Mississippi State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **02/05/2026**

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
M0000	Initial Comments The State Agency (SA) conducted an annual recertification at the facility from 02/02/26 through 02/05/26. During the survey, the SA determined the facility was not in compliance with the Minimum Standards for Institutions for the Aged or Infirm, state licensure requirements and cited M715, M815, and M1570.	M0000		
M0715	45.24.4 Labeling of drugs Labeling of drugs. Each facility shall follow the Mississippi State Board of Pharmacy labeling requirements. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on observation, interview and facility policy review, the facility failed to properly store controlled medications for one (1) of four (4) days of survey, which had the potential to allow unauthorized individuals access to controlled substances. Findings include: Record review of the facility policy “Management of Controlled Substances/Medications" with an effective date of September 2025 revealed, “…C. Storage of controlled substances/medications …controlled substances/medications must be stored under two locks... " On 02/04/2026 at 2:41 PM, a review of the facility’s medication storage room revealed a medication refrigerator that lacked an external locking mechanism. Inside the refrigerator was an unlocked, open-top box containing seven (7) vials of Lorazepam 2 mg/1 mL (milligrams/milliliter), a Schedule IV controlled substance classified as a benzodiazepine sedative. In an interview conducted at 2:45 PM on 02/04/26, Licensed Practical Nurse (LPN) #1 confirmed that the refrigerator did not have a locking mechanism and stated that the only lock present was on the door to	M0715		

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

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M0715	Continued from page 1 the medication room. LPN #1 further stated that controlled substances should be secured in a locked box in accordance with regulations to prevent unauthorized access. He stated the refrigerator had been replaced within the past six months and maintenance had not installed a lock. In an interview conducted at 2:55 PM on 02/04/26, the Director of Nursing (DON) confirmed that controlled substances are required to be secured behind two locked barriers. She stated that in this instance, the Lorazepam was only secured behind one locked door (the medication room entrance). The DON stated the purpose of this requirement is to prevent unauthorized access by staff or residents.	M0715		
M0815	45.29.1 Safe Food Handling Procedures Safe Food Handling Procedures. Food shall be prepared, held, and served according to current Mississippi State Department of Health Food Code Regulations. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on observation, interview and facility policy review, the facility failed to ensure staff followed proper hair restraint practices while working in the kitchen. This failure resulted in the Coordinator of Unit creating the potential for hair contamination of food served to residents. For One (1) of three (3) survey days Findings include: A record review of the facility policy, "Food Services Personal Hygiene Habits," effective August 2025, reveals, "...Purpose and Applicability, this policy provides procedures for the required personal hygiene habits of employees who handle food to assist in eliminating the most common sources of food contamination...Procedure...B. Hair restraint (nets) that cover all the hair (including beards) will always be worn while in the pantry. At 9:45 AM on 2/2/26, the State Agency (SA) observed the Coordinator of Unit (COU) working in the facility's kitchen without a hair covering or beard covering while performing his daily tasks. During an interview on 2/2/26 at 9:46 AM, the COU stated that he should wear both a hair net and a beard net because they are hygienic and help ensure he remains sanitary when handling food.	M0815		

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M0815	Continued from page 2 On 2/3/26 at 4:07 PM during the interview with the Administrator, she explains that all kitchen staff should wear head and beard coverings when preparing food in the kitchen as this ensure cleanliness and that it is just sanitary to do. She adds not doing so could put residents at risk for food borne illness.	M0815		
M1570	48.58.1 Infection Control The following infection control standards shall be met: 1. The facility must maintain and document an effective infection control program that protects patients, families, visitors, and facility personnel by preventing and controlling infections and communicable diseases. 2. The facility must have an active surveillance program that includes specific measures for prevention, early detection, control, education, and investigation of infections and communicable diseases in the facility. There must be a mechanism to evaluate the effectiveness of the program(s) and take corrective action when necessary. The program must include implementation of nationally recognized systems of infection control guidelines to avoid sources and transmission of infections and communicable diseases. 3. The facility must follow accepted standards of practice to prevent the transmission of infections and communicable diseases, including the use of standard precautions. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, record review, and facility policy review, the facility failed to follow infection prevention and control practices. Specifically, the facility failed to ensure proper glove use and hand hygiene during medication administration via percutaneous endoscopic gastrostomy (PEG) tube for Resident #3 and failed to ensure staff used appropriate hand hygiene and barriers when handling resident food for Resident #16 for two (2) of (13) residents reviewed. Findings Include: Record review of the facility policy “Hand Hygiene” with an effective date of June2025 revealed,” …II. POLICY It is the policy…that all employees will use	M1570		

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M1570	Continued from page 3 proper hand hygiene techniques to prevent the spread of infectious diseases…" Resident #3 On 02/04/26 at 12:17 PM, Licensed Practical Nurse (LPN) #2 was observed administering Haloperidol 5 milligrams (mg) via PEG tube to Resident #3. LPN #2 donned gloves turned off the feeding pump and then accessed the PEG tube and administered the medication while wearing the same gloves used to touch the feeding pump. After medication administration, LPN #2 walked to the resident's sink and turned on the water while still wearing the same gloves. On 02/04/26 at 12:46 PM, during an interview, LPN #2 stated she should have changed gloves between touching the feeding pump and accessing the PEG tube. She also stated gloves should have been removed before touching the sink. She acknowledged that failure to follow proper infection control practices could increase the spread of infection. On 02/04/26 at 1:25 PM, during an interview, the Director of Nursing (DON) stated LPN #2 should have changed gloves before accessing the PEG tube and should not have touched the sink with soiled gloves due to the risk of spreading infection to surfaces and residents. Record review of the "Identification and Summary Sheet" revealed an admission date of 1/15/2004 with diagnoses that included schizoaffective disorder. Record review of the February 2026 Medication Administration Record (MAR) revealed Haloperidol 5 mg was initialed as given at 12 PM on 2/4/26 by LPN #2. Resident #16 On 02/02/2026 at 12:54 PM, an observation was conducted of Resident #16 seated in a geri-chair while Certified Nursing Assistant (CNA) #1 assisted with the resident's meal. CNA #1 was observed using bare hands to apply condiments to a hamburger bun, mash the hamburger together, cut the hamburger, pick up pieces of food, and hand them directly to the resident. CNA #1 was also observed passing out additional meal trays to other residents without performing hand hygiene between residents. On 02/02/26 at 1:32 PM, during an interview, CNA #1 stated she believed it was acceptable to touch food with her bare hands if she had sanitized her hands beforehand. She further stated she was told not to use	M1570		

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M1570	Continued from page 4 gloves when touching food and acknowledged that this could be an infection control issue. On 02/03/26 at 12:01 PM, during an interview, the DON stated CNA #1 should have worn gloves or used utensils when handling resident food and should not have used bare hands. She stated this was an infection control concern and placed the resident at risk for infection. Record review of Resident #16's "Identification and Summary Sheet" revealed an admission date of 11/21/25. Record review of Resident #16's physician orders revealed diagnoses including neurocognitive disorder with behavioral disturbance and blindness, with diet orders for finger foods and allowance for hamburgers at lunch. Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 01/29/26 revealed a Brief Interview for Mental Status (BIMS) score of 3, indicating the resident was severely cognitively impaired.	M1570		