 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,

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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 Medication Chart on 7/12/21 at 6:00 PM, revealed a diagonal line drawn through the signature box for Metformin 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 Care Plan with a goal and target date of 8/5/21, revealed dehydration with intervention to assess for dehydration every day.

Record review of Resident #8's Care Plan with a goal and target date of 8/5/21,revealed diagnosis GERD with intervention HOB always elevated 30-45 degrees.

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Record review of Resident #8's Care Plan with a goal and target date of 8/5/21,revealed potential for alteration in comfort with interventions to monitor for facial grimaces for s/s of pain.

Record review of Resident #8's Care Plan with a goal and target date of 8/5/21,revealed potential complication R/T Diabetes wit interventions diet-Isosource 1.5 @ 50 cc/HR with 50 cc/HR H20) flush and Metformin 500 mg 1 per tube BID.

Record review of Resident #8's Care Plan with a goal and target date of 8/5/21, revealed increased R/F (risk for) aspiration with interventions to elevate HOB 30-45 degrees at all times and check placement and residual every 4 hours.

Record review of Resident #8's Care Plan with a goal and target date of 8/5/21, revealed diagnosis Hyperlipidemia with intervention Provastin 40 mg 1 tab per tube every evening.

Record review of Resident #8's Care Plan with a goal and target date of 8/5/21,revealed increased R/F pressure ulcers with intervention heel protectors at all times.

Record review of Resident #8's Care Plan with a goal and target date of 8/5/21,revealed dental needs will be met with intervention of oral care every shift.

Record review of Resident #8's Care Plan with a goal and target date of 8/5/21, revealed diagnosis Hypertension with intervention give Labetalol HCL 200 MG 1 per tube every 8 hours.

Record review of Resident #8's quarterly MDS

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dated 7/23/21 Section C, indicated a BIMS Summary score, 00, which indicated severely impaired cognitive status.

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 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

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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 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

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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 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

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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.

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 6:15am 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 a.m. 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,

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F 656	Continued From page 60 #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 3:30pm 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. 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 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.	F 656		

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4. SA validated through record review and interview with RN/Admin, Social Worker, and AIT that 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, #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).

5. SA validated through record review, sign in-sheets, and interview RN/Admin that 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. SA validated through record review, sign in sheets, and interview with DON #1 and AIT that on July 22, 2021, at 12:30pm JNH Nurse

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F 656	Continued From page 62 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, that all as of 7/22/21 all corrective actions had been taken by the facility to remove the IJ and the IJ was removed on 07/23/2021, prior to exit.	F 656		
F 692 SS=E	Nutrition/Hydration Status Maintenance CFR(s): 483.25(g)(1)-(3) §483.25(g) Assisted nutrition and hydration. (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident- §483.25(g)(1) Maintains acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise; §483.25(g)(2) Is offered sufficient fluid intake to	F 692		9/30/21

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F 692	Continued From page 63 maintain proper hydration and health; §483.25(g)(3) Is offered a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet. This REQUIREMENT is not met as evidenced by: 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 two (2) 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 water in the bags. When asked when the pumps	F 692	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	

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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..

in-serviced all nursing staff on Enteral 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

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F 692	Continued From page 65 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 #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) Isosurce 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	F 692	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 Enteral Feeding and Medication Pass by Percutaneous Endoscopic Gastrostomy (PEG) 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	

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F 692	Continued From page 66 sounds for rales, rhonchi, or congestion every shift." Record review of Resident #8 MDS dated 7/23/21, quarterly, indicated BIMS 00.	F 692	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.	
F 695 SS=L	Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i) § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. This REQUIREMENT is not met as evidenced by: 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	F 695	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.	9/30/21

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F 695	Continued From page 67 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 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 CFR (s) § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning (695), was lowered from a "L" to an "F" 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	F 695	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. 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)	

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F 695	Continued From page 68 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 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 ..."	F 695	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 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	

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F 695	Continued From page 69 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 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,	F 695	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 tracheotomies 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 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 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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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), 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

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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.

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

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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 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.

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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 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

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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 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,

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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.

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,

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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.

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

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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).

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

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F 695	Continued From page 78 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 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.	F 695		
F 725 SS=L	Sufficient Nursing Staff CFR(s): 483.35(a)(1)(2) §483.35(a) Sufficient Staff. The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest	F 725		9/30/21

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F 725	Continued From page 79 practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e). §483.35(a)(1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans: (i) Except when waived under paragraph (e) of this section, licensed nurses; and (ii) Other nursing personnel, including but not limited to nurse aides. §483.35(a)(2) Except when waived under paragraph (e) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty. This REQUIREMENT is not met as evidenced by: Based on record review, schedule review, staff interview, facility policy review, and timecard review the facility failed to ensure a licensed nurse was present to administer medications and treatments, monitor and provide necessary supervision, and provide Percutaneous Endoscopic Gastrostomy (PEG) feedings for 15 of 15 residents on the 1st floor Building 34 on the 3-11 shift on 7/12/21 through 6:00 AM on 7/13/21. The facility's failure to provide a licensed nurse to administer medications and treatments for 12 hours had the likelihood to cause all residents residing on the 1st Floor of Building 34 serious harm, serious injury, serious impairment, or	F 725	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	

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F 725	Continued From page 80 possible death. The State Agency (SA) identified an Immediate Jeopardy (IJ) which began on 7/12/21, when the facility failed to provide a licensed nurse to monitor and provide necessary supervision, administer medications, Percutaneous Endoscopy Gastroscopy (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 Immediate Jeopardy (IJ) and provided the facility with the IJ Template. The facility submitted an acceptable Removal Plan on 7/22/2021 at 5:16 PM, in which the facility alleged all corrective actions to remove the IJ were completed 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 CFR(s) §483.35(a)(1) Sufficient Nursing Staff (F725), was lowered from a "L" to an "F" 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: Review of facility policy titled, "Jaquith Nursing Home (JNH) Administrator on Call", revised August 2020," 1. Purpose and Applicability. This policy establishes guidelines for the Administrator of Call (AOC) to provide management continuity at all times. This policy applies to the	F 725	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, #14, and #15 and no injuries or harm 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 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	

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F 725	Continued From page 81 management staff of Jaquith Nursing Home (JNH). 2. Policy. It is the policy of JNH to ensure the availability and accessibility of administrative support on a continuing basis, not only to provide prompt decisions requiring policy interpretations but also to deal with administrative emergencies which arise at times other than normal business hours ... F. In the absence of the Registered Nurse (RN) Shift Supervisor, the AOC, and Director of Nursing (DON) on call will be responsible for coordinating nurse staff assignments based on a predetermined plan approved by JNH Nurse Administrator between the hours of 5:00 PM and 8:00 AM and during weekends and holiday. Any instances of non-compliance with required minimum numbers of licensed personnel will be immediately reported by the AOC to the JNH Director." Review of the facility policy titled, "Accountability for Nursing Personnel Assignment" dated August 2020, revealed "1. PURPOSE AND APPLICABILITY. This policy defines the steps to be followed in accounting for nursing personnel reporting to Jaquith Nursing Home (JNH) on each shift. This policy applies to all JHN personnel. 2. POLICY. Jaquith Nursing Home will assign licensed nurses and Certified Nurses Assistants (CNA's) to each unit in accordance with the minimum requirements directed by the Mississippi Department of Health, Division of Licensure and Certification ...3. PROCEDURE. B ...The NSC or DON on call will reassign nurses as necessary to assure a minimum of one licensed nurse per floor, per building in the unit. C. The staffing personnel on Building 36 ... will take call-ins form nursing staff every shift. The staffing personnel will notify the DON on call who will attempt to cover the shift or shifts with a nurse	F 725	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, an emergency staffing 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 the Chain of Notification for staffing concerns. All newly hired nursing staff will be in-serviced during orientation and as needed on the Chain of Notification for staffing concerns. Beginning 08/19/2021, to ensure sufficient nursing staff are 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.	

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F 725	Continued From page 82 from their building/unit. The NSC will make changes on the Master Schedule and contact the authorized agencies for contract nurses as needed. D. The RN Grounds Supervisor or DON on call will take call-ins after 3:30 p.m. Monday through Friday and all shifts on weekends and Holidays." 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 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 6:40 PM, in an interview with 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. She waited on her relief in her car with the narcotics keys. On 7/12/21 at approximately 7:45 PM, LPN #1 gave the 2nd	F 725	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 NHA on call, 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. 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 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	

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F 725	Continued From page 83 floor Building 34, RN #2 the narcotic keys. 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 Building 34 because the medication room was in disarray. On 7/21/21 at 9:30 AM, in an interview with the Administrator (Adm) revealed the facility failed to provide sufficient nursing staff which resulted in medications/treatments being missed for approximately 12 hours from 7/12/21 at 6:00 PM through 7/13/21 at 6:00 AM. On 7/21/21 at 1:30 PM, in an interview with RN/Admin revealed the residents with tracheostomies 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 from 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 she confirmed that on 7/12/21 there could have been a serious negative outcome among the residents with no licensed nursing staff on the 1st floor of Building 34. On 07/21/21 at 2:30 PM, in an interview with Certified Nursing Assistant (CNA) #2 revealed she was working on 7/12/21 the 3:00 PM through 11:00 PM shift. LPN #1 informed her she tested positive for Covid-19 and was informed to leave the 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	F 725	NHA, and the Human Resources Director weekly. 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 for a minimum of three months and 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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was an RN on the 2nd floor of Building 34 who explained to CNA #2 that if an emergency would happen, she would assist. RN #2 came down to the 1st floor and medicated a resident for pain, then RN #2 returned to the 2nd floor.

On 7/21/21 at 2:50 PM, in an interview with LPN #1 revealed she reported to 1st Floor Building 34 and counted the narcotics with the off going nurse. At approximately 4:00PM, 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 her replacement. LPN #1 revealed she contacted the Director of Nurse (DON)#2 on call for the campus and was informed relief would be there shortly. LPN #1 stated that she remained in her car until 8:00PM when RN #2 came to the car and received the narcotic keys from LPN #1. 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 was unable to work her scheduled shift, she was informed by RN/Admin and DON#2 on call, an agency nurse would report to the facility which would be responsible for 1st floor Building 34, residents. Then, when the agency nurse failed to work on 1st floor Building, she was informed by the RN/Admin, she was not responsible for 1st floor Building 34 medications and/or treatments.

Record review of the Unit Daily Sign-in Sheet for 7/12/21 for 3:00 PM through 11:00 PM shift and 7/13/21 11:00 through 6:00 AM shift for 1st floor Building 34, LPN #1 was assigned to the unit for B and C shifts.

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Record review of 1st floor Building 34 Timecard revealed LPN #1 clocked in on 7/12/21 at 2:55 PM and clocked out 7/12/21 at 8:00 PM.

Record review of the Staffing Grid revealed, the facility had one (1) RN on 2nd floor Building 34 on 7/12/21 from 3:00 PM through 7/13/21 6:00 AM.

The facility did not have a nurse on the first floor of Building 34 from appoximately 4:00 PM on 7/12/21 until 6:00 AM on 7/13/21, after the 3-11 nurse was notified that she was positive for Covid-19 and left the building. This left 15 residents without licensed nursing services from approximately 4:00 PM on 4/12/21 through 6:00 AM on 7/13/21.

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 the facility to remove the Immediate Jeopardy.

Removal Plan

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

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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 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

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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 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

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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.

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 6:15AM, RN#1 assessed Residents #1, #2, #3,

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#4, #5, #6, #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 PM 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. AM the 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 were 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.

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

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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 AM 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 ?6 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).

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

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F 725	Continued From page 91 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, that all as of 7/22/21 all corrective actions had been taken by the facility to remove the IJ and the IJ was removed on 07/23/2021, prior to exit.	F 725		
F 760 SS=K	Residents are Free of Significant Med Errors CFR(s): 483.45(f)(2) The facility must ensure that its- §483.45(f)(2) Residents are free of any significant medication errors.	F 760		9/30/21

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F 760	Continued From page 92 This REQUIREMENT is not met as evidenced by: Based on record review, staff interview, and facility policy review, the facility failed to ensure significant medications (anti-coagulants, anti-seizure, anti-diabetic, heart, and psychotropic) were administered to prevent discomfort or complications for eight (8) of 15 residents reviewed for medication administration. Resident #1, #2, #3, #4, #5, #6, #7, and #8. The facility's failure to provide nursing services and administer significant medications on eight (8) residents on the 3-11 shift on 7/12/21 through 6:00 AM on 7/13/21. This placed these residents and all other residents who reside on the first floor of Building 34, 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 and administer medications. On 07/21/21 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 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.	F 760	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 Residents #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, and #15 for negative outcomes related to the deficient practice and no harm or negative outcomes were noted. Registered Nurse #1 notified attending physician the 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, #14, and #15 and no injuries or harm 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 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	

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F 760	Continued From page 93 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 CFR(s) §483.45(f)(2)- Residents are free of any significant medication errors (F-760), was lowered from a "K" to an "E" 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, "Medications, Administration, Timing, and Treatment", revised October 2018, revealed, "1. PURPOSE AND APPLICABILITY. This policy specifies the clinicians who are authorized to administer medications and provides guidelines for scheduling medication administration and treatment by all clinical nurses at Mississippi State Hospital including Jaquith Nursing Home (JNH) ... 2. POLICY. Physicians, nurse practitioners, dentists, nurses, podiatrists, optometrists, and radiology technologist may administer medications within their scope of practice ... C. Time critical scheduled medications. Time critical medications are those for which an early or late administration of greater than thirty minutes might cause harm or have significant, negative impact on the intended therapeutic or pharmacological effect. These medications must be administered within thirty minutes before or after their scheduled dosing time, for a total window of one (1) hour ...". Record review of the facility "Investigative Findings" dated 7/13/21, BUILDING 34 POSSIBLE NEGLECTS OF MULTIPLE	F 760	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 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, the Jaquith Nursing Home Administrator (NHA) on-call verifies each shift□s staffing with	

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F 760	Continued From page 94 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 when the physician orders a medication, it is the nurses' responsibility to give the medication as ordered. On 7/12/21 at 6:00 PM through 7/13/21 at 6:00 AM since there was no nurse working on 1st floor Building 34, medication was not given. The medications prescribed were to prevent seizure activity, anti-coagulants, anti-diabetic, heart, and psychotropic. They should have been given as prescribed to maintain constant concentration in the blood. On 7/21/21 at 1:13 PM, in an interview with the Director of Nurses (DON) #1 revealed the staff should follow the physician orders for residents to provide safety and compliance. On 7/12/21 from 6:00 PM until 07/13/21 at 6:00 AM, significant	F 760	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 Nursing Home Staffing Concern Log daily for 30 days, then weekly for 30 days. On 8/19/2021, the JNH Nurse 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 sixty-five (65) MAR and TAR daily	

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F 760	Continued From page 95 medications were not given because there was no nurse present on 1st floor Building 34, to administer medications. On 7/21/21 at 1:21 PM, in an interview with Registered Nurse Administrator (RN/NS-Admin) revealed on 7/12/21 from 6:00 AM until 7/13/21 6:00 AM the medications were not given on the 1st floor Building 34 because a licensed nurse was not present. Holding the medication without a physician order on the Residents could have caused a seizure or stroke and would have been harm. 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 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 annual Minimum	F 760	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 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 review the audit form findings with the NHA weekly for 30 days then once a month for 60 days. Beginning on 09/08/2021, a Service Outcome Division (SOD) licensed nurse along with Director of Nursing (DON) will observe the licensed nurses performing	

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F 760	Continued From page 96 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, was not initialed. 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. 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 diagnoses including Status Post Ruptured Intracranial Aneurysms, Seizure, Blindness, Short Term Memory Loss, Craniotomies, Hypertension, and Hyperlipidemia. Record review of Resident #3's Physician Order	F 760	Medication Pass using the facility□s validation checklist for Medication Administration on four nurses 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 Medication Administration policy and procedure. The SOD nurse will provide a written report after each observation to the DON and NHA. Beginning on 9/15/2021, the Madison Inn NHA will report all audit findings to the Quality Assurance Performance Improvement (QAPI) committee monthly for a minimum of three months and 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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Form dated 7/21, revealed Depakote 500 mg tablet EC dispensed (disp) as Divalproex Sod 500 mg tablet take 3 tablets PO (by mouth) 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, and Dilantin 100 mg Kapseal disp as Phenytoin sod Ext 100 mg CA take 1 capsule PO every 8AM, 1PM, and 6PM.

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 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, Phenytoin 50mg Ingatab compare to Dilantin 50 MG 1 tablet at 6:00 PM and Phenytoin SOD EXT 100mg capsule compare to Dilantin 100 MG one (1) capsule by mouth at 6:00 PM.

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, Percutaneous Endoscopic Gastrostomy (PEG) tube, Type II Diabetes Mellitus, and Dyslipidemia.

Record review Resident #4 Physician's Order

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Form, dated 7/21, revealed Metformin 500 mg tablets take 1 tablet per PEG 2 times a day.

Record review Resident #4 Medication Chart revealed Metformin 500 mg tablets take 1 tablet per PEG 2 times a day was not initialed on 7/12/21 at 6:00 PM.

Record review of Resident #4 annual MDS dated 5/21/21, Section C indicated BIMS summary score 00, which indicated severely impaired cognitive status.

Resident #5

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 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, Hydralazine 25 mg tablet take 1 tablet PO daily, and Coreg 25 MG tablet dispense as Carvedilol 25 mg tablet take one tablet PO twice daily.
Record review 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, and Seroquel 200 mg PO at 6PM each day not given on 7/12/21 at 6:00 PM.

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Hydralazine 25 mg tablet take 1 tablet PO every 8 hours, not initialed on 7/12/21 at 10:00 PM.

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 Physician's Order Form dated 07/21, revealed, Depakote 125 mg sprinkle capsule dispense as Divalproex 125 mg sprinkle take six (6) twice daily, 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, and Risperidone 0.5 mg tablet compared to Risperdal 0.5 mg tablet take 1 tablet PO at bedtime.

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

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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, 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, and Eliquis 5 mg tablet by mouth twice a day.

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 Lorazepam0.5 mg tablet take 1 tablet PO twice daily, Lorazepam 1 mg tablet take 1 tablet PO twice 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, and Eliquis 5 mg tablet take 1 tablet PO twice a day.

Record review of Resident #7's MDS dated 5/7/21 quarterly, revealed a BIMS summary score of 04, which indicated severely impaired cognitive status.

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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 Physician's Order Form dated 7/21, revealed Metformin 500 mg tablets 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 Medication Chart on 7/12/21 at 6:00 PM, revealed a diagonal line drawn through the signature box for Metformin 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 quarterly MDS dated 7/23/21 Section C, indicated a 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 Removal Plan revealed the facility took the following actions to remove the IJ:

Removal Plan

In response to the Immediate Jeopardy (IJ)

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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.

2.On July 14, 2021, at 3:30pm until 4:30pm Jaquith Nursing Home Nurse Administrator

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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 time/ agency/contract licensed nurses and certified nurse assistants) for Madison Inn on

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F 760	Continued From page 104 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.	F 760		

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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 6:15am 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 a.m. 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 3:30pm 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.

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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 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. SA validated through record review and interview with RN/Admin, Social Worker, and AIT that 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, #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

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F 760	Continued From page 107 Resident Property or Exploitation of Resident). 5. SA validated through record review, sign in-sheets, and interview RN/Admin that 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. SA validated through record review, sign in sheets, and interview with DON #1 and AIT that 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.	F 760		

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F 760	Continued From page 108 The SA validated on 07/24/2021, that all as of 7/22/21 all corrective actions had been taken by the facility to remove the IJ and the IJ was removed on 07/23/2021, prior to exit.	F 760		