

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 61AI	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/20/2019
NAME OF PROVIDER OR SUPPLIER JNH-JAQUITH INN		STREET ADDRESS, CITY, STATE, ZIP CODE 3550 HIGHWAY 468 WEST- PO BOX207/BLDG 78 WHITFIELD, MS 39193		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
M 000	Initial Comments During the annual recertification survey, conducted by Ascellon, on behalf of the MS State Department of Health, from 6/17/19 through 6/20/19, it was determined the facility was not in compliance with the Mississippi Regulations for Minimum Standards for Institutions for Aged or Infirm with deficiencies cited at M545 and M980. The facility's census on June 17, 2019 was 57 residents and the facility held a license 58 beds.	M 000		
M 980	45.33.6 Garbage Disposal Garbage Disposal. 1. Garbage must be kept in water-tight suitable containers with tight fitting covers. Garbage containers must be emptied at frequent intervals and cleaned before using again. 2. Proper disposition of infectious materials shall be observed. This Statute is not met as evidenced by: Level II Based on observation and staff interview, the facility failed to ensure that waste was properly contained in dumpsters or compactors and failed to ensure a garbage storage area was maintained to prevent the harboring of pests. Findings include: A tour of Building #56's kitchen area was conducted along with the Registered Dietician (RD) on 6/17/19 at approximately 9:45 AM. An	M 980	A. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? On the afternoon of June 20, 2019, all debris was removed from the area around the dumpster/compactor by the Contracted Food Service Company's staff and the dumpster/compactor was emptied and replaced by the Contracted Waste Management Company. Every other Thursday, the dumpster/compactor is	7/24/19

Mississippi State Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

07/29/19

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 61AI	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/20/2019
NAME OF PROVIDER OR SUPPLIER JNH-JAQUITH INN		STREET ADDRESS, CITY, STATE, ZIP CODE 3550 HIGHWAY 468 WEST- PO BOX207/BLDG 78 WHITFIELD, MS 39193		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
M 980	Continued From page 1 observation of the garbage disposal unit revealed that a garbage chute led down into a dumpster/compactor. Observation of the unit revealed that the door to the chute was open. At the bottom of the chute, several garbage/waste items including food, debris, milk cartons, and butter packets were observed on the edge of the dumpster/compactor as well as on the ground. There was water pooled inside the compactor with worm-like insects navigating in the brownish water. Several flies were observed flying in and around the dumpster/compactor area. The RD acknowledged the observation and stated that she would have someone attend to the area. On 6/20/19 at 9:30 AM, an observation of the outside of the dumpster/compactor area at Building #56, revealed garbage items on the ground next to the dumpster/compactor. An observation of the garbage storage area revealed that the door to the chute was open and multiple items were observed on the rim of the exposed dumpster/compactor. Flying insects were observed in and around the dumpster. An interview with the Production Manager was conducted on 6/20/19 at approximately 9:35 AM. An inquiry was made regarding the garbage storage area and whether the area had been cleaned. The Production Manager stated that the problem had not been resolved. An interview was conducted with the Administrator on 6/20/19 at approximately 10:20 AM. The Administrator confirmed that the dietary staff was working on the issues with the dumpster/compactor but had not gotten them resolved.	M 980	scheduled to be emptied and replaced. Additionally, on June 20, 2019, the Contracted Food Service Company's Production Manager submitted a repair ticket with the Contracted Waste Management Company to position the dumpster/compactor correctly and to repair the broken chute. On June 21, 2019, a second repair ticket was submitted by the Contracted Food Service Company's Production Manager for the repositioning of the dumpster/compactor and repair of the chute. The dumpster/compactor was repositioned and the chute was welded and repaired by the Contracted Waste Management Company on June 22, 2019. As part of the routine maintenance procedures, the Mississippi State Hospital (MSH) Maintenance Department replaces fly bait every Thursday and sprays/fogs every Tuesday and Thursday (as long as the temperature is greater than 69 degrees Fahrenheit) to help limit or control the flies and pests. B. How you will identify other residents having the potential to be affected by the same deficient practice? On June 20, 2019, the Minimum Data Set (MDS) Nurse reviewed the Jaquith Inn's census and found that 53 of the 57 residents had the potential to be affected, but no other residents were found to be affected. C. What measures will be put into place or what systemic changes you will make to ensure the deficient practice will not recur?	

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 61AI	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/20/2019
NAME OF PROVIDER OR SUPPLIER JNH-JAQUITH INN		STREET ADDRESS, CITY, STATE, ZIP CODE 3550 HIGHWAY 468 WEST- PO BOX207/BLDG 78 WHITFIELD, MS 39193		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
M 980	Continued From page 2	M 980	On June 17, 2019, the Contracted Food Service Company's staff posted signs on the screen door leading to the chute and on the door of the chute that stated, "Please keep door closed at all times" in order to curtail pest accumulation and to serve as a visual aide to keep the chute and screen door secured. The Contracted Food Service Company's staff will inspect and remove any debris located around the dumpster/compactor twice a day or more often as needed. On July 22, 2019, the Contracted Food Service Company's Food Service Director submitted a request to the District Manager of the Contracted Food Service Company to have the inside of the dumpster/compactor cleaned monthly. The request was approved on July 23, 2019 by the Contracted Food Service Company's District Manager. Scheduled cleaning services for the dumpster/compactor will begin on August 1, 2019 by the Contracted Waste Management Company and the Contracted Food Service Company's staff will begin monthly cleaning of the chute. Additionally, on July 23, 2019, an in-service was conducted by the Contracted Food Service Company's Food Service Director with emphasis on the importance of closing the dumpster/compactor chute door and the screen door to the dumpster/compactor room after each use. D. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance	

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 61AI	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/20/2019
NAME OF PROVIDER OR SUPPLIER JNH-JAQUITH INN		STREET ADDRESS, CITY, STATE, ZIP CODE 3550 HIGHWAY 468 WEST- PO BOX207/BLDG 78 WHITFIELD, MS 39193		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
M 980	Continued From page 3	M 980	will be put in place. The Contracted Food Service Company's Food Service Director will provide monthly documentation to the Jaquith Inn's Nursing Home Administrator (NHA) for the cleaning of dumpster/compactor, cleaning of the chute, and the placement of the fly bait. This documentation will be maintained in a binder in the NHA's office. The Jaquith Inn's NHA or the Coordinator of Unit Operations (CUO) along with the Contracted Food Service Company's Food Service Director will make monthly rounds to ensure the dumpster/compactor and chute is clean and free of debris and pest. Any deficiencies will be documented and reported to the Contracted Food Service Company's Food Service Director for immediate action. The Jaquith Inn's NHA will report to the Jaquith Nursing Home (JNH) monthly Executive Committee Meeting and the Quarterly Quality Assurance Performance Improvement (QAPI) meeting the progress and effectiveness of the corrected actions. Should systemic changes not be effective, QAPI will investigate and determine further actions to be implemented. The corrective actions were completed on July 24, 2019.	