STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 25A197	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/11/2025

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0000	INITIAL COMMENTS The State Agency (SA) conducted a Complaint Investigation (CI), MS #2676710 at the facility from 12/10/25 through 12/11/25. MS #2676710 was investigated related to physical environment and infection control. During the survey, the SA determined the facility was not in compliance with the requirements for participation in Medicare and Medicaid and cited F584. The facility held a license for 45 beds, with a census of 43 residents.	F0000		
F0584 SS = E	Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7) §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft. §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior; §483.10(i)(3) Clean bed and bath linens that are in	F0584		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

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F0584 SS = E	Continued from page 1 good condition; §483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv); §483.10(i)(5) Adequate and comfortable lighting levels in all areas; §483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and §483.10(i)(7) For the maintenance of comfortable sound levels. This REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, and record review, the facility failed to ensure resident rights to a clean and comfortable environment for three (3) of six (6) sampled residents (Residents #1, #2, and #3). Findings included: A review of the facility's policy "Cleaning of Patient/Resident Areas," dated November 2024, revealed, "…Policy This policy provides procedures to clean and disinfect all patient/resident areas to prevent the spread of infection…Definition A. Cleaning – the removal of foreign material…from surfaces…Procedure…B. Steps to cleaning and disinfecting in a building…2. The following should be free of stains, visible dust, streaks, gross soil, spider webs and handprints. Clean and disinfect as needed. a. Baseboards b. walls…j. door frames…m. paper towel holder…p. furniture q. handrails…Patient/Resident general areas include the following as applicable…Patient/Resident room a. Bed rails as applicable…d. Mirror…Sweep or Dry mop floor to remove all debris or dust a. Spot clean any grossly soiled area…" On 12/10/25 at 2:00 PM, during a telephone interview with the complainant, she reported visiting Resident #1 on 11/23/25 and observing spots and streaks of substances she believed appeared to be blood and saliva on the wall next to his bed. She reported the floors were dirty and the bed was broken. On 12/10/25 at 3:35 PM, during an observation with the Administrator-in-Training (AIT) and Director of Nursing	F0584		

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F0584 SS = E	Continued from page 2 (DON), upon entry into the room shared by Resident #1, Resident #2, and Resident #3, there were ten (10) brown pea-sized spots and two (2) brown streaks measuring approximately four (4) inches long by one-eighth (1/8) inch wide on the door frame. The hallway handrail outside the room to the right and left of the door was sticky to the touch and discolored. Beneath the sink, a two-foot by three-foot (2 × 3) area of flooring had visible dust, debris, and blackish discoloration. The mirror above the sink was streaked with approximately thirty (30) gray streaks measuring one-eighth (1/8) inch wide and ranging from two (2) to five (5) inches in length. The top of the wall-mounted paper towel holder was covered with dust, and the front surface had brown spots and streaks that wiped away easily with a damp paper towel. The floor behind the door and at the end of Resident #2's bed was covered with lint, dust, scraps of paper, and debris, with brown, black, and rust-colored streaks throughout. The wall adjacent to Resident #2's bed had four (4) black diagonal streaks measuring approximately one-half (½) inch wide by four (4) inches long and an additional tan streak above the bed. Junction boxes and wire mold encasing electrical wiring along the wall behind the beds of Resident #1 and Resident #3 were covered with approximately one-sixteenth (1/16) inch of dust and debris. Resident #1's bedframe was covered with dust that wiped away easily, and the floor beneath the bed was dusty with scattered debris. A seven-inch by seven-inch (7 × 7) structural encasement in the corner of the room had twenty-two (22) maroon-colored streaks measuring two (2) to four (4) feet in length. The baseboard behind the head of bed of Resident #3 and along the far wall was covered with a one-sixteenth (1/16) inch of dust. All three wall-mounted call light boxes were covered with visible dust. The right assist rail on Resident #2's bed had a light brown discoloration that wiped away with a damp paper towel. The room was uncluttered, free from pests and malodorous smells, and all beds were functional. On 12/10/25 at 5:00 PM, during an interview, the Administrator-in-Training reported she had been notified by the family of Resident #1 that the room was dirty during their visit on 11/23/25, specifically noting the walls and floors, and that belongings of a previous resident remained in the room. She confirmed that at the time of Resident #1's admission on 11/21/25, some belongings of the prior resident were still present and that thorough cleaning had not occurred prior to admission. She confirmed she instructed staff to remove the belongings but did not personally inspect the room afterward.	F0584		

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F0584 SS = E	Continued from page 3 On 12/11/25 at 12:50 PM, during an interview, the facility Administrator stated resident rooms should be deep cleaned when a resident leaves and prior to a new admission, with daily cleaning ongoing. He stated the facility used a contracted housekeeping service and that oversight responsibilities rested with administration and nursing leadership. On 12/11/25 at 1:30 PM, during an interview, the Environmental Services Department Supervisor confirmed the accumulated dust, debris, and streaking observed in the room of Resident #1, Resident #2, and Resident #3 were unacceptable and indicated the areas had not been recently cleaned. Resident #1 A record review of the “Identification and Summary Sheet” revealed the facility admitted Resident #1 on 11/21/25. A record review of the “Physician Orders” for Resident #1 had diagnoses including Neurocognitive Disorder. A record review of the Admission Minimum Data Set (MDS) for Resident #1, with an Assessment Reference Date (ARD) of 11/28/25, revealed a Brief Interview for Mental Status (BIMS) score of three (3), which indicated the resident’s cognition was severely impaired. Resident #2 A record review of the “Identification and Summary Sheet” for Resident #2 revealed the facility admitted the resident on 8/27/18. A record review of the “Quarterly Revised Orders” revealed Resident #2 had diagnoses including Anoxic Brain Injury. A record review of the Quarterly MDS for Resident #2, with an ARD of 11/6/25, revealed a BIMS score of six (6), which indicated the resident’s cognition was severely impaired. Resident #3 A record review of the “Identification and Summary Sheet” for Resident #3 revealed the facility admitted the resident on 6/1/76 and he had diagnoses including Spastic Cerebral Palsy. A record review of the Quarterly MDS for Resident #3,	F0584		

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F0584 SS = E	Continued from page 4 with an ARD of 9/25/25, revealed the resident was rarely or never understood, had a documented memory problem, and was severely impaired for daily decision making.	F0584		