STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS	F 000		

The State Agency (SA) conducted a complaint survey, CI MS# 17948 at the facility from 8/3/21 through 8/9/21. During the survey, the SA determined the facility was not in compliance with the requirements of participation in Medicare and Medicaid. The SA substantiated the complaint for Quality of Care for failure to ensure sufficient licensed staff, implement resident care plans, significant medication errors, neglect, and administration. The SA extended CI MS# 17948 and re-entered the facility on 8/26/21 through 9/10/21. During the extended survey, the SA identified deficient practice related to the facility ' s failure to provide Treatment/Services to Prevent/Heal Pressure Ulcers and failure of the facility to provide documented evidence the facility ' s Quality Assurance and Performance Improvement (QAPI) program identified and prioritized problems and opportunities that reflected organizational process, functions, and services provided to residents based on performance indicator data, resident and staff input, and other information

The SA identified an Immediate Jeopardy (IJ) and Substandard Quality of Care (SQC) which began on 7/25/21, when the facility failed to provide a licensed nurse for Building 78, South Unit. The facility's failure to provide a licensed nurse resulted in missed significant mediations for eleven (11) residents.

The facility's failure to ensure sufficient licensed personnel to administer oral and topical medications, monitoring and implementation of resident care plans for 6 (six) hours had the likelihood to cause all residents residing on the

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

Electronically Signed | 10/01/2021

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	Continued From page 1	F 000		

South unit of Building 78 serious injury, harm, impairment, or possible death. The facility's failure to provide administration in a manner that enabled it to use resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident had the likelihood of causing serious adverse outcomes for all residents of the South unit of Building 78. The facility's failure to ensure a licensed nurse was present to administer significant medications including anticoagulants, antiseizure and pain management medications for all residents of South unit of Building 78 with these physician orders jeopardized those residents safety. Schedule review, interviews, and record review revealed the facility did not have licensed nurse coverage for six (6) hours from 5:00 PM through 11:00 PM on 7/25/21.

The SA notified the facility's Administrator of the Immediate Jeopardy (IJ) and Substandard Quality of Care (SQC) on 8/5/21 at 5:15 PM 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 "K".

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".

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	Continued From page 2	F 000		

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

CFR(s) §483.70 Administration (F835) - Scope and Severity "K"

The facility submitted an acceptable Removal Plan on 8/07/21 at 5:16 PM, in which the facility alleged all corrective actions to remove the IJ and SQC were completed on 8/6/21, and the IJ removed as of 8/07/21. Therefore, the scope and severity for CFR(s) §483.12(a)(1) Freedom from Abuse, Neglect, and Exploitation (F 600), CFR(s) §483.45(f)(2) Residents are free of any significant medication errors (F 760), CFR(s) §483.21(b)(1) Comprehensive Care Plans (F 656), CFR(s) §483.35(a)(1)(2) Sufficient Staff (F 725), CFR(s) §483.70 Administration (F835) were 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.

The SA validated the Removal Plan on 8/09/21 and determined the IJ was removed on 8/7/21, prior to exit.

At the time of the survey, the facility had a census of 40 and held a license of 45 beds.

During the extended survey, from 8/26/21 through 9/10/21, the SA identified an Immediate Jeopardy (IJ) and Substandard Quality of Care (SQC) which began on 3/4/21, when the facility failed to provide Treatment/Services to Prevent/Heal Pressure Ulcers.

The situation was determined to be an Immediate

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	Continued From page 3	F 000		

Jeopardy (IJ) and Substandard Quality of Care (SQC) which began on 3/4/21, as a result of the facility's failure to prevent Resident #1's initial pressure ulcer. The facility's failure to assess and provide treatment resulted in Resident #1 developing four (4) new pressure ulcers and acquiring a wound infection which required debridement procedures and hospitalization. The facility's failure to assess and provide treatment to residents who were at risk for skin breakdown and to prevent further skin breakdown also affected Residents #3 who had existing wounds in which one (1) wound became infected and required debridement procedures and antibiotic therapy and Resident #12 who developed one (1) pressure ulcer that required debridement procedures, antibiotic therapy, and hospitalization.

The facility's failure to provide services necessary to treat and prevent pressure ulcers caused significant harm to Residents #1, #3, and #12 and placed other residents at risk for skin breakdown, in a situation that was likely to cause serious injury, harm, impairment, or death.

On 9/7/21 at 5:15 PM, the SSA informed the Nursing Home Administrator (NHA) of the Immediate Jeopardy (IJ) and Substandard Quality of Care (SQC) and was presented with the IJ Template.

The SA identified an Immediate Jeopardy (IJ) and Substandard Quality of Care (SQC) which began on 6/16/21, when the facility ' s QAPI Committee failed to meet, review, and analyze data to develop corrective actions to prevent the failure to monitor treatments and care for Pressure Ulcers.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	Continued From page 4	F 000		

On 9/7/21 at 5:15 PM, the SA informed the Nursing Home Administrator (NHA) of the IJ and SQC and was presented with the IJ Template.

The IJ and SQC existed at:

CFR(s) 483.75(f)(4) - Quality Assurance and Performance Improvement Program (F865) - Scope and Severity "L"

CFR §483.25(b)(1)(i)(ii) Pressure ulcers (F686) - Scope and Severity "J"

The facility failed to provide documented evidence the facility's Quality Assurance and Performance Improvement (QAPI) program identified and prioritized problems and opportunities that reflected organizational process, functions, and services provided to residents based on performance indicator data, resident and staff input, and other information. The facility failed to provide documented evidence the facility's QAPI Program reviewed and analyzed data for concerns related to pressure ulcer documentation, missed treatments, and skin assessments prior to the State Agency (SA) re-entering the facility on 8/26/21, for the Extended Survey. This had the potential to affect 40 of 40 residents in the facility.

The SA cited CFR 483.70(i), F842, Medical Records at an "F" Level

The facility submitted an acceptable Removal Plan on 9/08/21 at 5:16 PM, in which the facility alleged all corrective actions to remove the IJ were completed on 9/7/21, and the IJ removed as of 9/08/21. Therefore, the scope and severity for CFR(s) 483.25(b)(1)(i)(ii) - Treatment/Services to

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	Continued From page 5 Prevent/Heal Pressure Ulcers (F686) was lowered from a "J" level scope and severity to a "D" level, and the scope and severity for CFR(s) 483.75(f)(4) - Quality Assurance and Performance Improvement Program, was lowered from a "L" level scope and severity to a "F" level, 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. The SA validated the Removal Plan on 9/10/21 and determined the IJ was removed on 9/8/21, prior to exit. At the time of the survey, the facility had a census of 40 and held a license of 45 beds.	F 000		
F 600 SS=K	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 staff interviews, resident interviews,	F 600	1. What corrective action(s) will be	10/22/21

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 600	Continued From page 6 facility policy review, and record review the facility failed to prevent the neglect of twenty (20) residents on the South Unit of the facility for six (6) hours on 7/25/21 from 4:55 PM through 11:00 PM, which resulted in Resident #1, Resident #2, Resident #3, Resident #4, Resident #5, Resident #6, Resident #7, Resident #8, Resident #9, Resident #10, and Resident #11 not receiving medications, supervision, treatments and monitoring. The facility did not have licensed nurse coverage for twenty (20) residents on the South Unit of the facility for six (6) hours from 4:55 PM through 11:00 PM on 7/25/21. Licensed Practical Nurse (LPN) #4 was scheduled to report at 3:00 PM on 7/25/21 after having sent confirmation to the staffing director which indicated acceptance of the assignment. LPN #4 did not call in and did not arrive for her shift at the facility. Registered Nurse (RN) #1 had worked 7:00 AM and left the facility at 4:55 PM without on-site licensed nurse relief present. LPN #1 arrived for work at 3:00 PM but did not accept responsibility for the twenty (20) residents on the South Unit of the facility. The Nurse Administrator and the Registered Nurse (RN) Nurse Manager were aware RN #1 refused to stay. Contract and agency nurses did not respond to the call for replacement. No licensed nurse reported to duty on the South Unit of the facility between 4:55 PM and 11:00 PM. The facility's failure to ensure sufficient licensed staff on 7/25/21 from 4:55 PM through 11:00 PM to administer medications and treatments, and provide monitoring and supervision resulted in the deprivation of goods and services by staff of services necessary to attain or maintain physical, mental, and psychosocial well-being, and had the	F 600	accomplished for those residents found to have been affected by the deficient practice. On July 25, 2021 at 11:30 pm Licensed Practical Nurse#1 observed Residents #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19, and #20 and no negative outcomes or harm noted. On 07/26/2021 at 9:00 a.m., Jaquith Inn□s Licensed Practical Nurse notified the attending physician that there were no adverse reactions. On 7/26/2021 at 9:00 a.m. attending physician observed Residents #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19, and #20 and no residents appeared to have suffered an adverse effect as a result of the deficient practice. The attending physician reviewed care plans and no care plans needed to be revised. 2. How the facility will identify other residents having the potential to be affected by the same deficient practice. On 7/26/2021 all physician□s orders of Jaquith Inn residents with medication and treatments were reviewed by a Registered Nurse, 40 of 40 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 07/28/2021, Jaquith Nursing Home Nurse Administrator counseled the Registered Nurse #1 who did not stay to work 3-11 pm shift on the policy and procedure of notifying the on-call Administrator and Director of Nursing as	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 600	Continued From page 7	F 600		

likelihood to cause residents residing on the South unit of the facility serious injury, harm, impairment, or possible death.

The State Agency (SA) identified an Immediate Jeopardy (IJ) and Substandard Quality of Care (SQC) on 8/5/21, which began on 7/25/21, when the facility's failure to ensure sufficient licensed nurse was present to provide necessary services.

On 8/05/21 at 5:15 PM, the SA informed the Nursing Home Administrator 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 8/07/21 at 10:00 AM, in which the facility alleged all corrective actions to remove the IJ and SQC were completed on 8/06/21 at 5:00 PM and the IJ was removed as of 8/07/21.

The SA validated the Removal Plan on 8/09/21 and determined the IJ and SQC was removed on 8/07/21, prior to exit. Therefore, the scope and severity for CFR 483.12(a)(1) Abuse and Neglect (F600), 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:

Record review of the facility policy titled "INJURIES, ABUSE, NEGLECT, MISTREATMENT, MISSAPPROPIATION OF RESIDENT, EXPLOITATION OF RESIDENTS"

needed for unintended occurrences. On 07/30/2021, the Nursing Home Administrator in-serviced all staff (pantry, housekeeping, laundry, behavior health services, full time/ agency/contract licensed nurses and certified nurse assistants) on Jaquith Nursing Home Policy (J530-65) Rights of Residents to ensure staff is aware that residents will receive care consistent with basic human dignity within the reasonable capabilities and limitation of Jaquith Nursing Home. On 07/30/2021, the Nursing Home Administrator in- serviced all staff (pantry, housekeeping, laundry, behavior health services, full time/ agency/contract licensed nurses and certified nurse assistants) on Jaquith Nursing Home Policy (J530-55) Injuries, Abuse, Neglect, Mistreatment, Misappropriation of Resident Property or Exploitation of Residents with emphasis on Abuse and Neglect. The in-serviced was to ensure staff is aware of what is defined as Abuse and Neglect and how to report. On 08/31/2021, the Investigator from the State of Mississippi Attorney General Office in-serviced all staff (pantry, housekeeping, laundry, behavior health services, full time/ agency/contract licensed nurses and certified nurse assistants) on Abuse and Neglect, Insufficient Nursing staff and leaving building unattended and the criminal charges associated with the actions. On 08/06/2021, the Nurse Executive in-serviced Registered Nurse #1 on the policy for Mandated Overtime to ensure an incident of leaving the medication cart

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 600	Continued From page 8 dated July 2021, SUPERSEDES: September 2019, revealed " ... 2. POLICY.A. (Proper Name of Facility) residents have a right to be free from abuse, neglect, exploitation, mistreatment, sexual battery, and misappropriation of property ... C. JNH will screen potential employees, train (Proper Name of Facility) staff, and put measures in place to prevent abuse, neglect, injuries, and exploitation of (Proper Name of Facility) residents ...3. DEFINITION. 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 policy titled "ACCOUNTABILITY FOR NURSING PERSONNEL ASSIGNMENT" dated August 2020, SUPERSEDES February 2017 revealed "1. PURPOSE AND APPLICABILITY. This policy defines the steps to be followed in accounting for nursing personnel reporting to (Proper Name of Facility) on each shift. This policy applies to all (Proper Name of Facility) nursing personnel. 3. PROCEDURE. E. (2). No licensed nurse will leave the assigned unit until there is relief by another licensed nurse at shift change. (4) At no time will a licensed nurse leave a building without on-site licensed nurse relief ..." Record review of the facility policy, dated October 2018, titled "MEDICATIONS, ADMINISTRATION, TIMING, AND TREATMENT" revealed ...C. "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	F 600	and or building without counting off with another nurse does not reoccur nor leaving patients uncared for without relief. 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, Jaquith Nursing Home Administrator on call, Director of Nursing 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 certified nurse assistants and licensed nurses. Beginning 8/19/2021, the Nursing Home Administrator will document staffing issues using the Jaquith Nursing Home Staffing Concern Log daily (7 day per week) for 30 days, then weekly for 30 days to ensure sufficient nursing staff is 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 for 30 days. 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 Director of Nursing and the	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 600	Continued From page 9 after their scheduled dosing time, for a total window of 1 hour. Time critical scheduled medications include but are not limited to; (1) Antibiotics, (2) Anticoagulants, (3) Insulin, (4) Anticonvulsant, (5) Immunosuppressive agents, (6) Pain medication, (7) Medications prescribed for administration within a specified period of time of the medication order ..." Record review of the facility schedule for 7/25/21 revealed the facility did not have licensed nurse coverage for twenty (20) residents on the South Unit of the facility for six (6) hours from 4:55 PM through 11:00 PM on 7/25/21. Record review of the facility's "INVESTIGATIVE FINDINGS" dated August 3, 2021, revealed "The Department of Safety and Investigative Services was notified that on Sunday, July 25, 2021, B-shift only had I nurse from 4:55 PM until 1 1 PM LPN (#1) covered the North Side Hall for B & C shift. The South Side Hall did not have coverage for B-shift." A-Shift RN (#1) worked South Side Hall from 7:00 AM until 4:55 PM but did not pass any medications while she waited for a nurse to relieve her for B-Shift 3-11. The Contract Nurse, (LPN #4) scheduled for B-Shift was a no call/no show and RN (#1) left stating that she had told the DON on call that she could not stay over that day prior to working A-shift. LPN (#3) also worked A-Shift and was asked if she could stay over for B-Shift and also stated that she could not work B-Shift and left at 4:55 p.m. FINDNGS: NEGLECT - SUBSTANTIATED AGAINST THE FACILITY" and also, "Based on the information obtained, on July 25, 2021, there was only one B-shift nurse for (the facility). When A shift RN (#1) notified the DON on call, RN (Nurse Administrator) she was told that contract nurse,	F 600	Nursing Home Administrator weekly for 30 days. Beginning monthly on 10/06/2021, Jaquith Inn Nursing Home Administrator will report the audit findings to the Jaquith Inn Nursing Home Quality Assurance Performance Improvement (QAPI) Committee for three months to ensure substantial compliance has been achieved as determined by the committee. Should systemic changes not be effective the Quality Assurance Performance Improvement committee will investigate and determine further action(s) needed based on findings.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 600	Continued From page 10	F 600		

LPN (#4) was coming. LPN (#4) was a no call/no show. RN (#1) notified RN (Nurse Administrator) and RN Supervisor that she could not stay and was leaving. They asked LPN (#3) if she could stay, and she said that she could not stay. At 4:55 PM RN (#1) clocked out after counting the narcotics alone and left her keys in the med room. There was no licensed nurse working the South Side Hall on (the facility) until C-shift LPN (#2) arrived at I I PM Therefore, Neglect is substantiated against the facility. The Care Records for all 20 residents on (facility) South Side Hall were reviewed." (Formal names replaced by SA with Staff Indicators.)

On 8/03/21 at 3:48 PM, an interview with LPN #1 confirmed he was the only nurse on duty from 5:00 PM until 11:00 PM in the facility on 7/25/21, and he was working on the North Unit. He stated there was no nurse working on the South Unit for twenty (20) residents. LPN #1 stated RN #1 was working 'South Side' 7:00AM-3:00PM on Sunday 7/25/21 and left at 5:00 PM. He stated, "After I didn't see her in the building for about an hour, I knew she had left". LPN #1 stated he had not been asked to "count" the 'South Side' narcotics (verification of accuracy of narcotic medication count), RN #1 did not tell LPN #1 when she left, and he did not know where she left the keys to the medication cart or the narcotics lock box for the 'South Side'. LPN #1 stated he had not been asked to accept the responsibility for the 'South Side' of the facility on "B shift" 3:00 PM -11:00 PM. When asked why he thought the alleged neglect occurred LPN #1 stated it was because the nurse scheduled to report to work had not. When asked how staff responded when the resident requested assistance, LPN #1 stated the CNAs "took care of them". When asked what he

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 600	Continued From page 11	F 600		

considered as neglect he stated it was when residents were not taken care of the way they were supposed to be. When asked what he would do if he suspected that a resident is not receiving necessary care and services, LPN #1 stated he would do his part to get the resident what they needed and beyond that he would report it to the DON. When asked if he had been aware of the care not being provided, LPN #1 stated "I didn't even know she (South side nurse) had left". LPN #1 stated he had not reported the situation to anyone "because I knew they already knew what was going on".

On 8/04/21 at 9:15 AM an interview with Medical Director (MD) #1, revealed he had been notified about the incident after noon on 7/26/21 and was told there was no licensed nurse on South Unit of the facility from 5:00 PM until 11:00 PM. MD #1 stated he "found out" about the incident on the afternoon of Monday, July 26, 2021. When asked what he thought about the residents being without a nurse, MD #1 stated he thought it was "troubling". When asked if there were any residents he felt were vulnerable MD #1 stated in his opinion the residents who received antiseizure medications were particularly at risk for negative outcomes, especially because the residents on "South Side" of the facility were prone to breakthrough seizures "every few weeks" and of the residents diagnosed with seizure disorders, those prescribed "linear medications" were at the highest risk of breakthrough seizure activity due to having missed a dose of their antiseizure medication. MD #1 stated any resident who had had a recent psychoactive medication change or had recently been started on a new psychoactive medication were most at risk for behavioral disturbances due to having missed a dose of their

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 600	Continued From page 12	F 600		

psychoactive medications. MD #1 stated that although there were no diabetic residents which required routine blood glucose monitoring on "B shift" 3:00PM - 11:00PM it would have been important to have a licensed staff member monitoring diabetic residents for signs and symptoms of hyperglycemia or hypoglycemia. When asked where he thought he breakdown in providing adequate staffing occurred, MD #1 stated "nursing leadership".

On 8/04/21 at 10:00 AM, an interview with RN #1 revealed she had left the facility at 4:55 PM without on-site licensed nurse relief. She stated she had clocked out at 4:55PM and left the facility. She stated she did not administer any medications prior to leaving. RN #1 denied asking LPN #1 to accept responsibility for the "South Side" of the building and stated, "that's not a thing". RN #1 stated the RN Nurse Supervisor called after 4:00 PM and "asked me to stay and I told him no". The RN Supervisor said he was working the cart in another building and wasn't able to come work. He told me to call the operator, then the operator connected me to DON #1 and I informed her I couldn't stay and she told me to call the Nurse Administrator back and let her know. I called her extension and didn't get an answer." RN #1 stated she agreed the residents "needed their medicines". When asked what she considered as neglect she responded, "when staff don't take care of the residents". When asked what training had been received from the facility on neglect identification, prevention, and reporting requirements she responded "In-services".

On 8/04/21 at 11:00 AM an interview with the Nurse Administrator confirmed there was no

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 600	Continued From page 13	F 600		

licensed nurse on duty for the South Unit of the facility from 5:00 PM until 11:00 PM on 7/25/21. The Nurse Administrator stated LPN # 4 did not show up for work at the facility for the 3:00PM-11:00PM shift. She stated the staffing agency the facility had a contract with was called and texted, but no nurses responded. When asked why she thought the alleged neglect occurred she stated it was because RN #1 left without relief. The Nurse Administrator stated LPN #1 had come to her weeks before 7/25/21 and shared with her concerns about staffing and about how he had to work the entire building alone and work "mandated overtime" which meant working sixteen (16) hour shifts without compensation. The Nurse Administrator stated she took the concerns of LPN #1 to the Nursing Home Director who told her there were no funds to compensate nurses for working extra units or extra shifts. The Nurse Administrator confirmed these concerns were not taken to the Quality Assurance and Performance Improvement (QAPI) committee. She stated she shared with LPN #1 the response of Administration.

On 8/04/21 at 1:20 PM, an interview with Resident #2 revealed he was the one who reported there was no nurse on 'South Side' hall of the facility, but he could not recall the name of the nurse he reported to or the date. Resident #2 stated "The problem with the staffing of the Certified Nurses Assistants (CNA)s, and the nurses and the shower help has been going on for a while. Then they make the A shift feel obligated and feel guilty to stay." He also stated his opinion was "poor coordination is what I think the problem is". Resident #2 stated he realized there was a problem on 7/25/21 between 7:30 PM and he had not received any medicine. He

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 600	Continued From page 14	F 600		

stated medicine was usually administered by the nurses at "around 6:00 PM". Resident #2 stated there were other days before 7/25/21 when medicines had been delivered "late" and he had been told it was because of "staffing". Resident #2 stated "This Sunday (7/25/21) nobody ever came at all". When asked if there were any medication he was particularly concerned about having not received on 7/25/21, Resident #2 responded "I was supposed to get my suppository, my bowels won't move without it and I don't get it every day, only certain days every week. I get to feeling bad if I don't get it, so it worried me. Also, I was supposed to get a dose of Baclofen muscle relaxer that was missed and that worried me too, but I didn't really have any problem from it". When asked how it made him feel to have not received his medications to which Resident #2 responded "aggravating, frustrating, disappointing, angry. It made me feel insecure.". Resident #2 stated "I'm dependent on these people. They are responsible for me. It's just like they don't understand that."

On 8/04/21 at 1:40 PM, an interview with Resident #3 revealed he recalled not having received his medications on 'B shift' 7/25/21. Resident #3 was alert and oriented and communicated well verbally. Resident #3 stated "it bothered him to think people don't come to work when they should". He denied having any negative outcome from missing his medications on 'B shift' 7/25/21. Resident #3 stated "They need to do something" and provided clarification, "The people that run this place need to do something to make sure there is somebody here to give us our medicines and stuff".

On 8/04/21 at 2:39 PM, with LPN # 3 revealed

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 600	Continued From page 15	F 600		

she had been aware upon her departure from the facility on 7/25/21 no one had arrived to relieve the South Unit nurse. She stated on 7/25/21 she was working the 7:00AM-3:00PM shift on the 'North Side' of the facility and the only nurse who showed up at 3:30 PM for shift change was LPN #1. When asked what could happen if a resident doesn't get their medications LPN #3 responded "the resident could have increased behaviors, could get sick, could have problems with their blood pressure, among other things". When asked she stated she was not sure what could happen if a resident diagnosed with epilepsy did not their antiseizure medication. LPN #3 stated if a topical medication was missed "a wound could get worse or get infected". LPN #3 stated if nurses were not present to monitor residents according to their care plans and physician orders "lots of things could happen" but did not elaborate. When asked what she considered neglect, LPN #3 stated "When the residents aren't getting taken care of, not getting what they need".

On 8/04/21 at 3:58 PM, a telephone interview with Staffing Director revealed LPN #1 and LPN #4 were scheduled to work 3:00PM-11:00PM (B shift) on 7/25/21. The Staffing Director stated "On Thursday (7/22/21) at 1:17 PM prior to the weekend I sent a text message to (LPN #4) to confirm the scheduled shifts for the weekend to review and confirm. She texted back and asked if she could be off on Saturday, but I texted her back and told her no, that I really, really needed her and she texted back and confirmed the schedule". She stated LPN #4 did not report for work or call-in on 7/25/21. She was able to confirm but unable to explain how the South Side of the facility ended up without a nurse on 7/25/21

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 600	Continued From page 16	F 600		

except to say that LPN #4 "was a no-call, no-show".

On 8/04/21 at 4:20 PM, a telephone interview with CNA #2, revealed she worked 3:00PM-11:00PM on 7/25/21 in the facility. CNA #2 stated she remembered working on 7/25/21 and there had not been a nurse on the 'South Side' since 5:00 (PM).

On 8/05/21 at 9:30 AM, an interview with CNA #3 stated she worked 3:00PM-11:00PM and 11:00PM-7:00AM on 7/25/21 in the facility. CNA #3 stated on 7/25/21 "One (1) nurse worked 'North Side' and no nurse on 'South Side'." CNA #3 stated the only time LPN #1 came to the 'South Side' was to "find a 'North Side' resident to give them their medicine".

Resident #1:

Record review of resident Face Sheet with diagnoses revealed Resident #1's admission date was 10/05/15 with diagnoses of Alzheimer's Disease, Dementia, Peripheral Vascular Disease (PVD), Peripheral Neuropathy, Gastroesophageal Disease (GERD) and Cerebrovascular Disease (CVD).

Record review of 5/05/21 Annual Minimum Data Set (MDS) Brief Interview for Mental Status (BIMS) Section C revealed a BIMS score of 0 out of 15 which indicated severe cognitive deficit for Resident #1.

Record review of Resident #1's Physician Orders dated 7/21/21 revealed orders for "Santyl Ointment 30 grams (GM) apply topically every 12 hours and as needed when soiled until healed",

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 600	Continued From page 17	F 600		

"Bacid capsule take (two) 2 capsules by mouth twice daily", "Acidophilus Capsule Take 2 (two) Capsules by mouth twice daily", "Hydroco/APAP 5/325MG Take 1 (one) Tablet by mouth twice daily for 28 (twenty-eight) days" starting 7/19/21, "Arginaide 1 (one) pack by mouth three (3) times a day", and for "Ferrous Sulfate 220 milligrams (MG) per milliliter (ML) Elixir Give 220 MG (5ML) by mouth 3 (three) times a day".

Record review of Resident #1's Medication Chart revealed on 7/25/21 Ferrous Sulfate 220MG/ML Elixir Give 220MG (5ML) by mouth 3 (three) times a day, 6:00 PM Dose, Acidophilus Capsule Take 2 (two) Capsules by mouth twice daily, 6:00 PM Dose, Hydroco/APAP 5/325MG Take 1 (one) Tablet by mouth twice daily for 28 (twenty-eight) days. 9:00 PM Dose, Arginaide 1 (one) pack by mouth three (3) times a day, 6:00 PM Dose, was not initialed on the Medication Chart.

Record review of Resident #1 Treatment Chart revealed on 7/25/21 on B shift (3 to 11) "Wound Care: Right Back scapula area "Wash wound, and pat dry Apply scant amount of Santyl to wound bed and cover with gauze and Aldress every (twelve) 12 hours and as needed when soiled until healed. Notify MD of acute changes". On 7/25/21 on B shift (3-11). This was not initialed on the Treatment Chart.

Resident #2:

Record review of resident Face Sheet with diagnoses revealed Resident #2's admission date was 4/04/16 with diagnoses of Paraplegia, Mood Disorder and Chronic Viral Hepatitis C.

Record review of 5/26/21 Quarterly Minimum

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 600	Continued From page 18	F 600		

Data Set (MDS) Brief Interview for Mental Status (BIMS) section C revealed a BIMS score of 15 out of 15 which indicated no cognitive deficit for Resident #2.

Record review of Resident #'s2 Physician Orders dated 7/21/21 revealed orders for "BISCODYL suppository 10 MG insert (one) 1 rectally every Tuesday, Thursday and Sunday", "Docusate 100 MG. Take (two) 2 capsules by mouth twice daily", "Observe for side effects of Eliquis ...Report these to MD immediately", "Eliquis 2.5 MG by mouth twice daily", "Polyethylene Glycol Powder (MIRALAX Power) Dissolve 17 Grams in 6 (six) ounces of juice/water and give by mouth 2 (two) times a day", "Bisacodyl 10MG suppository Insert 1 (one) suppository rectally on Tuesday, Thursday, Sunday and Daily as needed for Constipation", and "Baclofen 20MG Tablet Take 1 Tablet by mouth 3 (three) times daily".

Record review of Resident #2's Medication Chart revealed on 7/25/21 BISCODYL suppository 10 MG insert (one) 1 rectally every Tuesday, Thursday and Sunday, Docusate 100 MG. Take (two) 2 capsules by mouth twice daily, observe for side effects of Eliquis ...Report these to MD immediately, Eliquis 2/5 MG by mouth twice daily, Polyethylene Glycol Powder (MIRALAX Power) Dissolve 17 Grams in 6 (six) ounces of juice/water and give by mouth 2 (two) times a day, Bisacodyl 10MG suppository Insert 1 (one) suppository rectally on Tuesday, Thursday, Sunday and Daily as needed for constipation, Baclofen 20MG Tablet Take 1 Tablet by mouth 3 (three) times daily, was not initialed on the Medication Chart.

Record review of Resident #2 Treatment Chart

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 600	Continued From page 19	F 600		

revealed on 7/25/21 on B shift (3 to 11) "Flush foley catheter with 60 (sixty) cc sterile water every shift". This was not initialed on the Treatment Chart.

Resident #3:

Record review of resident #3's Face Sheet with diagnoses revealed Resident #3's admission date was 9/13/19 with diagnoses of Paraplegia, Hypertension (HTN), Osteomyelitis, Chronic Kidney Disease, Diabetes, Multiple Pressure Sores and Obesity.

Record review of 5/12/21 Quarterly Minimum Data Set (MDS) Brief Interview for Mental Status (BIMS) Section C revealed a BIMS score of 15 out of 15 which indicated no cognitive deficit for Resident #3.

Record review of Resident #3's Physician Orders dated 7/21/21 revealed orders for "Vitamin C 500 MG tablet take (one) 1 tablet by mouth twice a day", "Meloxicam 15 MG Tablet take (one) 1 tablet by mouth every evening", "Amlodipine 5 MG tablet take (one) 1 tablet by mouth at bedtime", "Omeprazole 20 MG capsule take (one) 1 capsule by mouth at bedtime", "Baclofen 20 MG tablet take (one) 1 tablet by mouth every 2:00 PM and 6:00 PM", "Ferrous Gluconate 324 MG tablet take (one) 1 tablet by mouth every 2:00 PM and 6:00 PM", "Metformin 850 MG tablet take (one) 1 tablet by mouth (thirty) 30 minutes prior to lunch and dinner", "Miralax powder dispense as Polyethylene Glycol powder mix 17 grams in 6 ounces of liquid and give by mouth (two) 2 times a day", "Gabapentin 800 MG tablet take (one) 1 tablet by mouth (three) 3 times daily", "Pravachol 40 MG dispense as Pravastatin 40 MG tablet take

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 600	Continued From page 20	F 600		

(one) 1 tablet by mouth at bedtime", "Divalproex Sodium 500 MG tablet take (one) 1 tablet by mouth twice a day", and "Santyl Ointment 300 Grams apply topically every (twelve) 12 hours to wounds", and "Observe for signs and symptoms of hypoglycemia ...Obtain vital signs and accu-check & report to MD", "Observe for signs and symptoms of hypoglycemia ...Obtain vital signs and accu-check & report to MD", and "Accu-Checks as needed with regular insulin per sliding scale as needed".

Record review of Resident #3's Medication Chart revealed on 7/25/21 Baclofen 20MG Tablet Take 1 Tablet by mouth every 2PM and 6PM, 6:00 PM Dose, Ferrous Gluconate 324MG Tablet Take 1 (one) tablet by mouth every 2PM and 6PM, 6:00 PM Dose; Lidocaine 5% Patch Apply 2 (two) patches to right knee every 12 (twelve) hours, 6:00 PM Dose; Bisacodyl 10MG suppository Insert 1 (one) suppository rectally Daily, 6:00 PM Dose; Polyethylene Glycol Powder (MIRALAX Power) Dissolve 17 Grams in 6 (six) ounces of juice/water and give by mouth 2 (two) times a day, 6:00 PM Dose; Vitamin C 500MG Tablet Take 1 (one) tablet by mouth twice a day, 6:00 PM Dose; Meloxicam 15MG Tablet Take 1 (one) tablet by mouth every evening, 6:00 PM Dose (once a day dose); Amlodipine 5MG Tablet Take 1 (one) tablet by mouth at bedtime, 6:00 PM Dose (once a day dose); Omeprazole 20MG Tablet Take 1 (one) tablet by mouth at bedtime, 6:00 PM Dose (once a day dose); Pravastatin 40MG Tablet Take 1 (one) tablet by mouth at bedtime, 6:00 PM Dose (once a day dose); Divalproex Sodium 500MG Tablet Take 1 (one) tablet by mouth twice a day, 6:00 PM Dose was not initialed on the Medication Chart.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 600	Continued From page 21	F 600		

Record review of Resident #3's Treatment Chart revealed on 7/25/21 on B shift (3 to 11) "Suprapubic catheter/Perineal area: cleanse with Dakin's solution, pat dry, apply mupirocin ointment to peri-wound area twice daily cover with soft gauze and paper tape", "Wound Care: Left Heel wound: Cleanse with Normal Saline, pat dry, apply Dakin's solution to gauze and apply to wound bed. Cover with Kerlex or Conform twice daily", "Right Heel: Apply damp to dry Normal Saline dressing. Every twelve (12) hours. Notify MD of acute changes", "Treatment to coccyx: Irrigate with 0.25% Dakin's Solution then rinse with Normal Saline, pat dry, pack with Calcium Alginate with Silver, cover with gauze and abdominal dressing, secure with Medi pore tape twice daily and as needed due to soilage". These were not initialed on the Treatment Chart.

Resident #4:

Record review of resident Face Sheet with diagnoses revealed Resident #4's admission date 3/09/20 with diagnoses of Seizures, HTN, Dementia with Behavioral Disturbances, and Hyperosmolality & Hypernatremia.

Record review of 5/12/21 Quarterly Minimum Data Set (MDS) Brief Interview for Mental Status (BIMS) section C revealed a BIMS score of 0 out of 15 which indicated no cognitive deficit for Resident #4.

Record review of Resident #4's Physician Orders revealed orders for "Dilantin 100 MG dispense as Phenytoin Sodium extended release 100 MG take (one) 1 capsule by mouth each morning and (two) 2 capsules each evening" dated 7/23/21, "Keppra

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 600	Continued From page 22	F 600		

500 MG tablet dispense as Levetiracetam 500 MG tablet take (one) 1 tablet by mouth twice a day" dated 7/23/21, "Promod 30CC (ML) by mouth twice a day" dated 7/21/21, and "Resource 2.0 by mouth four (4) times a day (with documentation of percent consumed)" dated 7/21/21.

Record review of Resident #4's Medication Chart revealed on 7/25/21 (Resident #4's Seizure medication was adjusted on 7/23/21), Phenytoin Sodium Extended 200MG (Dilantin 200MG) Take 200MG by mouth each bedtime, 6:00 PM Dose; Levetiracetam 750MG (Keppra 750MG) Take 750MG by mouth twice a day, 6:00 PM Dose; Promod 30CC (ML) by mouth twice a day, 6:00 PM Dose; Resource 2.0 by mouth four (4) times a day (with documentation of percent consumed), 6:00 PM Dose was not initialed on the Medication Chart.

Resident #5:

Record review of resident Face Sheet with diagnoses revealed Resident #5's admission date was 4/02/01 with diagnoses of Delusional Disorders, Diabetes, Psychotic Disorder, Dementia, HTN, Obstructive and Reflux Uropathy, Joint Disorder, Peripheral Neuropathy, Osteoarthritis, and Epilepsy.

Record review of 6/30/21 Quarterly Minimum Data Set (MDS) Brief Interview for Mental Status (BIMS) section C revealed a BIMS score of 14 out of 15 which indicated no cognitive deficit for Resident #5.

Record review of resident's Physician Orders dated 7/21/21 revealed orders for "Keppra 500

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 600	Continued From page 23	F 600		

MG tablet dispense as Levetiracetam 500 MG tablet take ½ tablet by mouth every morning and 1 (one) tablet by mouth every evening", "Check for pain every shift using pain rate scale # 0-10; record", "Duloxetine 40MG Take 40MG by mouth at bedtime", "Tamsulosin Hydrochloride (Flomax) 0.4MG Capsule Take 1 (one) capsule by mouth every 24 (twenty-four) hours", "Furosemide 10MG/ML solution Take 40MG (4 CC) by mouth twice a day", "Polyethylene Glycol Powder (MIRALAX Power) Dissolve 17 Grams in 6 (six) ounces of juice/water and give by mouth 2 (two) times a day", "Lortisone 0.5% cream to bilateral inguinal rash twice daily (7:00AM-3:00PM shift and 3:00PM-11:00PM shift)", "Diazepam 2MG Tablet Take 1 (one) tablet by mouth at bedtime for 28 (twenty-eight) days" ordered 7/13/21, "HYDROCO/APAP 5/325 MG take 1 (one) tablet by mouth every 6 (six) hours as needed for 28 (twenty-eight) days" order date of 7/14/21, and "Risperidone 0.5MG Tablet (Risperdal 0.5MG) Take 1 tablet by mouth twice a day" order date 7/30/21.

Record review of Resident #5's Medication Chart revealed on 7/25/21 Duloxetine 40MG Take 40MG by mouth at bedtime, 6:00 PM Dose; Risperidone 0.5MG Tablet (Risperdal 0.5MG) Take 1 tablet by mouth twice a day, 6:00 PM Dose; Tamsulosin Hydrochloride (Flomax) 0.4MG Capsule Take 1 (one) capsule by mouth every 24 (twenty-four) hours, 6:00 PM Dose; Furosemide 10MG/ML solution Take 40MG (4 CC) by mouth twice a day, 6:00 PM Dose; Levetiracetam 500MG Tablet (Keppra 500MG Tablet) Take ½ (half) tablet by mouth morning and 1 (one) tablet by mouth every evening, 6:00 PM Dose; Polyethylene Glycol Powder (MIRALAX Power) Dissolve 17 Grams in 6 (six) ounces of

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 600	Continued From page 24	F 600		

juice/water and give by mouth 2 (two) times a day, 6:00 PM Dose; Diazepam 2MG Tablet Take 1 (one) tablet by mouth at bedtime for 28 (twenty-eight) days, started 7/13/21, 8:00 PM Dose, was not initialed on the Medication Chart.

Record review of Resident #5's Treatment Chart revealed on 7/25/21 on B shift (3 to 11) "Lortisone 0.5% cream to bilateral inguinal rash Twice Daily". This was not initialed on the Treatment Chart.

Resident #6:

Record review of the Face Sheet with diagnoses revealed Resident #6's admission date 6/08/05 with diagnoses of Osteoarthritis, Dementia with Behavioral Disturbances, Psychosis, Diabetes, Epilepsy, and HTN.

Record review of 7/07/21 Quarterly Minimum Data Set (MDS) Brief Interview for Mental Status (BIMS) section C revealed a BIMS score of 14 out of 15 which indicated no cognitive deficit for Resident #6.

Record review of resident #6's physician orders dated 7/21/21 and MDS section N revealed orders for "Vimpat 200 MG tablet take (one) 1 tablet by mouth twice daily for (twenty-eight) 28 days (started 7/13/21)", "Potassium Chloride 20 milliequivalents tablet take (one) 1 tablet by mouth twice a day", "Depakote 125 MG sprinkle capsule dispense as Divalproex 125 MG sprinkle take (four) 4 capsules by mouth (three) 3 times daily", "Olanzapine 15 MG tablet take (one) 1 tablet by mouth at bedtime", "Tamsulosin Hydrochloride (Flomax) 0.4MG Capsule Take 2 (two) capsules by mouth every 24 (twenty-four) hours ", "Lithium Carbonate 300 MG tablet take

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 600	Continued From page 25	F 600		

(one) 1 tablet by mouth every morning and (two) 2 tablets by mouth at bedtime", "Miralax powder dispense as Polyethylene Glycol Powder dissolve 17 Grams and give by mouth twice a day", and "Metoprolol Tar 25 MG tablet take (one) 1 tablet by mouth twice a day".

Record review of Resident #6's Medication Chart revealed on 7/25/21 Vimpat 200MG Tablet Take 1 (one) tablet by mouth twice daily for 28 (twenty-eight) days, started 7/01/21, 6:00 PM Dose; Potassium Chloride 20MEQ (milliequivalents) Tablet Take 1 (one) tablet by mouth twice a day, 6:00 PM Dose; Divalproex 125MG Sprinkle (Depakote 125MG Sprinkle) Take 4 (four) capsules by mouth 3 (three) times daily, 6:00 PM Dose; Olanzapine 15MG Tablet Take 1 (one) tablet by mouth at bedtime, 6:00 PM Dose; Tamsulosin Hydrochloride (Flomax) 0.4MG Capsule Take 2 (two) capsules by mouth every 24 (twenty-four) hours, 6:00 PM Dose; Lithium Carbonate 300MG Tablet Take 1 (one) tablet by mouth every morning and 2 (two) tablets by mouth at bedtime, 6:00 PM Dose; Polyethylene Glycol Powder (MIRALAX Power) Dissolve 17 Grams in 6 (six) ounces of juice/water and give by mouth 2 (two) times a day, 6:00 PM Dose; Metoprolol Tartrate 25MG Tablet Take 1 (one) tablet by mouth twice a day, 6:00 PM Dose were not initialed on the Medication Chart.

Resident #7:

Record review of resident Identification and Summary Sheet with diagnoses revealed Resident #7's admission date 6/01/76 with diagnoses of Profound Intellectual Disabilities, Glaucoma, Cerebral Palsy, Spastic Paraplegia and Epilepsy.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 600	Continued From page 26	F 600		

Record review of 6/09/21 Quarterly Minimum Data Set (MDS) Brief Interview for Mental Status (BIMS) section C revealed a BIMS score of 0 out of 15 which indicated severe cognitive deficit for Resident #7.

Record review of Resident #7's Physician Orders dated 7/21/21 revealed orders for "MiraLAX Powder dispense as Polyethylene Glycol Powder mix 17 grams in 6 ounces of juice and give by mouth twice daily", "Bisacodyl 10 MG suppository insert (one) 1 suppository rectally at bedtime", "Phenobarbital 30 MG tablet take (one) 1 by mouth at bedtime", and "Phenobarbital 60 MG tablet take (two) 2 by mouth at bedtime", "Observe for non-verbal side effects of psychotropic medications ...Notify MD of these side effects", "Dorzol-Timolol Ophthalmic Solution (Cosopt) Eye Drops Instill 1 (one) drop into each eye at bedtime", "Levetiracetam 500MG Tablet (Keppra 500MG Tablet) Take 1 (one) tablet by mouth twice a day", "Docusate Sodium 100 MG Capsule Take 1 Capsule by mouth twice daily", and "Bisacodyl 10MG suppository Insert 1 (one) suppository rectally on Daily".

Record review of Resident #7's Medication Chart revealed on 7/25/21 Polyethylene Glycol Powder (MIRALAX Power) Dissolve 17 Grams in 6 (six) ounces of juice and give by mouth 2 (two) times a day, 6:00 PM Dose; Dorzol-Timolol Ophthalmic Solution (Cosopt) Eye Drops Instill 1 (one) drop into each eye at bedtime, 6:00 PM Dose; Bisacodyl 10MG suppository Insert 1 (one) suppository rectally at bedtime, 6:00 PM Dose; Phenobarbital 30MG Tablet Take 1 Tablet by mouth at bedtime, 6:00 PM Dose; Phenobarbital 60MG Tablet Take 1 Tablet by mouth at bedtime,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 600	Continued From page 27	F 600		

6:00 PM Dose; Levetiracetam 500MG Tablet (Keppra 500MG Tablet) Take 1 (one) tablet by mouth twice a day, 6:00 PM Dose; Docusate Sodium 100 MG Capsule Take 1 Capsule by mouth twice daily, 6:00 PM Dose; Bisacodyl 10MG suppository Insert 1 (one) suppository rectally on Daily, 6:00 PM Dose, were not initialed on the Medication Chart.

Resident #8:

Record review of the Face Sheet with diagnoses revealed Resident #8's admission date was 3/07/19 with diagnoses of Pulmonary Fibrosis, Dementia, and Osteoarthritis.

Record review of 5/05/21 Quarterly Minimum Data Set (MDS) Brief Interview for Mental Status (BIMS) section C revealed a BIMS score of 0 out of 15 which indicated severe cognitive deficit for Resident #8.

Record review of Resident #8's Physician Orders dated 7/21/21 revealed orders for "Santyl Ointment 30 GM apply topically to affected area every shift", "Keppra 500 MG tablet dispense as levetiracetam 500 MG tablet take (one) 1 tablet by mouth twice a day", "Colace 100 MG capsule dispense as Docusate Sodium 100 MG capsule take (one) 1 capsule by mouth twice daily", "Bisacodyl 10MG suppository Insert 1 (one) suppository rectally Daily", "Polyethylene Glycol Powder (MIRALAX Power) Dissolve 17 Grams in 6 (six) ounces of juice and give by mouth 2 (two) times a day", "Vitamin C 500 MG Tablet Take 1 (one) tablet by mouth twice a day", and "Ferrous Gluconate 324MG Tablet Take 1 (one) tablet by mouth twice a day".

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 600	Continued From page 28	F 600		

Record review of Resident #8's Medication Chart revealed on 7/25/21 Levetiracetam 500MG Tablet (Keppra 500MG Tablet) Take 1 (one) tablet by mouth twice a day, 6:00 PM Dose; Docusate Sodium 100 MG Capsule Take 1 Capsule by mouth twice daily, 6:00 PM Dose; Bisacodyl 10MG suppository Insert 1 (one) suppository rectally Daily, 6:00 PM Dose; Polyethylene Glycol Powder (MIRALAX Power) Dissolve 17 Grams in 6 (six) ounces of juice and give by mouth 2 (two) times a day, 6:00 PM Dose; Vitamin C 500 MG Tablet Take 1 (one) tablet by mouth twice a day, 6:00 PM Dose; Ferrous Gluconate 324MG Tablet Take 1 (one) tablet by mouth twice a day, 6:00 PM Dose were not initialed on the Medication Chart.

Record review of Resident #8's Treatment Chart revealed on 7/25/21 on B shift (3 to 11) "Santyl Ointment 30 GM apply topically to affected area every shift" was not initialed on the Treatment Chart.

Resident #9:

Record review of the Face Sheet with diagnoses revealed Resident #9's admission date was 5/18/12 with diagnoses Amebic Brain Abscess, Delirium, Hemiplegia and Hemiparesis, Psychosis, Vascular Dementia, and Epilepsy.

Record review of 5/26/21 Annual Minimum Data Set (MDS) Brief Interview for Mental Status (BIMS) section C revealed a BIMS score of 15 out of 15 which indicated no cognitive deficit for Resident #9.

Record review of Resident #9's Physician orders dated 7/21/21 revealed orders for "Depakote 500

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 600	Continued From page 29	F 600		

MG tablet enteric coated (EC) dispense as Divalproex Sodium 500 MG tablet take 1 (one) tablet by mouth twice a day", "Bisacodyl 10MG suppository Insert 1 (one) suppository rectally at bedtime", "Milk of Magnesia Suspension Give 45 CC by mouth twice daily", "Risperidone 0.5MG Tablet (Risperdal 0.5MG) Take 1 tablet by mouth twice a day", "Risperidone 2MG Tablet (Risperdal 2MG) Take 1 tablet by mouth twice a day", and "Gabapentin 300MG Capsule Take 1 (one) capsule by mouth 3 (three) times daily", and "Vimpat 200 MG tablet take 1 (one) tablet twice daily for 28 days" dated 07/01/21.

Record review of Resident #9's Medication Chart revealed on 7/25/21 Vimpat 200MG Tablet Take 1 (one) tablet by mouth twice daily for 28 (twenty-eight) days, started 7/01/21, 6:00 PM Dose; Bisacodyl 10MG suppository Insert 1 (one) suppository rectally at bedtime, 6:00 PM Dose; Milk of Magnesia Suspension Give 45 CC by mouth twice daily, 6:00 PM Dose; Divalproex Sodium 500MG Tablet Take 1 (one) tablet by mouth twice a day, 6:00 PM Dose; Risperidone 0.5MG Tablet (Risperdal 0.5MG) Take 1 tablet by mouth twice a day, 6:00 PM Dose; Risperidone 2MG Tablet (Risperdal 2MG) Take 1 tablet by mouth twice a day, 6:00 PM Dose; Gabapentin 300MG Capsule Take 1 (one) capsule by mouth 3 (three) times daily, 6:00 PM Dose were not initialed on the Medication Chart.

Resident #10:

Record review of the Face Sheet with diagnoses revealed Resident #10's admission date was 8/16/18 with diagnoses of HTN, Diabetes, Osteoarthritis, Chronic Kidney Disease, and Heart Failure.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 600	Continued From page 30	F 600		

Record review of 5/12/21 Quarterly Minimum Data Set (MDS) Brief Interview for Mental Status (BIMS) section C revealed a BIMS score of 15 out of 15 which indicated no cognitive deficit for Resident #10.

Record review of Resident #10's Physician Orders dated 7/21/21 revealed orders for "Eliquis 5 MG tablet by mouth twice a day", "Omeprazole 20 MG capsule by mouth twice daily", "Pravastatin 1 GM/10ML suspension give 10 CC by mouth twice daily", "Sucralfate 1GM/10 ML Suspension (Carafate) Give 10 CC by mouth twice daily", and "Aripiprazole 30 MG Tablet (Abilify) Tablet Take 1 (one) tablet by mouth at bedtime".

Record review of Resident #10's Medication Chart revealed on 7/25/21 Eliquis 2.5 MG Tablet Take 1 (one) tablet by mouth twice a day, 6:00 PM Dose; Omeprazole 20MG Tablet Take 1 (one) tablet by mouth twice daily, 6:00 PM Dose (once a day dose); Pravastatin 40MG Tablet Take 1 (one) tablet by mouth at bedtime, 6:00 PM Dose (once a day dose), Aripiprazole 30 MG Tablet (Abilify) Tablet Take 1 (one) tablet by mouth at bedtime, 6:00 PM Dose were not initialed on the Medication Chart.

Resident #11:

Record review of the Face Sheet with diagnoses revealed Resident #11's admission date 6/01/1976 with diagnoses of Cerebral Palsy, Profound Intellectual Disabilities, Epilepsy, and Spastic Paraplegia.

Record review of 5/05/21 Quarterly Minimum

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 600	Continued From page 31	F 600		

Data Set (MDS) Brief Interview for Mental Status (BIMS) section C revealed a BIMS score of 0 out of 15 which indicated severe cognitive deficit for Resident #11.

Record review of Resident's Physician Orders dated 7/21/21 revealed orders for "Dilantin 50 MG infatab dispense as Phenytoin 50 MG infatab take (two) 2 tablets by mouth twice daily".

Record review of Resident #11's Medication Chart revealed on 7/25/21 Dilantin 50 MG infatab dispense as Phenytoin 50 MG infatab take (two) 2 tablets by mouth twice daily was not initialed on the Medication Chart.

Medications that were missed, omitted, not administered between 5:00 PM and 11:00 PM on 7/25/21 for Resident #11:
Phenytoin Sodium Extended 50MG (Dilantin 50MG) Take 50MG by mouth twice daily, 6:00 PM Dose
1 (one) pack of Benecalorie to food three (3) times daily, 6:00 PM Dose
Boost Pudding the (3) times a day between meals (with documented percent consumed), 6:00 PM Dose
Boost three (3) times a day between meals if resident consumes less than 50% (fifty percent) of meals 6 PM Dose

Record Review of the Medication Charts and the Treatment Charts revealed the following are monitoring, precautions and special instructions for each of the sampled residents which were not provided on 7/25/21 from 5:00 PM through 11:00 PM:

Resident #1, "Seizure Precautions" and "Monitor

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 600	Continued From page 32	F 600		

for signs and symptoms of pain every shift. Document according to the (pain) scale. If pain is noted, document interventions and outcome in the nurses notes".

Resident #2, "Monitor for signs and symptoms of pain every shift. Document according to the (pain) scale. If pain is noted, document interventions and outcome in the nurses notes", "Flush foley catheter with 60cc sterile water every shift", and "Bilateral heel protectors or shoes at all times".

Resident #3, "Monitor for signs and symptoms of pain every shift. Document according to the (pain) scale. If pain is noted, document interventions and outcome in the nurses notes", and "Stay off coccyx as much as possible".

Resident #4, "Monitor for signs and symptoms of pain every shift. Document according to the (pain) scale. If pain is noted, document interventions and outcome in the nurses notes", "Keep heels floating for pressure relief at all times" and "Check Wander Guard placement every shift".

Resident #5, "Monitor for signs and symptoms of pain every shift. Document according to the (pain) scale. If pain is noted, document interventions and outcome in the nurses notes", "Seizure Precautions" and "Disruptive Behavior/Intervention/Outcome Form".

Resident #6, "Monitor for signs and symptoms of pain every shift. Document according to the (pain) scale. If pain is noted, document interventions and outcome in the nurses notes", and "Seizure Precautions".

Resident #7, "Monitor for signs and symptoms of

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 600	Continued From page 33	F 600		

pain every shift. Document according to the (pain) scale. If pain is noted, document interventions and outcome in the nurses notes", and "Heel pillows at all times".

Resident #8, "Monitor for signs and symptoms of pain every shift. Document according to the (pain) scale. If pain is noted, document interventions and outcome in the nurses notes", "Clean nebulizer mask after each use", and Heel Protectors to bilateral heels at all times".

Resident #9 "Monitor for signs and symptoms of pain every shift. Document according to the (pain) scale. If pain is noted, document interventions and outcome in the nurses notes".

Resident #10 "Monitor for signs and symptoms of pain every shift. Document according to the (pain) scale. If pain is noted, document interventions and outcome in the nurses notes".

Resident #11 "Monitor for signs and symptoms of pain every shift. Document according to the (pain) scale. If pain is noted, document interventions and outcome in the nurses notes", "Hand roll to left hand every shift", and "Heel pillows at all times".

REMOVAL PLAN

The facility submitted an acceptable Removal Plan for the IJ on 8/06/21 at 5:00 PM. Review of the facility's Removal revealed the facility took the following actions to remove the IJ on 8/06/21:

In response to the Immediate Jeopardy (IJ) template provided to the Administrator cited on August 5, 2021, at 5:10 p.m., the following is a

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 600	Continued From page 34	F 600		

summary of the event and the actions taken by the facility to remove the Immediate Jeopardy.

Brief Summary

On 07/25/2021 Jaquith Inn Building 78, had insufficient licensed nursing staff from 5:00p.m. - 11:00p.m., which gives us neglect of Residents #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19, and #20 on South Side unit of building 78. Medications were missed and no monitoring for Residents #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19, and #20 during this time frame.

The following corrective actions were taken for Residents #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, and #11, #12, #13, #14, #15, #16, #17, #18, #19, and #20 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 25, 2021, at 11:30 pm Licensed Practical Nurse#1 observed Residents #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19, and #20 and no negative outcomes or harm noted. On 07/26/2021 at 9:00 a.m., the attending physician was notified that there were no adverse reactions. On 7/26/2021 at 9:00 a.m. attending physician observed Residents #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19, and #20 and found no negative outcomes. The attending physician reviewed care plans and no care plans needed to be revised. On July 28, 2021, at 4:52p.m., the Mississippi State Department of Health Division of Health Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 600	Continued From page 35	F 600		

Licensure and Certification was notified of the incident. On August 3, 2021, at 2:45p.m. the Mississippi Attorney General's Medicaid Abuse and Fraud Division was notified of the incident.

2. On July 28, 2021, at 2:30pm until 3:00pm Jaquith Nursing Home Nurse Administrator verbally counseled the Registered Nurse #1 who did not stay to work 3-11pm shift on 7/25/21. On 08/06/2021 at 3:30 p.m., the Nurse Executive did a one on one in-service with Registered Nurse#1. Registered Nurse#1 was educated and counseled on the following policies and procedures: Medication Administration, Medication Keys, Narcotics, Mandated Overtime to ensure incident of leaving the medication cart and or building without counting off with another nurse does not reoccur nor leaving patients uncared for without relief. On 08/06/2021 at 3:30p.m., the Nurse Executive contacted the MS Board of Nurses to report the actions of Registered Nurse #1.

3. On July 29, 2021, at 02:30 p.m., a Quality Assurance meeting was conducted with Jaquith Nursing Home Director, Chief Medical Doctor, Safety Investigative Services, Jaquith Inn Nursing Home Administrator, MS State Hospital Nurse Executive, Jaquith Nursing Administrator, Director of Nursing, Administrator-in-Training to discuss and determine corrective actions for further incidents of this magnitude. Corrective actions discussed were to inform resident's representative of incident on 07/25/2021. Educate staff on notifying leadership through proper communication (campus switchboard). Inservice staff on Injuries, Abuse, Neglect, Mistreatment, Misappropriation of Resident Property or Exploitation of Resident POL J530-55, Mandatory

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 600	Continued From page 36	F 600		

Overtime/Required Supervision Department of Mental Health (DMH), Rights of Residents J530-65, Accountability for Nursing Personnel Assignment J550-05, Management of Controlled Substances NUR210-116 and Chain of Notification for Staffing Concerns. No changes to the discussed policies were made. On 08/06/2021 at 3:30pm licensed nursing staff was in-serviced on Care Plan Policy and Procedures. On 07/30/2021 through 08/06/2021 the above policies listed were reviewed with licensed nursing staff.

4. On July 30, 2021 and August 2, 2021, Social Worker#1 called Residents #1, #2, #3, #4, #5, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19, #20 representative of the incident and documented in resident's medical chart.

5. On August 2, 2021, at 07:10pm Jaquith Nursing Home Nurse Executive revised the Chain of Notification protocol, begin in-servicing all nursing staff. No staff will be allowed to work until Inservice is completed. The Chain of Notification protocol ensures the notification of nurses for availability and accessibility of nursing staff on a continuing basis to work a medication cart for shortage of Nursing Home nurses. The Chain process is as follows: The Mississippi State Hospital operator will notify the Jaquith Nursing Home Ground Supervisor, if the Ground Supervisor is not present operator will call Director of Nursing on call. If Ground Supervisor is unable to staff the nurse needed, then he/she will notify the Director of Nursing on call. Director of Nursing on call will call the building Director of Nursing who will attempt to staff the nurses needed and if unable will notify the Nursing Staffing Director or Coordinator. Nursing Staffing

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 600	Continued From page 37	F 600		

Director or Coordinator will attempt to staff the nursing homes and if unable will notify the Jaquith Nursing Home Administrator. The Jaquith Nursing Home Administrator on Call will determine with the Director of Nursing on call which buildings can be operated with one nurse if additional nurse cannot be found. After this occurs the Jaquith Nursing Home Director should be notified.

6. On 08/05/2021, the attending physician began to evaluate the medication load on all shifts to efficiently maximize staffing.

7. On 08/06/2021 at 10:00 a.m. an additional executive meeting was held to discuss staffing concerns and expedite contracts. Those present were, Human Resource Director, Chief Medical Officer, Service Outcome Director, Nurse Executive, and Jaquith Nursing Home Director. On 08/06/2021, Jaquith Nursing Home Nurse Executive implemented staff changes and an on-call schedule with the Staffing Director and Staffing Coordinator to ensure adequate staffing is in place. The Staffing Director and Staffing Coordinator will text and or call all scheduled nurse staff to verify commitment to their shift. The Staffing Director or Coordinator will contact scheduled nurses the day before their scheduled shift to verify commitment. The Staffing Department has personnel twenty-four hours to receive calls from employees. An employee has to call at least two hours before their shift if they are unable to work. The Staffing Department calls each building to verify the number of employees on each shift. If a building is short, the staffing personnel may pull from another building to cover staff shortage. On 07/30/2021, 8 of 15 emergency covid nursing contracts that

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 600	Continued From page 38	F 600		

were executed on July 16, 2021 were extended through 09/01/2021. New contracts were advertised through 08/04/2021. On 08/02/2021 through 08/06/2021, the Nurse Executive participated in interviewing 18 contract and 8 full time licensed nurse applicants. A formal offer of employment has to go through personnel.

8. The corrected actions were implemented on 08/06/2021 at 5:00 p.m.

9. The facility alleges the Immediate Jeopardy was removed on 08/07/2021 at 10:00 a.m.

VALIDATION

On 8/09/21 the SA validated the facilities removal plan by staff interview, record reviews, review of In-Service Sign-in Sheets, review of Monitoring Forms, review of Physician Progress Notes, review of Social Services Notes, and review of the On-Call Schedule. The SA implemented the following measures to remove the IJ:

1. On 8/09/21 at 12:46 PM through interview with LPN #2 and record review of monitoring forms on the Medical Administration Record (MAR) for 7/25/21 11:00PM-7:00AM shift, the SA validated on7/25/21 at 11:30 PM LPN #2 observed Residents #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19, and #20 and no negative outcomes or harm noted. On 8/09/21 at 11:49 AM through interview with MD #1, the SA validated on 7/26/21 at 9:00 AM attending physician observed Residents #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19, and #20 and found no negative outcomes. On 8/09/21 at 11:49 AM through interview with MD #1 and record review

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 600	Continued From page 39	F 600		

of resident care plans, the SA validated on 7/26/21 the attending physician reviewed care plans and no care plans needed to be revised. On 8/09/21 through record review of facility investigation dated 8/04/21 SA validated on 7/29/21 at 4:52 PM, the SA was notified of the incident. On 8/09/21 through record review of the Attorney General's "Crime Web Submission" dated 8/03/21 at 2:45 PM, the SA validated on 8/03/21 at 2:45 PM the Attorney General's Medicaid Abuse and Fraud Division was notified of the incident.

2. On 8/09/21 at 12:15 PM through interview with the Nurse Administrator, the SA validated on 7/28/21 at 2:30 PM until 3:00 PM the Nurse Administrator verbally counseled RN #1 who did not stay to work 3:00PM-11:00PM shift on 7/25/21. On 8/09/21 through record review of facility "Staff Education/Continuing Education In-Service/Training" sign-in sheet, the SA validated on 8/06/21 at 3:30 PM the Nurse Executive did a one-on-one in-service with RN #1. RN #1 was educated and counseled on the following policies and procedures: Medication Administration, Medication Keys, Narcotics, Mandated Overtime to ensure incident of leaving the medication cart and or building without counting off with another nurse does not reoccur nor leaving patients uncared for without relief. In-service included counseling. On 8/09/21 at 12:05 PM through interview with Nurse Executive, the SA validated on 8/06/21 the Nurse Executive contacted the Board of Nurses to report the actions of RN #1.

3. On 8/09/21 at 12:22 PM through interviews with Administrator in Training (AIT), DON #2, and Nurse Administrator and record review of facility

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 600	Continued From page 40	F 600		

"Staff Education/Continuing Education In-Service/Training" sign-in sheet, the SA validated on 7/29/21 at 2:30 PM QAPI meeting was conducted with facility Nursing Home Director, Chief Medical Doctor, Safety Investigative Services, Nursing Home Administrator, Nurse Executive, Nursing Administrator, Director of Nurses (DON #2), Administrator in Training, to discuss and determine corrective actions for further incidents of this magnitude. Corrective actions discussed were to inform resident's representatives of incident on 7/25/21. Educate staff on notifying leadership through proper communication (switchboard). Inservice staff on Injuries, Abuse, Neglect, Mistreatment, Misappropriation of Resident Property or Exploitation of Resident POL J530-55, Mandatory Overtime/Required Supervision Department of Mental Health (DMH), rights of Residents J530-65, Accountability for Nursing Personnel Assignment J550-05, Management of Controlled Substances NUR210-116 and Chain of Notification for Staffing Concerns. No changes to the discussed policies were made. On 8/09/21 through record review of In-Service sign in sheets related to following care plans, the SA validated on 8/06/21 at 3:30 PM licensed nursing staff was in-serviced on Care Plan Policy and Procedures. On 8/09/21 through record review of In-Service sign in sheets related to following care plans, the SA validated on 7/30/21 through 8/06/21 the above policies listed were reviewed with licensed nursing staff was in-serviced on Care Plan Policy and Procedures.

4. On 8/09/21 at 12:03 PM through interview with Social Worker #1, the SA validated on 7/30/21 and 8/02/21, Social Worker #1 called Residents #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 600	Continued From page 41	F 600		

#13, #14, #15, #16, #17, #18, #19, and #20 representative of the incident and documented in resident's medical chart.

5. On 08/09/21 through record review of In-Service sign-in sheets with topic of "Chain of Notification for Staffing Concerns" dated 8/02/21, the SA validated on 9/02/21 at 7:10 PM facility Nurse Executive revised the Chain of Notification protocol, begin in-servicing all nursing staff. No staff will be allowed to work until In-Service is completed. The Chain of Notification protocol ensures the notification of nurses for availability and accessibility of nursing staff on a continuing basis to work a medication cart for shortage of Nursing Home nurses. The Chain process is as follows: The (switchboard) operator will notify the (facility) Ground (RN) Supervisor, if the Ground Supervisor is not present operator will call Director of Nursing on call. If Ground Supervisor is unable to staff the nurse needed, then he/she will notify the Director of Nursing on call. Director of Nursing on call will call the building Director of Nursing who will attempt to staff the nurses needed and if unable will notify the Nursing Staffing Director or Coordinator. Nursing Staffing Director or Coordinator will attempt to staff the nursing homes and if unable will notify the (facility) Nursing Home Administrator. The Jaquith Nursing Home Administrator on Call will determine with the Director of Nursing on call which buildings can be operated with one nurse if additional nurse cannot be found. After this occurs the (facility) Nursing Home Director should be notified.

6. On 8/09/21 at 11:49 AM through interview with MD #1, the SA validated on 08/05/21 the attending physician began to evaluate the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 600	Continued From page 42	F 600		

medication load on all shifts to efficiently maximize staffing.

7. On 8/09/21 at 11:54 AM through interviews with Human Resource Director, Administrator in Training, and DON (#2), the SA validated on 8/06/21 at 10:00 AM an additional executive meeting was held to discuss staffing concerns and expedite contracts. Those present were, Human Resource Director, Chief Medical Officer, Service Outcome Director, Nurse Executive, and (facility) Nursing Home Director. On 8/09/21 at 12:34 PM through interview with Staffing Director and record review of "On-Call Schedule" for the week of 8/09/21 through 8/15/21, the SA validated on 8/06/21, Jaquith Nursing Home Nurse Executive implemented staff changes and an on-call schedule with the Staffing Director and Staffing Coordinator to ensure adequate staffing is in place. The Staffing Director and Staffing Coordinator will text and or call all scheduled nurse staff to verify commitment to their shift. The Staffing Director or Coordinator will contact scheduled nurses the day before their scheduled shift to verify commitment. The Staffing Department has personnel twenty-four hours to receive calls from employees. An employee has to call at least two hours before their shift if they are unable to work. The Staffing Department calls each building to verify the number of employees on each shift. If a building is short, the staffing personnel may pull from another building to cover staff shortage. On 8/09/21 through record review of nursing contracts extended through 9/01/21, the SA validated on 7/30/21, 8 (eight) of 15 (fifteen) emergency covid nursing contracts that were executed on July 16, 2021, were extended through 9/01/21. New contracts were advertised through 8/04/21. On 8/09/21 at 12:40 PM through

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 600	Continued From page 43 interview with Nurse Executive, the SA validated on 8/02/21 through 8/06/21, the Nurse Executive participated in interviewing 18 (eighteen) and 8 (eight) full time licensed nurse applicants. A formal offer of employment must go through personnel. The SA validated on 8/09/21 all corrective actions had been taken by the facility to remove the IJ during the survey on 8/06/21.	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 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	F 656		10/22/21

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 656	Continued From page 44	F 656		

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 record review, facility policy review and staff and resident interviews, the facility failed to correctly document and implement residents' comprehensive person-centered Care Plans for eleven (11) out of eleven (11) residents sampled who resided on the South unit. Resident #1, Resident #2, Resident #3, Resident #4, Resident #5, Resident #6, Resident #7, Resident #8, Resident #9, Resident #10, and Resident #11.

The facility's failure to implement care plans placed residents on the South Unit at risk, and in a situation likely to cause serious injury, serious impairment, serious harm or death.

The State Agency (SA) identified an Immediate Jeopardy (IJ) which began on 7/25/21, when the facility failed to implement care plan interventions related to observations, medication administration and performance of treatments.

On 8/05/21 at 5:15 PM, the SA informed the

1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.
On 07/25/2021, at 11:30 pm Licensed Practical Nurse#1 observed Residents #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19, and #20 and no negative outcomes or harm noted. On 7/26/2021 at 9:00 a.m. attending physician observed Residents #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19, and #20 and no residents appeared to have suffered an adverse effect as a result of the deficient practice.

2. How the facility will identify other residents having the potential to be affected by the same deficient practice.
On 07/25/2021, the Registered Nurse reviewed the census for Jaquith Inn,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 656	Continued From page 45 Nursing Home Administrator of the IJ and provided the facility with the IJ Template. The facility submitted an acceptable Removal Plan on 8/07/21 at 10:00 AM, in which the facility alleged all corrective actions to remove the IJ were completed on 8/06/21 at 5:00 PM and the IJ was removed as of 8/07/21. The SA validated the Removal Plan on 8/09/21 and determined the IJ was removed on 8/07/21, prior to exit. Therefore, the scope and severity for CFR 483.21 (b)(1) Comprehensive Care Plans (F656) 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 included: Record review of the facility policy "Standards of Care dated May 2017 revealed " ...2. POLICY. The Lippincott Manual of Nursing Procedures is the designated nursing reference manual for clinical practice ... "Care Plan Preparation" page 139, undated, revealed "A Care Plan directs the patient's nursing care from admission to discharge." This written action plan is based on nursing diagnoses that have been formulated after reviewing assessment findings, and it embodies the components of the nursing process: assessment, diagnosis, planning, implementation, and evaluation... The Care Plan consists of three parts: goals or expected outcomes, which describe behaviors or results to be achieved within a specified time; appropriate nursing actions or interventions needed to achieve these goals; and evaluations of the	F 656	based on the census 40 of 40 residents had the potential to be affected by the deficient practice. On 07/26/2021, the attending physician reviewed care plans and no care plans needed to be revised. 3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur. On 08/03/2021, Jaquith Nursing Home (JNH) Nurse Administrator in-serviced all nursing staff on Jaquith Nursing Home Policy (210-116) Management of Controlled Substances to ensure that staff understands the accountability for controlled substances dispensed to residents and following the care plan as ordered by the physician. On 08/03/2021, the Director of Nursing in-serviced licensed nurse staff on the Jaquith Nursing Home Policy (210-001) Standards of Care and using the Lippincott Manual as reference to providing quality care. On 08/06/2021, the Director of Nursing in-serviced licensed nurse staff on following Resident□s Care Plans and to ensure Residents needs are meet according to the Care Plan. On 08/10/2021, the Minimum Data Set Nurse and licensed nurses were instructed by the Nurse Administrator to ensure the care plans were updated according to physician orders and resident□s condition; and to ensure that the care plans be implemented and interventions documented on in the nurse□s notes. On 08/19/2021, The Nurse Administrator in-serviced all newly hired emergency	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 656	Continued From page 46 established goals. A nursing Care Plan should be written for each patient, preferably within 24 hours of admission. It's usually started by the patient's primary nurse or the nurse who admits the patient. If the Care Plan contains more than one nursing diagnosis, assign priority to each diagnosis and implement those with the highest priority first.) Update and revise the plan throughout the patient's stay, based on the patient's response.2J3 The document becomes part of the permanent patient record. Some health care facilities use standardized Care Plans that can be modified to serve many patients. Others use computer programs to facilitate development of nursing Care Plans. A nursing Care Plan serves as a database for planning assignments, giving change-of-shift reports, conferring with the practitioner 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." Resident #1 Record review of the Face Sheet revealed Resident #1 was admitted to the facility on 10/05/15 with current diagnoses of multiple stage 2 and stage 3 Pressure ulcers, Alzheimer's Disease (ALZ), Unspecified dementia with behavioral disturbance, Peripheral vascular disease (PVD), Gastroesophageal Reflux Disease (GERD), Peripheral Neuropathy, and cerebrovascular disease (CVD). Record review of the Annual Minimum Data Set (MDS) with an Assessment Reference Date of 5/5/21, revealed in Section C, a Brief Interview for	F 656	contract and agency nursing staff on the facility□s Care Plan policies and procedures. On 09/22/2021, the Nurse Administrator in-serviced all licensed nurses on documentation and the facility□s Care Plan policy and procedures. 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. On 08/10/2021, Care plans in accordance with the care plan review schedule will be reviewed weekly for a month, then monthly for two months by the Minimum Data Set Nurse and Director of Nursing. All care plans will be updated as indicated by the Interdisciplinary team/treatment team. Beginning 09/11/2021, the Nurse Administrator will complete weekly audits of five (5) nurse□s notes, Medication Administration records and Treatment Administration records for four (4) consecutive weeks then ongoing monthly to ensure licensed nurses are documenting according to the resident□s individualized care plans. Any deficient findings by the nurse will be addressed through education by the Nurse Administrator until placed in substantial compliance. The Nurse Administrator will discuss any updated requirements with the Minimum Data Set RN to ensure that	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 656	Continued From page 47 Mental Status (BIMS) score of 0 out of 15 which indicated severe cognitive deficit. Record review of Resident #1's Physician's Orders revealed an order dated 7/19/21 for "Hydroco/APAP 5/325 MG (Milligrams) take (one) 1 tablet PO (by mouth) twice daily for 28 days." Record review of the Resident #1's Medication Chart revealed on 7/25/21, the facility failed to administer the 9:00 PM dose of Hydroco/Apap 5/325 MG and failed to check for pain on "B shift" (3:00 PM-11:00 PM). Record review of Resident #1's Care Plan revealed Resident #1 had the "Problem/Need" with "onset" date of 10/13/15, and a Goal and Target Date of 8/4/21 of "High Risk for Pain related to PVD, CVD, peripheral neuropathy, and GERD" with the "Goal" of resident will "have pain relief within one (1) hour of pain interventions being given for 90 days". Approaches included administration of "NORCO 5 MG. Take 1 (one) tablet PO (by mouth) BID (twice daily) 30 (thirty) minutes prior to wound care X (times) 28 (twenty-eight) days". Record review of Physician's Orders revealed Resident #1 had a physician's order dated 7/2/21 for Arginaid one (1) packet po TID (Three times daily). Record review of the Resident #1's Medication Chart revealed on 7/25/21, the facility failed to administer the 6:00 PM dose of Arginaid. Record review of Resident #1's Care Plan revealed Resident #1 had the "Problem/Need" with "onset" date of 10/13/15, and a Goal and	F 656	changes have been made on the resident's care plan. Beginning 09/11/2021, the Nurse Administrator will review the Care Plan Validation Checklist with the Jaquith Inn Nursing Home Administrator weekly for four consecutive weeks then monthly for two months. Beginning monthly on 10/06/2021, Jaquith Inn Nursing Home Administrator will report the audit findings to the Jaquith Inn Nursing Home Quality Assurance Performance Improvement (QAPI) Committee for three months to ensure substantial compliance has been achieved as determined by the committee. Should systemic changes not be effective the Quality Assurance Performance Improvement committee will investigate and determine further action(s) needed based on findings.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 656	Continued From page 48	F 656		

Target Date of 8/4/21 of "Nutritional Status: Resident has or is at risk for nutritional issue r/t ALZ, Dementia with disturbed behaviors d/t delusions, CVD, PVD, Peripheral neuropathy, GERD, Vit B-12 deficiency, PUD (Peptic Ulcer Disease), BPH (Benign Prostatic Hyperplasia), Diverticulosis" with the "Goal" of "Resident #1 current diet will provide his estimated nutritional needs for kcal (kilocalorie), protein, fluid and will maintain nutritional status w/in (within) acceptable parameters x (times) 90 days". Approaches included "Arginaid 1 packet PO BID". The care plan did not reflect the current physician's order for this medication.

Record review of Resident #1's Physician's Order 6/22/21 at 11:45 AM for "Santyl Topical Ointment BID (two times daily) to R Trochanteric Ulcer and L Shoulder Q 12 hours"

Record review of Resident #1's Treatment Chart revealed on 7/25/21, an ordered treatment for "Clean Rt (right) Trochanter and Lt (left) shoulder with NS (normal saline), pat dry, apply Santyl 2X (two times) daily and cover with Alldress" was not initialed as completed on the A and B shifts.

Record review of Resident #1's Care Plan revealed Resident #1 had the "Problem/Need" (no "onset" date listed), and a Goal and Target Date of 8/4/21 of "Pressure Ulcer Right Trochanter Stage II" with the "Goal" of "Resident #1 wound will show evidence of healing over the next 14 days". Approaches included "Wash pat dry and apply a damp to dry normal saline cover to wound bed and cover with Alldress". The care plan did not reflect the current physician's order for this treatment.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 656	Continued From page 49	F 656		

Record review of Resident #1's Care Plan revealed Resident #1 had the "Problem/Need" (no "onset" date listed), and a Goal and Target Date of 8/4/21 of "Pressure Ulcer Left Shoulder Stage III" with the "Goal" of "Resident #1 wound will show evidence of healing over the next 14 days". Approaches included "Wash pat dry and apply a damp to dry normal saline cover to wound bed and cover with Alldress". The care plan did not reflect the current physician's order for this treatment.

Resident #2

Record review of resident Face Sheet with diagnoses revealed Resident #2's admission date was 4/04/16 with diagnoses of Paraplegia, Mood disorder and Chronic Viral Hepatitis C.

Record review of 5/26/21 Quarterly Minimum Data Set (MDS) Brief Interview for Mental Status (BIMS) Section C revealed a BIMS score of 15 out of 15 which indicated no cognitive deficit.

A record review of Physician's Order with an original order date of 12/1/20 and updated on 7/21/21 revealed Resident #2 had orders in place for Simethicone 80 mg tablet chew one (1) tablet before meals and at bedtime.

A record review of the "Medication Chart" revealed on 7/25/21, the facility failed to administer the 8:00 PM dose of Simethicone 80 mg.

Record review of Resident #2's Care Plan revealed "Problem/Need" with "onset" date 5/31/17 of "Nutritional Status: (Proper Name) has or is at risk for a nutrition issue/condition r/t

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 656	Continued From page 50	F 656		

(related to) paraplegia, neurongenic bladder, depression, DU's (decubit ulcers), Insomnia, Hep C, refuses meals and supplements frequently. "Goal" of Resident #2 "nutritional needs will be met x 90 days 8/25/21". Interventions included "Simethicone 80 MG tablet. Chew one (1) tablet before meals and at bedtime".

Record review of Resident #2's Physician Orders dated 3/17/20 revealed orders for "MiraLAX dissolve 17 GM (Grams) in juice/liquid and give by mouth twice daily".

A record review of the "Medication Chart" revealed on 7/25/21, the facility failed to administer the 6:00 PM dose of Polyethylene glycol (Miralax) powder.

Record review of Resident #2's Care Plan revealed "Problem/Need" with "onset" date 4/04/16 of "High Risk for Constipation related to decreased mobility, side effects of medications, refusing meds listed below frequently" with "Goal" of Resident #2 "will have a bowel movement at least every (three) 3 days for (ninety) 90 days 8/25/21". Interventions included "MiraLAX dissolve 17 GM (Grams) in juice/liquid and give by mouth twice daily".

A record review of Physician's Order with an original order date of 3/17/20 and updated on 7/21/21 revealed he had orders in place for Eliquis 2.5 mg tablet take one (1) table po twice a day.

A record review of the "Medication Chart" revealed on 7/25/21, the facility failed to administer the 6:00 PM dose of Eliquis 2.5 mg.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 656	Continued From page 51	F 656		

Record review of Resident #2's Care Plan revealed "Problem/Need" with "onset" date 4/04/16 of "Risk for bleeding/bruising related to Eliquis. Interventions included "Eliquis 2.5 MG by mouth twice daily".

Record review of Resident #2's Physician Orders dated 3/17/20 revealed orders for "Bisacodyl 10 MG suppository Insert (one) 1 suppository rectally on Tuesday, Thursday, Sunday and Daily as needed for constipation"

A record review of the "Medication Chart" revealed on 7/25/21, the facility failed to administer the 6:00 PM dose of Bisacodyl.

Record review of Resident #2's Care Plan revealed "Problem/Need" with "onset" date 4/04/16 of "High Risk for Constipation related to decreased mobility, side effects of medications, refusing meds listed below frequently" with "Goal" of resident "will have a bowel movement at least every (three) 3 days for (ninety) 90 days 8/25/21". Interventions included "BISCODYL suppository 10 MG insert (one) 1 rectally every Tuesday, Thursday and Sunday".

Record review of physician's order with an original order date of 3/17/20 and updated on 7/21/21 revealed Resident #2 he had orders in place for Colace 100 mg capsule disp as docusate sodium 100 mg cap take one (1) capsule po twice daily.

Record review of the "Medication Chart" revealed on 7/25/21, the facility failed to administer the 6:00 PM dose of Docusate Sodium 100 mg.

Record review of Resident #2's Care Plan

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 656	Continued From page 52	F 656		

revealed "Problem/Need" with "onset" date 4/04/16 of "High Risk for Constipation related to decreased mobility, side effects of medications, refusing meds listed below frequently" with "Goal" of resident "will have a bowel movement at least every (three) 3 days for (ninety) 90 days 8/25/21". Interventions included "Docusate 100 MG. Take 2 Caps PO BID". The care plan did not reflect the current physician's order for this medication.

Record review of Physician's Order with an original order date of 3/17/20 and updated on 7/21/21 revealed Resident #2 he had orders in place for Baclofen 20 mg tablet take one (1) table po three (3) times daily.

Record review of the "Medication Chart" revealed on 7/25/21, the facility failed to administer the 6:00 PM dose of Baclofen.

Record review of Resident #2's Care Plan revealed "Problem/Need" with "onset" date 4/04/16 of "H/R (High Risk) for pain r/t paraplegia with muscle spasms, hx of back injury r/t MVA (motor vehicle accident), verbalizations of pain almost daily, recent DU surgery. With "Goal" of "Resident #2 will voice pain relief at least 1 hr after pain interventions are given x 90 days. 8/25/21" with interventions including "Baclofen 20 mg 1 po TID (three times daily) - 092718"

Record review of Physician Orders dated 3/9/21 revealed orders were in place for Resident #2 for Foley cath care q (every) shift - flush w/60 cc (cubic centimeters) sterile H2O.

Record review of Resident #2's Treatment Chart on 7/25/21 revealed an ordered treatment to flush Foley catheter with 60 CC sterile water was not

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 656	Continued From page 53	F 656		

initialed as completed on the B shift.

Record review of the Resident #2's Care Plan revealed "Problem/Need" listed as "Indwelling FOLEY Catheter & BOWEL INCONTINENCY: High Risk for Urinary Tract Infections." With "Goal" of Resident #2 "will not have any signs or symptoms of urinary tract infections go undetected for next 90 (ninety) days. 8/25/21" with interventions "Flush Foley catheter with 60 CC sterile water every shift".

Resident #3

Record review of resident Face Sheet with diagnoses revealed Resident #3's admission date was 9/13/19 with diagnoses of Paraplegia, HTN (hypertension), Osteomyelitis, Chronic kidney disease, Diabetes, Multiple pressure sores and Obesity.

Record review of 5/12/21 Quarterly Minimum Data Set (MDS) Brief Interview for Mental Status (BIMS) Section C revealed a BIMS score of 15 out of 15 which indicated no cognitive deficit.

Record review of resident #3's Physician Orders revealed orders dated 5/05/21 for "Vitamin C 500 MG tablet take (one) 1 tablet by mouth twice a day".

A record review of the "Medication Chart" revealed on 7/25/21, the facility failed to administer the 6:00 PM dose of Vitamin C.

Record review of Resident #3's Care Plan revealed Problem/Need" with the "onset date" 1/20/21 of "Pressure Injury 3 Pressure Injuries ...Sacrum/Coccyx Stage IV (4)" with "Goal"

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 656	Continued From page 54	F 656		

Resident #3 "wounds will show evidence of healing over the next 90 days 5/12/21". Interventions included "Vitamin C 500 MG PO BID".

Record review of Resident #3's Physician Orders revealed orders dated 12/29/20 for "Meloxicam 15 MG Tablet take (one) 1 tablet by mouth every evening".

A record review of the "Medication chart" revealed on 7/25/21, the facility failed to administer the 6:00 PM dose Meloxicam 15 MG.

Record review of Resident #3's Care Plan revealed "Problem/Need" with the "onset date" 1/07/19 of "High Risk for Pain" with the "Goal" listed Resident #3 will "have pain relief at least 1 (one) hour after pain interventions are given over the next 90 days". Interventions included "Meloxicam 15 MG tablet. Take 1 tablet po daily".

A record review of Physician Orders with an original date of 12/29/20 and updated on 7/21/21 revealed Resident #3 has orders in place for Amlodipine (Norvasc) 5 mg tablet take one (1) tablet po at bedtime.

Record review of the "Medication Chart" revealed on 7/25/21, the facility failed to administer the 6:00 PM dose of Amlodipine 5 MG.

Record review of Resident #3's Care Plan revealed Problem/Need" with the "onset date" unlisted "Diagnosis Hypertension" and "Hyperlipidemia" with "Goal" Resident #3 "will not have a hypertensive crisis by next review on 8/11/21" Interventions included "Norvasc 5 MG tablet. Take 1 tablet at bedtime".

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 656	Continued From page 55	F 656		

Record review of resident #3's Physician Orders revealed orders dated 12/29/20 for "Omeprazole (Prilosec) 20 MG capsule take (one) 1 capsule by mouth at bedtime".

Record review of the "Medication Chart" revealed on 7/25/21, the facility failed to administer the 6:00 PM dose of Omeprazole 20 MG.

Record review of Resident #3's Care Plan revealed "Problem/Need" with the "onset date" 1/07/19 of "Nutritional State Resident #3 has "risk for nutritional issues related to ...dyspepsia" with the "Goal" listed Resident #3 "Current diet will provide resident's estimated nutritional needs ...and will maintain nutritional status within acceptable parameters X 90 days 8/11/21". Interventions included "Prilosec 20 MG PO daily".

Record review of Resident #3's Physician Orders revealed orders dated 12/29/20 for "Baclofen 20 MG tablet take (one) 1 tablet by mouth every 2:00 PM and 6:00 PM"

Record review of the "Medication Chart" revealed on 7/25/21, the facility failed to administer the 6:00 PM dose of Baclofen 20 MG.

A record review of Resident #3's Care Plan revealed "Problem/Need" with the "onset date" 1/07/19 of "High Risk for Pain" with the "Goal" listed Resident #3 will "have pain relief at least 1 (one) hour after pain interventions are given over the next 90 days". Interventions included "Baclofen 20 MG PO 2PM & 6PM".

Record review of Resident #3's Physician Orders revealed orders dated 12/29/20 for "Ferrous

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 656	Continued From page 56	F 656		

Gluconate 324 MG tablet take (one) 1 tablet by mouth every 2:00 PM and 6:00 PM".

Record review of the "Medication Chart" revealed on 7/25/21, the facility failed to administer the 6:00 PM dose of Ferrous Gluconate 324 MG.

Record review of Resident #3's Care Plan revealed "Problem/Need" with the "onset date" 1/07/19 of "Nutritional State Resident #3 has "risk for nutritional issues related to ...dyspepsia" with the "Goal" listed Resident #3 "Current diet will provide resident's estimated nutritional needs ...and will maintain nutritional status within acceptable parameters X 90 days 8/11/21". Interventions included "Ferrous Gluc 324 MG PO (by mouth) every 2:00 PM and 6:00 PM".

Record review of Resident #3's Physician Orders revealed orders dated 12/29/20 for "Metformin 850 MG tablet take (one) 1 tablet by mouth (thirty) 30 minutes prior to lunch and dinner".

Record review of the "Medication Chart" revealed on 7/25/21, the facility failed to administer the 4:00 PM dose of Metformin 850 MG.

Record review of Resident #3's Care Plan revealed resident had the "Problem/Need" with "onset date" 1/07/19 of "Diagnosis of Type 2 Diabetes Mellitus" with the "Goal" listed Resident #3"will not have a hypo/hyperglycemic episode by next review 8/11/21". Interventions included "Metformin 850 MG. Take one (1) tablet by mouth thirty (30) minutes prior to lunch and dinner".

Record review of a Physician Order for Resident #3 with an original date of 5/22/20 and updated on 7/21/21 revealed Resident #3 has an order for

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 656	Continued From page 57	F 656		

Lidocaine 5% patch apply two (2) patches to right knee every 12 hours.

A record review of the "Medication Chart" revealed on 7/25/21, the facility failed to apply the ordered Lidocaine patches at 6:00 PM.

Record review of Resident #3's Care Plan revealed "Problem/Need" with the "onset date" 1/07/19 of "High Risk for Pain" with the "Goal" listed Resident #3 will "have pain relief at least 1 (one) hour after pain interventions are given over the next 90 days". Interventions included "Lidocaine Patch 5%. Apply 2 patches to right knee every 12 hours".

Record review of a Physician Order with an original order date of 9/13/19 and updated on 7/21/21 are in place for Resident #3 for Dulcolax 10 mg suppository dispense as Bisacodyl 10 mg suppository insert one (1) suppository rectally daily.

Record review of the "Medication Chart" revealed on 7/25/21, the facility failed to administer the 6:00 PM dose of Bisacodyl 10 MG.

Record review of Resident #3's Care Plan revealed Problem/Need" with the "onset date" of 1/7/19 "H/R for Constipation R/T impaired mobility, hx of constipation, refusing laxatives ordered frequently, side effects (s/e's) of meds" with "Goal" Resident #3 "will have a BM at least 3 days with adherence of ordered meds for constipation x next 90 days. 8/11/21" Interventions included "Dulcolax 10 MG Suppository, Insert 1 rectally daily".

Record review of Resident #3's Physician Orders

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 656	Continued From page 58	F 656		

revealed orders dated 9/13/19 for "MiraLAX powder dispense as polyethylene glycol powder mix 17 grams in 6 ounces of liquid and give by mouth (two) 2 times a day".

Record review of the "Medication Chart" revealed on 7/25/21, the facility failed to administer the 6:00 PM of MiraLAX.

Record review of Resident #3's Care Plan revealed Problem/Need" with the "onset date" of 1/7/19 "H/R for Constipation R/T impaired mobility, hx of constipation, refusing laxatives ordered frequently, s/e's of meds" with "Goal" Resident #3 "will have a BM at least 3 days with adherence of ordered meds for constipation x next 90 days. 8/11/21" Interventions included "Miralax 17 gm in 6 oz fluid po BID".

Record review of Resident #3's Physician Orders revealed orders dated 9/13/19 for "Gabapentin 800 MG tablet take (one) 1 tablet by mouth (three) 3 times daily".

Record review of the "Medication Chart" revealed on 7/25/21, the facility failed to administer the 6:00 PM dose of Gabapentin.

Record review of Resident #3's Care Plan revealed "Problem/Need" with the "onset date" 1/07/19 of "High Risk for Pain" with the "Goal" listed Resident #3 will "have pain relief at least 1 (one) hour after pain interventions are given over the next 90 days". Interventions included "Neurontin 800 MG PO TID (three times a day)".

Record review of Resident #3's Physician Orders revealed orders dated 9/13/19, for "Pravachol 40 MG dispense as pravastatin 40 MG tablet take

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 656	Continued From page 59	F 656		

(one) 1 tablet by mouth at bedtime".

Record review of the "Medication Chart" revealed on 7/25/21, the facility failed to administer Pravastatin 40 MG.

Record review of Resident #3's Care Plan revealed Problem/Need" with the "onset date" unlisted "Diagnosis Hypertension" and "Hyperlipidemia" with "Goal" Resident #3 "will not have a hypertensive crisis by next review on 8/11/21" Interventions included "Pravachol 40 MG PO (by mouth) at HS (bedtime)."

Record review of a Physician's Order dated 5/7/21 was in place for left heel wound - cleanse with NS, pat dry, apply Dakin's 0.25% moistened gauze to wound bed. Cover with gauze and kerlix or conform BID.

Record review of Resident #3's Treatment Chart revealed on 7/25/21, an ordered treatment for " Wound care: Left Heel wound - Cleanse w/ NS, pat dry, apply Dankins's 0.25% moistened gauze to wound bed. Cover w/gauze and kerlix or Conform BID" was not initialed as completed on the B shift.

Record review of Resident #3's Care Plan revealed Problem/Need" with the "no onset date listed" "Pressure Injury 3 Pressure Injuries Left Heel Stage iv Right Heel Stage iv ...Sacrum/Coccyx Stage IV (4)" with "Goal" Resident #3 "wounds will show evidence of healing over the next 90 days 5/12/21". Interventions included "Bilateral Heel Treatment wash and dry with Normal Saline and dry. Apply Kaldostat with dressing every 12 hours. The care plan did not reflect the current physician's order

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 656	Continued From page 60	F 656		

for this treatment.

Record review of a Physician Order dated 5/19/21 revealed an order for Rt Heel ulcer apply damp to dry NS (normal saline) dressing Q 12h.

Record review of Resident #3's Treatment Chart revealed on 7/25/21, an ordered treatment for "Rt Heel: Apply damp to dry NS dsg Q 12 hr. notify MD of acute changes" was not initialed as completed on the B shift.

Record review of Resident #3's Care Plan revealed Problem/Need" with the "no onset date listed" "Pressure Injury 3 Pressure Injuries Left Heel Stage iv Right Heel Stage iv ...Sacrum/Coccyx Stage IV (4)" with "Goal" Resident #3 "wounds will show evidence of healing over the next 90 days 5/12/21". Interventions included "Bilateral Heel Treatment wash and dry with Normal Saline and dry. Apply Kaldostat with dressing every 12 hours. The care plan did not reflect the current physician's order for this treatment.

Record review of a Physician Order dated 7/7/21 revealed an order for wound care to coccyx to irrigate with 0.25% Dakins solution then rinse with NS pat dry pack with calcium alginate with silver, cover with gauze and ABD secure with medipore tape BID and prn (as needed) soilage.

Record review of Resident #3's Treatment Chart revealed on 7/25/21, an ordered treatment for "Treatment to coccyx irrigate with 0.25% Dakins solution then rinse with NS pat dry pack with calcium alginate with silver, cover with gauze and ABD secure with medipore tape BID and prn soilage" was not initialed as completed on the B

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 656	Continued From page 61	F 656		

shift.

Record review of Resident #3's Care Plan revealed Problem/Need" with the "no onset date listed" "Pressure Injury 3 Pressure Injuries Left Heel Stage iv Right Heel Stage iv ...Sacrum/Coccyx Stage IV (4)" with "Goal" Resident #3 "wounds will show evidence of healing over the next 90 days 5/12/21". Interventions included "Sacral wound care: cleanse with normal saline and pat dry. Apply Santyl BID (two times a day)". The care plan did not reflect the current physician's order for this treatment.

Record review of a Physician's Order dated 6/4/21 is in place for peri-area care to cleanse with Dakin's solution, pat dry apply mupirocin ointment to peri-wound area daily cover w/soft gauze and paper tape.

Record review of Resident #3's Treatment Chart revealed on 7/25/21, a treatment for "Suprapubic Cath./Peri-area: cleanse w/Dakin's solution, pat dry apply mupirocin oint to peri-wound area BID cover w/soft gauze and paper tape" was not initialed as completed on the B shift. (The Treatment Chart did not reflect the current physician's order for this treatment.)

Record review of Resident #3's Care Plan revealed "Problem/Need" with the "onset date" 1/07/19 of "Suprapubic catheter and incontinent bowels" with the "Goal" listed Resident #3 will not have any signs/symptoms of UTI (urinary tract infections) X 90 days". Interventions included "Cleanse suprapubic catheter site every night ...with NS (Normal Saline), apply drain sponge". The Care Plan did not reflect the current

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 656	Continued From page 62	F 656		

Physician's Order for this treatment.

Resident #4

Record review of resident Face Sheet with diagnoses revealed Resident #4's admission date was 3/09/20 with diagnoses of Seizures, HTN, Dementia with behavioral disturbances, and Hyperosmolality & Hypernatremia.

Record review of 5/12/21 Quarterly Minimum Data Set (MDS) Brief Interview for Mental Status (BIMS) Section C revealed a BIMS score of 0 out of 15 which indicated no cognitive deficit.

Record review of Physician's Order dated 7/23/21 revealed an order for Keppra 750 mg PO Q PM.

Record review of the "Medication Chart" revealed on 7/25/21, the facility failed to administer the 6:00 PM dose of Keppra 750 MG.

Record review of Resident #4's Care Plan revealed "Problem/Need" with "onset" date unlisted of "Diagnosis: Seizures" and "Goal" of resident "will remain free from injury related to seizure activity over the next (ninety) 90 days 8/11/21". Interventions did not include Keppra. The Care Plan did not reflect the current physician's order.

Record review of Physician's Order dated 7/23/21 revealed an order for Dilantin 200 mg Q HS x one week, then stop.

Record review of the "Medication Chart" revealed on 7/25/21, the facility failed to administer the 6:00 PM dose of Dilantin 200 mg.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 656	Continued From page 63	F 656		

A record review of Resident #4's Care Plan revealed "Problem/Need" with "onset" date unlisted of "Diagnosis: Seizures" and "Goal" of resident "will remain free from injury related to seizure activity over the next (ninety) 90 days 8/11/21". Interventions included "Phenytoin(Dilantin) 100MG by mouth take (two) 2 capsules at bedtime"

A record review of Physician's Orders dated 3/12/21 and updated 7/21/21 revealed Resident #4 had an order in place for "Supplement: Resource 2.0 one PO (by mouth) (four times daily) QID.

A record review of the "Medication Chart" revealed on 7/25/21, the facility failed to administer the 6:00 PM dose of Resource 2.0.

A record review of Resident #4's Care Plan revealed "Problem/Need" with "onset" date unlisted of "ARF Nutritional Issues RT VitaminD Deficiency, Wandering, Refuses Meals, HTN, and Neurocognitive DO" and "Goal" of resident "will have no major changes in weight over the next 90 days 8/11/21". Interventions included "Resource 2.0 carton po QID".

A record review of Physician's Orders dated 3/12/21 and updated 7/21/21 revealed Resident #4 had an order in place for Promod 30 cc po (by mouth) BID twice daily".

A record review of the "Medication Chart" revealed on 7/25/21, the facility failed to administer the 6:00 PM dose of Promod.

A record review of Resident #4's Care Plan revealed "Problem/Need" with "onset" date

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 656	Continued From page 64	F 656		

unlisted of "ARF Nutritional Issues RT VitaminD Deficiency, Wandering, Refuses Meals, HTN, and Neurocognitive DO" and "Goal" of resident "will have no major changes in weight over the next 90 days 8/11/21". Interventions included "Promod 30 CC PO BID".

Resident #5

Record review of Resident #5's Face Sheet with diagnoses revealed Resident #5's admission date was 4/02/01 with diagnoses of Delusional disorders, Diabetes, Psychotic disorder, Dementia, HTN, Obstructive and reflux uropathy, Joint disorder, Peripheral neuropathy, Osteoarthritis, and Epilepsy.

Record review of Resident #5's 6/30/21 Quarterly Minimum Data Set (MDS) Brief Interview for Mental Status (BIMS) section C revealed a BIMS score of 14 out of 15 which indicated no cognitive deficit.

A record review of Physician's Orders dated 7/13/21 and updated 7/21/21 revealed Resident #5 had an orders in place for "Risperidone 0.5 mg orally 2 times daily".

Record review of the "Medication Chart" revealed on 7/25/21, the facility failed to administer the 6:00 PM dose of Risperdone 0.5 MG.

Record review of Resident #5's Care Plan revealed "Problem/Need" with "onset" date 4/2/2001 of "Violence: self-directed or directed at others, risk for ARF: S/E of Psychotropic Meds" with "Goal" of resident "will have no undetected S/E R/T psychotropic meds x 90 days 9/29/21".

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 656	Continued From page 65	F 656		

Interventions included "Risperdal 0.5 mg PO BID".

A record review of Physician's Orders dated 7/13/21 and updated 7/21/21 revealed Resident #5 had an order in place for "Keppra oral tab 500 MG oral Q evening: for Sz (seizure)",

Record review of the "Medication Chart" revealed on 7/25/21, the facility failed to administer the 6:00 PM dose of Keppra 500 MG.

Record review of Resident #5's Care Plan revealed "Problem/Need" with "onset" date 11/13/13 of "Diagnosis: Seizures" with "Goal" of resident "will be free of injury related to seizure activity X (ninety) 90 days 9/29/21". Interventions included "Keppra 500MG by mouth very PM".

Record review of Physician's Orders dated 7/13/21 and updated 7/21/21 revealed Resident #5 had an order in place for "Flomax 0.4 MG capsule SA disp as Tamsulosin HCL 0.4 mg Take one (1) capsule po at bedtime".

Record review of the "Medication Chart" revealed on 7/25/21, the facility failed to administer the 6:00 PM dose of Flomax 0.4 mg

Record review of Resident #5's Care Plan revealed "Problem/Need" with "onset" date 4/8/2002 of "OCC (occasional) Incontinent of Bladder and Continent of Bowel: ARF: UTI R/T BPH, occ incontinency BPH Diagnosis ..." with "Goal" of resident "will not have any s/sx of a UTI X (ninety) 90 days 9/29/21". Interventions included "Flomax 0.4 mg 1 po every 24 hours".

A record review of Physician's Orders dated

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 656	Continued From page 66	F 656		

7/13/21 and updated 7/21/21 revealed Resident #5 had an order in place for "Furosemide oral sol. 40 milligram, two times daily routine for: CHF".

Record review of the "Medication Chart" revealed on 7/25/21, the facility failed to administer the 6:00 PM dose of Furosemide 40 mg.

Record review of Resident #5's Care Plan revealed "Problem/Need" with "onset" date 11/13/2013 of "Dx. Hypertension" with "Goal" of resident "will not have a hypertensive crisis over the next (ninety) 90 days 9/29/21". Interventions included "Furosemide 20 MG PO BID."

A record review of Physician's Orders dated 7/13/21 and updated 7/21/21 revealed Resident #5 had an order in place for "Polyethylene Glycol (Miralax) 3350 oral powder 17 gram oral two times daily for: constipation".

Record review of the "Medication Chart" revealed on 7/25/21, the facility failed to administer the 6:00 PM dose of Polyethylene Glycol 17 GM.

Record review of Resident #5's Care Plan revealed "Problem/Need" with "onset" date 11/13/2013 of "Dx. ARF: Constipation R/T s/e of medications. Dx: Diverticular with hx of GI Bleed ..." with "Goal" of resident "will have a BM @ least q 3 days (ninety) 90 days 9/29/21". Interventions included "Miralax 17 gm in 6 oz juice po daily - 102717."

A record review of Physician's Orders dated 7/14/21 and updated 7/21/21 revealed Resident #5 had an order in place for "Duloxetine (Prozac) 40 mg po q HS".

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 656	Continued From page 67	F 656		

Record review of the "Medication Chart" revealed on 7/25/21, the facility failed to administer the 6:00 PM dose of Duloxetine 30 mg.

Record review of Resident #5's Care Plan revealed "Problem/Need" with "onset" date 4/2/2001 of "Dx. ARF: Violence self-directed or directed at others, risk for ARF: S/E of Psychotropic Meds" with "Goal" of resident "will have no undetected S/E R/T psychotropic meds X (ninety) 90 days 9/29/21". Interventions included "Prozac Hcl DR 30 MG Take one (1) capsule po at bedtime". The Care Plan did not reflect current physician's orders.

Resident #6

Record review of the Face Sheet revealed Resident #6 was admitted on 6/08/05 with diagnoses of Osteoarthritis, Dementia with behavioral disturbances, Psychosis, Diabetes, Epilepsy, and HTN.

Record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference date of 7/07/21 revealed in Section C, a Brief Interview for Mental Status (BIMS) score of 14 out of 15 which indicated no cognitive deficit.

Record review of Resident #6's Physician Orders revealed an order dated 5/17/21 for "Depakote 125 MG Sprinkle CAP Dispense as Divalproex 125 MG Sprinkle Take 4 Capsules PO 3 Times Daily".

Record review of Medication Chart revealed on 7/25/21, the facility failed to administer the 6:00 PM dose of Depakote.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 656	Continued From page 68	F 656		

"Problem/Need" of "Diagnosis: Seizure Disorder" with "Goal" of Resident #6"will have no injury related to seizure activity X 90 days (for ninety days) 10/06/21". Interventions included "Depakote 500 MG by mouth three times daily".

Record review of Resident #6's Physician Orders revealed an order dated 7/13/21 for "Vimpat 200 MG tablet take 1 tablet by mouth twice daily".

Record review of Medication Chart revealed on 7/25/21, the facility failed to administer the 6:00 PM dose of Vimpat 200 MG.

"Problem/Need" of "Diagnosis: Seizure Disorder" with "Goal" of Resident #6"will have no injury related to seizure activity X 90 days (for ninety days) 10/06/21". Interventions included "Vimpat 200 MG by mouth every (twelve) 12 hours".

Record review of Resident #6's Physician Orders revealed an order dated 5/17/21 for "Potassium Chloride 20 milliequivalents tablet take (one) 1 tablet by mouth twice a day".

Record review of Medication Chart revealed on 7/25/21, the facility failed to administer the 6:00 PM dose of Potassium Chloride 20 milliequivalents.

Record Review of Resident #6's Care Plan revealed "Problem/Need of "ARF (at risk for) nutrition issue/condition" with "Goal" of "Resident will have no significant weight loss or gain for 90 days" with Target Date of 10/06/21. Interventions included "Potassium CL 20 MEQ (milliequivalents) 1 Tablet PO BID (by mouth twice daily)".

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 656	Continued From page 69	F 656		

Record review of Resident #6's Physician Orders revealed an order dated 5/17/21 for "Olanzapine 15 MG tablet take (one) 1 tablet by mouth at bedtime".

Record review of Medication Chart revealed on 7/25/21, the facility failed to administer the 6:00 PM dose of Olanzapine 15 MG.

Record Review of Resident #6' Care Plan revealed "Problem/Need of "ARF: S/E's of Psychotropic Meds" with "Goal" of resident "will have no s/s's R/T psychotropic med use x 90 days 10/6/21" with target date of 10/6/21. Interventions included "Olanizapine 15 mg po QHS".

Record review of Resident #6's Physician Orders revealed an order dated 5/17/21 for "Lithium Carbonate 300 MG tablet take (one) 1 tablet by mouth every morning and (two) 2 tablets by mouth at bedtime".

Record review of Medication Chart revealed on 7/25/21, the facility failed to administer the 6:00 PM dose of Lithium Carbonate.

Record Review of Resident #6' Care Plan revealed "Problem/Need of "ARF: S/E's of Psychotropic Meds" with "Goal" of resident "will have no s/s's R/T psychotropic med use x 90 days 10/6/21" with target date of 10/6/21. Interventions included "Lithium 600 MG PO Q HS".

Record review of Resident #6's Physician Orders revealed an order dated 5/17/21 for "MiraLAX powder dispense as polyethylene glycol powder dissolve 17 Grams and give by mouth twice a

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 656	Continued From page 70	F 656		

day".

Record review of Medication Chart revealed on 7/25/21, the facility failed to administer the 6:00 PM dose of MiraLAX.

"Problem/Need of "ARF (at risk for) Constipation R/T s/e's (related to s/e's) of meds" with "Goal" of "Resident will have no episodes of constipation X 90 days" with Target Date of 10/06/21. Interventions included "Miralax 17 gm (grams) in 6 oz (ounces) of H2O (water) or juice po BID (by mouth twice daily)".

Record review of Resident #6's Physician Orders revealed an order dated 5/17/21 for "Metoprolol Tar 25 MG tablet take (one) 1 tablet PO (by mouth) twice a day".

Record review of Medication Chart revealed on 7/25/21, the facility failed to administer the 6:00 PM dose of Metoprolol Tar 25 MG.

"Problem/Need of "Diagnosis: HTN (Hypertension)" with "Goal" of Resident #6 "will have no undetected episodes of HTN X 90 days 10/06/21". Interventions included "Metoprolol 25 MG PO Q (every) 12 hours".

Record review of Resident #6's Physician Orders revealed an order dated 5/17/21 for "Flomax 0.4 MG Capsule SA Dispense as Tamsulosin HCL 0.4 MG Capsule Take 2 Capsules PO Daily".

Record review of Medication Chart revealed on 7/25/21, the facility failed to administer the 6:00 PM dose of Flomax 0.4 MG.

Record review of the Care Plan revealed

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 656	Continued From page 71	F 656		

"Problem/Need of "ARF (at risk for) UTI (Urinary Tract Infection) R/T (related to) history of OCC (occasional) bladder incontinency, BPH, of having difficulty voiding occ" with "Goal" of "Resident will have not have any S/Sx (signs or symptoms) for 90 days" with Target Date of 10/06/21. Interventions included "Flomax 0.4 Mg (milligram) 2 PO @ HS (by mouth at bedtime)".

Resident #7

Record review of the Face Sheet revealed Resident #7 was admitted on 6/01/76 with diagnoses of profound intellectual disabilities, glaucoma, cerebral palsy, spastic paraplegia and epilepsy.

Record review of the Quarterly Minimum Data Set (MDS) with an assessment reference date of 6/09/21 revealed in Section C, a Brief Interview for Mental Status (BIMS) score of 0 out of 15 which indicated severe cognitive deficit.

Record review of Resident #7's Physician Orders revealed orders an order dated 5/22/18 for "MiraLAX powder dispense as polyethylene glycol powder mix 17 grams in 6 ounces of juice and give by mouth twice daily".

Record review of the Medication Chart revealed on 7/25/21, the facility failed to administer the 6:00 PM dose of MiraLAX.

"Problem/Need" with "onset" date 12/04/13 of "At Risk For Constipation" with "Goal" of Resident #7 "will have a BM (bowel movement) at least every 3 days over the next 90 days with a Target Date of 9/08/21". Interventions "MiraLAX 17 GM in 6 oz (ounces) liquid PO BID (two times daily)".

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 656	Continued From page 72	F 656		

Record review of Resident #7's Physician Orders revealed orders an order dated 7/02/18 for "Bisacodyl 10 MG suppository insert (one) 1 suppository rectally at bedtime".

Record review of the Medication Chart revealed on 7/25/21, the facility failed to administer the 6:00 PM dose of Bisacodyl 10 MG.

Record review of the Care Plan revealed "Problem/Need" with "onset" date 12/04/13 of "At Risk For Constipation" with "Goal" of Resident #7 "will have a BM (bowel movement) at least every 3 days over the next 90 days with a Target Date of 9/08/21". Interventions included "Dulcolax Suppository (Bisacodyl) 10 MG rectally at Bedtime".

Record review of Resident #7's Physician Orders revealed orders an order dated 9/17/20 for "Phenobarbital 60 MG tablet take (two) 2 by mouth at bedtime".

Record review of the Medication Chart revealed on 7/25/21, the facility failed to administer the 6:00 PM dose of Phenobarbital 60 MG.

Record review of Resident #7's Care Plan revealed "Problem/Need with onset date unlisted of "Diagnosis: Seizure disorder and At Risk for injury related to seizure disorder" with "Goal" of Resident #7 "will not have an injury related to seizure activity over the next 90 (ninety) days with a Target Date of 9/08/21". Interventions included "Phenobarbital 60 MG (give) 2 by mouth at bedtime".

Record review of Resident #7's Physician Orders

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 656	Continued From page 73	F 656		

revealed orders an order dated 5/22/18 for "Cos opt eye drops. Instill 1 (one) drop in each eye every HS (bedtime)".

Record review of the Medication Chart revealed on 7/25/21, the facility failed to administer the 6:00 PM dose of Cos Opt eye drops.

Record review of the Care Plan revealed "Problem/Need" with "onset" date 12/04/13 of "Risk for further impaired vision related to glaucoma" with "Goal" of Resident #7 "will not have any decline in vision over the next 90 days 9/08/21". Interventions included "Cos Opt eye drops. Instill 1 (one) drop in each eye every HS (bedtime)".

Resident #8

Record review of the Face Sheet revealed Resident #8 was admitted on 3/07/19 with diagnoses of Pulmonary fibrosis, Dementia, and Osteoarthritis.

Record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date of 5/05/21 revealed in Section C, a Brief Interview for Mental Status (BIMS) score of 0 out of 15 which indicated severe cognitive deficit.

Record review of Resident #8's Physician Orders revealed an order dated 5/01/19 for "Keppra 500 MG tablet dispense as levetiracetam 500 MG tablet take (one) 1 tablet by mouth twice a day".

Record Review of Medication Chart revealed on 7/25/21, the facility failed to administer the 6:00 PM dose of Keppra 500 MG.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 656	Continued From page 74	F 656		

Review of Care Plan for Resident #8 "Problem/Need" of "CP: Seizures" with onset date unlisted of Resident #8 "will remain free from injury related to seizure activity over the next 90 days" with Target Date of 8/04/12. Interventions included "Keppra 500 MG twice daily".

Record Review of Medication Chart revealed on 7/25/21, the facility failed to administer the 6:00 PM dose of Dulcolax Suppository 10 MG.

Record review of the Care Plan for Resident #8 revealed "Problem/Need" with "onset" date 12/04/13 of "At Risk for Constipation" with "Goal" of Resident #8 "will have a BM (bowel movement) at least every 3 days over the next 90 days 9/08/21". Interventions included "Dulcolax Suppository 10 MG rectally at Bedtime".

Record review of Resident #8's Physician Orders revealed an order dated 5/01/19 for "Colace 100 MG capsule dispense as docusate sodium 100 MG capsule take (one) 1 capsule by mouth twice daily".

Record Review of Medication Chart revealed on 7/25/21, the facility failed to administer the 6:00 PM dose of Colace 100 MG.

Record review of the Care Plan for Resident #8 revealed "Problem/Need" with "onset" date 12/04/13 of "At Risk for Constipation" with "Goal" of Resident #8 "will have a BM (bowel movement) at least every 3 days over the next 90 days 9/08/21". Interventions included "Colace 100 MG capsule dispense as docusate sodium 100 MG capsule take (one) 1 capsule by mouth twice daily".

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 656	Continued From page 75	F 656		

Record review of Resident #8's Physician Orders revealed an order dated 3/25/21 for "Ferrous Gluconate 324 MG Take 1 BID (twice daily)".

Record Review of Medication Chart revealed on 7/25/21, the facility failed to administer the 6:00 PM dose of Ferrous Gluconate 324 MG.

Record review of the Care Plan for Resident #8 "Problem/Need" with "onset" date 12/04/13 of "Diagnosis: Anemia" (not dated) with "Goal" of Resident #8 will have red blood cell count and hemoglobin WNL (within normal limits) X 90 Days 8/04/21". Interventions included "Ferrous Gluconate 324 MG Take 1 BID (twice daily)".

Record review of Resident #8's Physician Orders revealed an order dated 3/06/20 for "Vitamin C 500 MG Tablet Take 1 Tablet PO BID (twice daily)".

Record Review of Medication Chart revealed on 7/25/21, the facility failed to administer the 6:00 PM dose of Vitamin C 500 MG.

Record review of the Care Plan for Resident #8 revealed "Problem/Need" with "onset" date unlisted of "At Risk For: Altered Nutrition" with "Goal" of Resident #8 will have no unexplained weigh loss X 90 days 8/04/21". Interventions included "Vitamin C 500 MG Tablet Take 1 Tablet PO BID (twice daily)".

Record Review of Resident #8's Physician Orders revealed an order dated 4/16/19 for "MiraLAX 17 GM in 6 oz (ounces) liquid PO BID (two times daily)".

Record Review of Medication Chart revealed on

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 656	Continued From page 76	F 656		

7/25/21, the facility failed to administer the 6:00 PM dose of MiraLAX 17 GM.

Record review of the Care Plan revealed "Problem/Need" with "onset" date 12/04/13 of "At Risk for Constipation" with "Goal" of Resident #8 "will have a BM (bowel movement) at least every 3 days over the next 90 days 9/08/21". Interventions included "MiraLAX 17 GM in 6 oz (ounces) liquid PO BID (two times daily)".

Resident #9

Record review of the "Face Sheet" revealed Resident #9 was admitted on 5/18/12 with diagnoses Amebic brain abscess, Delirium, Hemiplegia and Hemiparesis, Psychosis, Vascular Dementia, and Epilepsy.

Record review of the Annual Minimum Data Set (MDS) with an Assessment Reference date of 5/26/21 revealed in Section C, revealed a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated Resident #9 was cognitively intact.

Record review of Resident #9 ' s Physician Orders revealed an order dated 7/09/21 for "Depakote 500 MG tablet enteric coated (EC) dispense as divalproex sodium 500 MG tablet take 1 (one) tablet by mouth twice a day".

Record review of Medication Chart revealed on 7/25/21, the facility failed to administer the 6:00 PM dose of Depakote (Divalproex) 500 MG.

Record review of Resident #9 ' s Care Plan revealed "Problem/Need" with onset date 10/23/13 of "Diagnosis: Seizure Disorder" with

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 656	Continued From page 77	F 656		

"Goal" of resident "will remain free from injury related to seizure activity over the next (ninety) 90 days with Target Date 8/04/21". Interventions included "Depakote 500 MG PO BID".

Record review of Resident #9 ' s Physician Orders revealed an order dated 7/29/13, for "Dulcolax 10 MG suppository insert 1 suppository rectally at Bedtime".

Record review of Medication Chart revealed on 7/25/21, the facility failed to administer the 6:00 PM dose of Dulcolax 10 MG suppository.

Record review of Resident #9 ' s Care Plan revealed "Problem/Need" with onset date 10/23/13 of "At Risk for Constipation" with "Goal" of Resident #9 "will have a BM (bowel movement) at least every 3 days" with intervention of "Dulcolax 10 MG Suppository rectally at HS (bedtime)".

Record review of Resident #9 ' s Physician Orders revealed an order dated 4/01/19, for "Milk of Magnesia suspension Give 45 CC PO Twice Daily".

Record review of Medication Chart revealed on 7/25/21, the facility failed to administer the 6:00 PM dose of Milk of Magnesia suspension 45 CC.

Record review of Resident #9 ' s Care Plan revealed "Problem/Need" with onset date 10/23/13 of "At Risk for Constipation" with "Goal" of Resident #9 "will have a BM (bowel movement) at least every 3 days" with intervention of "MOM (Milk of Magnesia) 45 cc PO BID (by mouth twice daily)".

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 656	Continued From page 78	F 656		

Record review of Resident #9 ' s Physician Orders revealed an order dated 4/01/19, for "Risperdal 0.5 MG Tablet Take 1 Tablet PO Twice a Day".

Record review of Medication Chart revealed on 7/25/21, the facility failed to administer the 6:00 PM dose of Risperdal 0.5 MG.

Record review of Resident #9 ' s Physician Orders revealed an order dated 4/01/19, for "Risperdal 2 MG Tablet Take 1 Tablet PO Twice a Day".

Record review of Medication Chart revealed on 7/25/21, the facility failed to administer the 6:00 PM dose of Risperdal 2 MG.

Record review of Resident #9 ' s care plan revealed "Problem/Need" with onset date 10/23/13 of "High Risk for Side Effects of psychotropic medications" with "Goal" of Resident #9 "will have no undetected side effects of psychotropic medications for 90 (ninety) days" with Target date 8/25/21. Interventions included "Take Risperdal 0.5 MG tablet and a 2 MG tablet PO BID (by mouth twice daily)".

Record review of Resident #9 ' s care plan revealed "Problem/Need" with onset date 10/23/13 of "High Risk for Side Effects of psychotropic medications" with "Goal" of Resident #9 "will have no undetected side effects of psychotropic medications for 90 (ninety) days" with Target date 8/25/21. Interventions included "Take Risperdal 0.5 MG tablet and a 2 MG tablet PO BID (by mouth twice daily)".

Record review of Resident #9 ' s Physician

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 656	Continued From page 79	F 656		

Orders revealed an order dated 7/01/21, for "Vimpat 200 MG tablet take 1 (one) tablet twice daily for 28 days".

Record review of Medication Chart revealed on 7/25/21, the facility failed to administer the 6:00 PM dose of Vimpat 200 MG.

Record review of Resident #9 ' s Care Plan revealed "Problem/Need" with onset date 10/23/13 of "Diagnosis: Seizure Disorder" with "Goal" of resident "will remain free from injury related to seizure activity over the next (ninety) 90 days with Target Date 8/04/21". Interventions included "Vimpat 200 MG 1 PO (by mouth) BID (twice daily)".

Record review of Resident #9 ' s Physician Orders revealed an order dated 3/12/20, for "Gabapentin (Neurontin) 300 MG take 1 Capsule 3 (three) times daily".

Record review of Medication Chart revealed on 7/25/21, the facility failed to administer the 6:00 PM dose of Gabapentin 300 MG.

Record review of Resident #9 ' s Care Plan revealed "Problem/Need" with "onset" date 10/23/13 of "At Risk for pain related to seizure disorder, complaints of pain, left sided hemiplegia, GERD, recent extractions of remaining teeth" with "Goal" of resident "will voice pain relief at least (one) 1 hour after pain interventions given X 90 days (for ninety days) 8/25/21". Interventions included "Neurontin 300 MG by mouth three (3) times daily".

Resident #10

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 656	Continued From page 80	F 656		

Record review of the "Face Sheet" revealed Resident # 10 was admitted on 8/16/18 with diagnoses of HTN, Diabetes, Osteoarthritis, Chronic Kidney Disease, and Heart failure.

Record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference date of 5/12/21 revealed in Section C, a Brief Interview for Mental Status (BIMS) section C a BIMS score of 15 out of 15 which indicated Resident #10 was cognitively intact.

Record review of Resident #10 ' s Physician Orders revealed an order dated 9/30/20 for "Eliquis 5 MG tablet by mouth twice a day".

Record review of Medication Chart revealed on 7/25/21, the facility failed to administer the 6:00 PM dose of Eliquis 5 MG.

Record review of Resident #10 ' s Care Plan revealed "Problem/Need" with onset date 8/16/18 of "At Risk for impaired skin related to diabetes mellitus" with "Goal" of resident "will not have any impaired skin by next review. 8/11/21". Interventions included "Eliquis 5 MG tablet take (one) 1 tablet by mouth twice daily".

Record review of Resident #10 ' s Physician Orders revealed an order dated 9/30/20 for "Omeprazole 20 MG capsule by mouth twice daily"

Record review of Medication Chart revealed on 7/25/21, the facility failed to administer the 6:00 PM dose of Omeprazole 20 MG.

Record review of Resident #10 ' s Care Plan revealed "Problem/Need" with onset date

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 656	Continued From page 81	F 656		

12/11/13 of "At risk for pain related to ...GERD (Gastric Esophageal Reflux Disease) with "Goal" of Resident #10 "will not have any complaint of pain X 90 days 8/11/21". Interventions included "Omeprazole 40 MG PO BID for GERD (by mouth for Gastric Esophageal Reflux Disease)". The care plan did not reflect the current physician order for this medication.

Record review of Resident #10 ' s Physician Orders revealed an order dated 9/30/20 for "Pravastatin 40 MG Tablet Take 1 (one) Tablet PO (by mouth) at Bedtime".

Record review of Medication Chart revealed on 7/25/21, the facility failed to administer the 6:00 PM dose of Pravastatin 40 MG.

Record review of Resident #10 ' s Care Plan revealed "Problem/Need" with onset date 12/11/13 of "Diagnosis: HTN (Hypertension)" and "Diagnosis: Dyslipidemia" with "Goal" of Resident #10 "will not have a hypertensive crisis X 90 Days 8/11/21". Interventions included "Pravastatin 40 MG 1 PO at HS (by mouth at bedtime)".

Record review of Resident #10 ' s Physician Orders revealed an order dated 9/30/20 for "SulCarafate 1GM/10ML (one gram per ten milliliters) Suspension Comp to Carafate 1GM/10ML Give 10 CC (cubic centimeters) PO (by mouth) twice daily".

Record review of Medication Chart revealed on 7/25/21, the facility failed to administer the 6:00 PM dose of SulCarafate 1GM/10ML Give 10 CC.

"Problem/Need" with onset date 12/11/13 of "At risk for pain related to ...GERD with "Goal" of

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 656	Continued From page 82	F 656		

Resident #10 "will not have any complaint of pain X 90 days 8/11/21". Interventions included "Sulcarafate 1GM/10ML give 10 CC PO every 12 hours".

Record review of Resident #10 ' s Physician Orders revealed an order dated 4/23/21 for "Abilify 15 MG 1 PO at HS (one by mouth at bedtime)".

Record review of Medication Chart revealed on 7/25/21, the facility failed to administer the 6:00 PM dose of Abilify 15 MG.

Record review of Resident #10 ' s Care Plan revealed "Problem/Need" with onset date 12/11/13 of "At risk for side effects of psychotropic medications" with "Goal" of Resident #10 will "not have side effects of psychotropic medications 8/11/21". Interventions included "Abilify 15 MG 1 PO at HS (one by mouth at bedtime)".

Resident #11

Record review of the "Face Sheet" revealed Resident #11 was admitted on 6/01/1976 with diagnoses of Cerebral Palsy, Profound Intellectual Disabilities, Epilepsy, and Spastic Paraplegia.

Record review of 5/05/21 Quarterly Minimum Data Set (MDS) with an Assessment Reference date of 5/05/21 revealed in Section C, a Brief Interview for Mental Status (BIMS) score of 0 out of 15 which indicated severe cognitive deficit.

Record review of Resident #11 ' s Physician Orders revealed orders dated 2/05/20 for "Dilantin

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 656	Continued From page 83	F 656		

50 MG infatab dispense as Phenytoin 50 MG infatab take (two) 2 tablets by mouth twice daily".

Record review of Resident #11 ' s Medication Chart revealed on 7/25/21 the facility failed to administer the 6:00 PM dose of Dilantin 50 MG two (2) tablets.

Record review of Resident #11 ' s Care Plan revealed "Problem/Need" with onset date 12/11/13 of "Diagnosis: Seizure Disorder" with "Goal" of resident "will have no injuries related to seizure activity X 90 days (for ninety days) 8/04/21". Interventions included "Dilantin (Phenytoin) 50 MG take (two) 2 tablets by mouth twice daily".

On 8/04/21 at 10:00 AM, an interview with Registered Nurse (RN) #1 revealed she had left the facility at 4:55 PM without on-site licensed nurse relief. She stated she had clocked out at 4:55PM and left the facility. She stated she did not administer any medications prior to leaving. RN #1 denied asking LPN #1 to accept responsibility for the "South Side" of the building and stated, "that's not a thing". She agreed her leaving left no licensed nurse to implement any care plan interventions.

On 8/04/21 at 11:00 AM, an interview with the Nurse Administrator confirmed there was no licensed nurse on duty for the South Unit of the facility from 4:55 PM until 11:00 PM on 7/25/21. She stated there was no one on South Unit to administer medications, perform treatments, make observations, or implement any care plan interventions.

The facility submitted an acceptable Removal

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 656	Continued From page 84	F 656		

Plan for the IJ on 8/06/21 at 5:00 PM. Review of the facility's Removal revealed the facility took the following actions to remove the IJ on 8/06/21:

REMOVAL PLAN

In response to the Immediate Jeopardy (IJ) template provided to the Administrator cited on August 5, 2021, at 5:10 p.m., the following is a summary of the event and the actions taken by the facility to remove the Immediate Jeopardy.

Brief Summary

On 07/25/2021 Jaquith Inn Building 78, had insufficient licensed nursing staff from 5:00p.m. - 11:00p.m., which gives us neglect of Residents #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19, and #20 on South Side unit of building 78. Medications were missed and no monitoring for Residents #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19, and #20 during this time frame.

The following corrective actions were taken for Residents #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, and #11, #12, #13, #14, #15, #16, #17, #18, #19, and #20 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 25, 2021, at 11:30 pm Licensed Practical Nurse#1 observed Residents #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19, and #20 and no negative outcomes or harm noted. On 07/26/2021 at 9:00 a.m., the attending physician was notified that

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 656	Continued From page 85	F 656		

there were no adverse reactions. On 7/26/2021 at 9:00 a.m. attending physician observed Residents #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19, and #20 and found no negative outcomes. The attending physician reviewed care plans and no care plans needed to be revised. On July 28, 2021, at 4:52p.m., the Mississippi State Department of Health Division of Health Facilities Licensure and Certification was notified of the incident. On August 3, 2021, at 2:45p.m. the Mississippi Attorney General's Medicaid Abuse and Fraud Division was notified of the incident.

2. On July 28, 2021, at 2:30pm until 3:00pm Jaquith Nursing Home Nurse Administrator verbally counseled the Registered Nurse #1 who did not stay to work 3-11pm shift on 7/25/21. On 08/06/2021 at 3:30 p.m., the Nurse Executive did a one on one in-service with Registered Nurse#1. Registered Nurse#1 was educated and counseled on the following policies and procedures: Medication Administration, Medication Keys, Narcotics, Mandated Overtime to ensure incident of leaving the medication cart and or building without counting off with another nurse does not reoccur nor leaving patients uncared for without relief. On 08/06/2021 at 3:30p.m., the Nurse Executive contacted the MS Board of Nurses to report the actions of Registered Nurse #1.

3. On July 29, 2021, at 02:30 p.m., a Quality Assurance meeting was conducted with Jaquith Nursing Home Director, Chief Medical Doctor, Safety Investigative Services, Jaquith Inn Nursing Home Administrator, MS State Hospital Nurse Executive, Jaquith Nursing Administrator, Director of Nursing, Administrator-in-Training to discuss

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 656	Continued From page 86	F 656		

and determine corrective actions for further incidents of this magnitude. Corrective actions discussed were to inform resident's representative of incident on 07/25/2021. Educate staff on notifying leadership through proper communication (campus switchboard). Inservice staff on Injuries, Abuse, Neglect, Mistreatment, Misappropriation of Resident Property or Exploitation of Resident POL J530-55, Mandatory Overtime/Required Supervision Department of Mental Health (DMH), Rights of Residents J530-65, Accountability for Nursing Personnel Assignment J550-05, Management of Controlled Substances NUR210-116 and Chain of Notification for Staffing Concerns. No changes to the discussed policies were made. On 08/06/2021 at 3:30pm licensed nursing staff was in-serviced on Care Plan Policy and Procedures. On 07/30/2021 through 08/06/2021 the above policies listed were reviewed with licensed nursing staff.

4. On July 30, 2021 and August 2, 2021, Social Worker#1 called Residents #1, #2, #3, #4, #5, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19, #20 representative of the incident and documented in resident's medical chart.

5. On August 2, 2021, at 07:10pm Jaquith Nursing Home Nurse Executive revised the Chain of Notification protocol, begin in-servicing all nursing staff. No staff will be allowed to work until Inservice is completed. The Chain of Notification protocol ensures the notification of nurses for availability and accessibility of nursing staff on a continuing basis to work a medication cart for shortage of Nursing Home nurses. The Chain process is as follows: The Mississippi State Hospital operator will notify the Jaquith Nursing

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 656	Continued From page 87	F 656		

Home Ground Supervisor, if the Ground Supervisor is not present operator will call Director of Nursing on call. If Ground Supervisor is unable to staff the nurse needed, then he/she will notify the Director of Nursing on call. Director of Nursing on call will call the building Director of Nursing who will attempt to staff the nurses needed and if unable will notify the Nursing Staffing Director or Coordinator. Nursing Staffing Director or Coordinator will attempt to staff the nursing homes and if unable will notify the Jaquith Nursing Home Administrator. The Jaquith Nursing Home Administrator on Call will determine with the Director of Nursing on call which buildings can be operated with one nurse if additional nurse cannot be found. After this occurs the Jaquith Nursing Home Director should be notified.

6. On 08/05/2021, the attending physician began to evaluate the medication load on all shifts to efficiently maximize staffing.

7. On 08/06/2021 at 10:00 a.m. an additional executive meeting was held to discuss staffing concerns and expedite contracts. Those present were, Human Resource Director, Chief Medical Officer, Service Outcome Director, Nurse Executive, and Jaquith Nursing Home Director. On 08/06/2021, Jaquith Nursing Home Nurse Executive implemented staff changes and an on-call schedule with the Staffing Director and Staffing Coordinator to ensure adequate staffing is in place. The Staffing Director and Staffing Coordinator will text and or call all scheduled nurse staff to verify commitment to their shift. The Staffing Director or Coordinator will contact scheduled nurses the day before their scheduled shift to verify commitment. The Staffing

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 656	Continued From page 88	F 656		

Department has personnel twenty-four hours to receive calls from employees. An employee has to call at least two hours before their shift if they are unable to work. The Staffing Department calls each building to verify the number of employees on each shift. If a building is short, the staffing personnel may pull from another building to cover staff shortage. On 07/30/2021, 8 of 15 emergency covid nursing contracts that were executed on July 16, 2021 were extended through 09/01/2021. New contracts were advertised through 08/04/2021. On 08/02/2021 through 08/06/2021, the Nurse Executive participated in interviewing 18 contract and 8 full time licensed nurse applicants. A formal offer of employment has to go through personnel.

The corrected actions were implemented on 08/06/2021 at 5:00 p.m.

The facility alleges the Immediate Jeopardy was removed on 08/07/2021 at 10:00 a.m.

On 8/09/21 the SA validated the facilities removal plan by staff interview, record reviews, review of In-Service Sign-in Sheets, review of Monitoring Forms, review of Physician Progress Notes, review of Social Services Notes, and review of the On-Call Schedule. The SA implemented the following measures to remove the IJ:

1. On 8/09/21 at 12:46 PM through interview with LPN #2 and record review of monitoring forms on the Medical Administration Record (MAR) for 7/25/21 11:00PM-7:00AM shift, the SA validated on7/25/21 at 11:30 PM LPN #2 observed Residents #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19, and #20 and no negative outcomes or harm noted.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 656	Continued From page 89	F 656		

On 8/09/21 at 11:49 AM through interview with MD #1, the SA validated on 7/26/21 at 9:00 AM attending physician observed Residents #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19, and #20 and found no negative outcomes. On 8/09/21 at 11:49 AM through interview with MD #1 and record review of resident care plans, the SA validated on 7/26/21 the attending physician reviewed care plans and no care plans needed to be revised. On 8/09/21 through record review of facility investigation dated 8/04/21 SA validated on 7/29/21 at 4:52 PM, the SA was notified of the incident. On 8/09/21 through record review of the Attorney General's "Crime Web Submission" dated 8/03/21 at 2:45 PM, the SA validated on 8/03/21 at 2:45 PM the Attorney General's Medicaid Abuse and Fraud Division was notified of the incident.

2. On 8/09/21 at 12:15 PM through interview with the Nurse Administrator, the SA validated on 7/28/21 at 2:30 PM until 3:00 PM the Nurse Administrator verbally counseled RN #1 who did not stay to work 3:00PM-11:00PM shift on 7/25/21. On 8/09/21 through record review of facility "Staff Education/Continuing Education In-Service/Training" sign-in sheet, the SA validated on 8/06/21 at 3:30 PM the Nurse Executive did a one-on-one in-service with RN #1. RN #1 was educated and counseled on the following policies and procedures: Medication Administration, Medication Keys, Narcotics, Mandated Overtime to ensure incident of leaving the medication cart and or building without counting off with another nurse does not reoccur nor leaving patients uncared for without relief. In-service included counseling. On 8/09/21 at 12:05 PM through interview with Nurse Executive,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 656	Continued From page 90	F 656		

the SA validated on 8/06/21 the Nurse Executive contacted the Board of Nurses to report the actions of RN #1.

3. On 8/09/21 at 12:22 PM through interviews with Administrator in Training (AIT), DON #2, and Nurse Administrator and record review of facility "Staff Education/Continuing Education In-Service/Training" sign-in sheet, the SA validated on 7/29/21 at 2:30 PM QAPI meeting was conducted with facility Nursing Home Director, Chief Medical Doctor, Safety Investigative Services, Nursing Home Administrator, Nurse Executive, Nursing Administrator, Director of Nurses (DON #2), Administrator in Training, to discuss and determine corrective actions for further incidents of this magnitude. Corrective actions discussed were to inform resident's representatives of incident on 7/25/21. Educate staff on notifying leadership through proper communication (switchboard). Inservice staff on Injuries, Abuse, Neglect, Mistreatment, Misappropriation of Resident Property or Exploitation of Resident POL J530-55, Mandatory Overtime/Required Supervision Department of Mental Health (DMH), rights of Residents J530-65, Accountability for Nursing Personnel Assignment J550-05, Management of Controlled Substances NUR210-116 and Chain of Notification for Staffing Concerns. No changes to the discussed policies were made. On 8/09/21 through record review of In-Service sign in sheets related to following care plans, the SA validated on 8/06/21 at 3:30 PM licensed nursing staff was in-serviced on Care Plan Policy and Procedures. On 8/09/21 through record review of In-Service sign in sheets related to following care plans, the SA validated on 7/30/21 through 8/06/21 the above policies listed

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 656	Continued From page 91	F 656		

were reviewed with licensed nursing staff was in-serviced on Care Plan Policy and Procedures.

4. On 8/09/21 at 12:03 PM through interview with Social Worker #1, the SA validated on 7/30/21 and 8/02/21, Social Worker #1 called Residents #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19, and #20 representative of the incident and documented in resident's medical chart.

5. On 08/09/21 through record review of In-Service sign-in sheets with topic of "Chain of Notification for Staffing Concerns" dated 8/02/21, the SA validated on 9/02/21 at 7:10 PM facility Nurse Executive revised the Chain of Notification protocol, begin in-servicing all nursing staff. No staff will be allowed to work until In-Service is completed. The Chain of Notification protocol ensures the notification of nurses for availability and accessibility of nursing staff on a continuing basis to work a medication cart for shortage of Nursing Home nurses. The Chain process is as follows: The (switchboard) operator will notify the (facility) Ground (RN) Supervisor, if the Ground Supervisor is not present operator will call Director of Nursing on call. If Ground Supervisor is unable to staff the nurse needed, then he/she will notify the Director of Nursing on call. Director of Nursing on call will call the building Director of Nursing who will attempt to staff the nurses needed and if unable will notify the Nursing Staffing Director or Coordinator. Nursing Staffing Director or Coordinator will attempt to staff the nursing homes and if unable will notify the (facility) Nursing Home Administrator. The Jaquith Nursing Home Administrator on Call will determine with the Director of Nursing on call which buildings can be operated with one nurse if

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 656	Continued From page 92	F 656		

additional nurse cannot be found. After this occurs the (facility) Nursing Home Director should be notified.

6. On 8/09/21 at 11:49 AM through interview with MD #1, the SA validated on 08/05/21 the attending physician began to evaluate the medication load on all shifts to efficiently maximize staffing.

7. On 8/09/21 at 11:54 AM through interviews with Human Resource Director, Administrator in Training, and DON (#2), the SA validated on 8/06/21 at 10:00 AM an additional executive meeting was held to discuss staffing concerns and expedite contracts. Those present were, Human Resource Director, Chief Medical Officer, Service Outcome Director, Nurse Executive, and (facility) Nursing Home Director. On 8/09/21 at 12:34 PM through interview with Staffing Director and record review of "On-Call Schedule" for the week of 8/09/21 through 8/15/21, the SA validated on 8/06/21, Jaquith Nursing Home Nurse Executive implemented staff changes and an on-call schedule with the Staffing Director and Staffing Coordinator to ensure adequate staffing is in place. The Staffing Director and Staffing Coordinator will text and or call all scheduled nurse staff to verify commitment to their shift. The Staffing Director or Coordinator will contact scheduled nurses the day before their scheduled shift to verify commitment. The Staffing Department has personnel twenty-four hours to receive calls from employees. An employee has to call at least two hours before their shift if they are unable to work. The Staffing Department calls each building to verify the number of employees on each shift. If a building is short, the staffing personnel may pull from another building to cover

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 656	Continued From page 93 staff shortage. On 8/09/21 through record review of nursing contracts extended through 9/01/21, the SA validated on 7/30/21, 8 (eight) of 15 (fifteen) emergency covid nursing contracts that were executed on July 16, 2021, were extended through 9/01/21. New contracts were advertised through 8/04/21. On 8/09/21 at 12:40 PM through interview with Nurse Executive, the SA validated on 8/02/21 through 8/06/21, the Nurse Executive participated in interviewing 18 (eighteen) and 8 (eight) full time licensed nurse applicants. A formal offer of employment must go through personnel. The SA validated on 8/09/21 all corrective actions had been taken by the facility to remove the IJ during the survey on 8/06/21.	F 656		
F 686 SS=J	Treatment/Svcs to Prevent/Heal Pressure Ulcer CFR(s): 483.25(b)(1)(i)(ii) §483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that- (i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and (ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, record review, and facility policy review, the facility failed	F 686	1. What corrective action(s) will be accomplished for those residents found to	10/22/21

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 686	Continued From page 94 to prevent the development of pressure ulcers and the worsening of pressure ulcers due to pressure ulcers becoming infected for three (3) of 12 residents reviewed for pressure ulcers, Residents #1, #3, and #12. The facility's failure to assess and provide treatment resulted in Resident #1 developing four (4) new pressure ulcers and acquiring a wound infection which required debridement procedures and hospitalization. The facility's failure to assess and provide treatment to residents who were at risk for skin breakdown and to prevent further skin breakdown also affected Residents #3 who had existing wounds in which one (1) wound became infected and required debridement procedures and antibiotic therapy and Resident #12 who developed one (1) pressure ulcer that required debridement procedures, antibiotic therapy, and hospitalization. The facility's failure to provide services necessary to treatment and prevent pressure ulcers caused significant harm to Residents #1, #3, and #12 and placed other residents at risk for skin breakdown, in a situation that was likely to cause serious injury, harm, impairment, or death. The State Survey Agency (SSA) identified an Immediate Jeopardy (IJ) and Substandard Quality of Care (SQC) which began on 3/4/21, as a result of the facility's failure to prevent Resident #1's initial pressure ulcer. On 9/7/21 at 5:15 PM, the SSA informed the Nursing Home Administrator (NHA) of the Immediate Jeopardy (IJ) and Substandard Quality of Care (SQC) and provided the IJ template to the Nursing Home Administrator.	F 686	have been affected by the deficient practice. On 07/25/2021 at 11:30 pm Licensed Practical Nurse#1 immediately assessed Residents #1, #3, and #12 and none of the residents appeared to have suffered any adverse effects as a result of the deficient practice. On 7/26/2021 at 9:00 a.m. the attending physician observed Residents #1, #3, and #12 found no negative outcomes. 2. How the facility will identify other residents having the potential to be affected by the same deficient practice. On 09/07/2021, the facility Licensed Practical Nurse#3 and Licensed Practical Nurse#5 began performing body audits on all residents and documented the findings on the Treatment Chart. A review of records identified forty (40) residents were at risk for impaired skin integrity. The Physician reviewed treatment orders for all residents with skin issues; and there were no changes needed. 3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur. On 09/02/2021 through 09/06/2021, the Jaquith Nursing Home Nurse Administrator in-serviced all licensed nursing staff on Jaquith Nursing Policy (210-358) Skin/Wound Care to provide guidelines which prevent, identify, treat and document wounds. On 09/02/2021 through 09/06/2021, the Jaquith Nursing Home (JNH) Nurse Administrator educated licensed nurses on Jaquith Nursing Home Wound Documentation	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 686	Continued From page 95 The facility submitted a credible Removal Plan on 9/8/21, and determined the IJ was removed, prior to exit. Therefore, the scope and severity for CFR(s) 483.25(b)(1)(i)(ii) - Treatment/Services to Prevent/Heal Pressure Ulcers (F686) was lowered from a "J" level scope and severity to a "D" level, 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. Findings Include: Record review of the facility's "SKIN/WOUND CARE" policy, dated February 2016, revealed, "PROCEDURE: A. IDENTIFICATION OF PATIENTS/RESIDENTS AT RISK FOR PRESSURE ULCERS ... (2) each patient/resident will have a skin audit completed by the nurse at the following times as part of the identification process: ... (e) Weekly by the nurse (3) The skin audit will include: (b) Nurse audit will include inspection of each pressure point for discoloration. (4) Skin audit documentation includes a. Narrative nurse's notes (monthly) .... C. Initial discovery of pressure ulcer. The nurse will:..a. Document in nurses notes on the wound/ulcer documentation form Wound/Ulcer Nurse Note MSH-530 ...D. TREATMENT OF WOUNDS: (1) The nurse will: ... f. Document the treatment on the treatment record/Medication Administration Record (MAR) at the time treatment is given .... ATTACHMENT B WOUND/ULCER DOCUMENTATION A. The nurse will document on each wound weekly and document the following in the nurse's notes on Wound/Ulcer documentation form MSH-530. (1) Classification of wound ...(2) Location (3)	F 686	Form 117 to ensure physician orders are carried out for wound treatments as ordered, pressure ulcers/injuries are measured and staged (by a Registered Nurse) on a weekly basis to measurement of the progression of the wound healing is noted. On 09/04/2021 through 09/09/2021, the Jaquith Nursing Home Nurse Administrator in-serviced certified nursing assistants on Jaquith Nursing Home Incontinent Care policy and procedure and reporting skin integrity issues to the nurse. The Jaquith Nursing Home Nurse Administrator observed certified nursing assistants performing incontinent care on residents using the Incontinent and/or Catheter Care Competency Checklist. On 09/07/2021, the facility Nursing Home Nurse Administrator in-serviced the Director of Nursing on reviewing pressure ulcer documentation, body audit documentation, and reviewing resident□s charts weekly. On 09/07/2021, the Jaquith Nursing Home Nurse Administrator and Director of Nursing began in-servicing all licensed nurses and certified nurse assistants on Skin, Wound Care and Reporting skin issues to ensure staff is aware to immediately report any signs of skin irritation and breakdowns. 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	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 686	Continued From page 96 Accurate measurements in centimeters ...(4) Description of the wound tissue and surrounding tissue. (5) Description of drainage, odor, eschar, undermining or tunneling if present (6) Description of pain if present and treatments ... (7) Pressure or absence of palpable peripheral pulses if wound is on an extremity (8) Any lab or x-ray ordered for suspected wound infection (9) Any changes from previous week (10) Preventive and/or pressure-relieving devices in use (11) Current treatment." Resident #1 Record review of Resident #1's "Face Sheet", revealed he was admitted on 10/5/15 with diagnoses including Unspecified Dementia with Behavioral Disturbance, Peripheral Vascular Disease, Hypothyroidism, Cerebrovascular Disease, and Alzheimer's Disease. Record review of Resident #1's Minimum Data Set (MDS) Section C dated 5/5/21, revealed a Brief Interview for Mental Status (BIMS) score of 00 which indicated severely cognitive impairement. Section M of the MDS dated 5/5/21 revealed Resident #1 had two (2) Stage 2 pressure ulcers and one (1) Stage 3 pressure ulcer. Record review of the "MDS Assessment Notes" dated 7/28/21 revealed Resident #1 was totally dependent on staff for bed mobility and transfers. Record review of "Pressure and Nonpressure Wound Report (Form JNH 117)" and "(Physician) Progress Notes" revealed from 3/4/21 through 5/7/21 revealed Resident #1 had four (4) in-house acquired pressure ulcers to develop. The	F 686	be implemented, and the corrective action evaluated for its effectiveness. The plan of correction is integrated into the quality assurance system. Beginning 09/08/2021, the Jaquith Nursing Home Nurse Administrator and the Director of Nursing will monitor and review the thirty-nine (39) Medication Administration Report, the Treatment Charts, Body Audit Documentation, Weekly Wound Report for pressure injuries, surgical and skin tears, and ensure treatments are being provided as noted in physician orders weekly for 30 days, then monthly for sixty (60) days. Beginning 09/08/2021, the Jaquith Nursing Home Nurse Administrator will complete three (3) wound care audits two times weekly for 30 days, then monthly for 60 days. Audits will be completed to ensure that wound care is documented, the progression of the wound healing and physician orders are carried out for wound treatments. Any deficient audit findings by the nurse will be addressed through education by the JNH Nurse Administrator. The JNH Nurse Administrator will report any deficient practice to the Jaquith Inn□s Nursing Home Administrator. Beginning monthly on 10/06/2021, the Jaquith Inn Nursing Home Administrator will report the audit findings to the Jaquith Inn Nursing Home Quality Assurance Performance Improvement (QAPI) Committee for three months to ensure substantial compliance has been achieved as determined by the	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 686	Continued From page 97	F 686		

pressure ulcers sites were Left Trochanter (Stage 3), Right Trochanter (Stage 3), Left Shoulder (Stage 3) and Right Posterior Scapula (Stage IV) in which the pressure ulcer to the Right Posterior Scapula became infected. The infection caused Resident #1 to have a twenty-day acute care hospital stay.

Record review of "Pressure and Nonpressure Wound Report (Form JNH 117)" and the "Treatment Records" revealed a lack of weekly body audits, wound assessments, measurements, and missed treatments.

On 8/26/21 at 12:20 PM, SA observation revealed Resident #1 had a clean, dry dressing on his left posterior shoulder dated 8/25/21, a dressing on the resident's left hip, dated 8/25/21 and right hip had a dressing dated 8/25/21. Resident was lying on his right side and SA was unable to observe if he had dressing to right scapula.

On 9/01/21 at 2:30 PM, SA observed Resident #1 during wound care of Right posterior scapula and noted the wound to be a round area which had well approximated edges and a healthy dark pink appearance.

Resident #1 Right Trochanter

Record review of the "Pressure and Nonpressure Wound Report (Form JNH 117)" revealed the following: On 3/4/21-Resident #1 had a Stage II pressure area on his right trochanter with partial thickness skin loss and a small amount of bloody drainage. The area measured 0.3 centimeters (cm) length, 0.3 cm width, 0 cm depth. This was the first documented assessment of Resident #1's pressure wound to his Right Trochanter.

committee. Should systemic changes not be effective the Quality Assurance Performance Improvement committee will investigate and determine further action(s) needed based on findings.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 686	Continued From page 98	F 686		

3/10/21 - Stage II with a small amount of bloody drainage and measures 1.5 cm length, 1.0 cm width 0 cm depth.
3/23/21 -(13 days from previous assessment) Stage II 5.0 cm length, 3.3 cm width, 0 cm depth.
4/12/21- (19 days from the previous assessment) pressure injury to the right trochanter Stage III (previous assessment was a Stage 2) full thickness with moderate amount of bloody serous drainage and measures 5 cm length x 3 cm width x 0 cm.
4/22/21 -(9 days from previous assessment) a full thickness skin loss injury with small amount of bloody drainage and slough present and measurement 4.5 cm length, 5.5 cm width, and 0.2 cm depth
4/28/21- noted a full thickness injury with a small amount of bloody drainage and measures 4.5 cm length, 3.4 cm width, and 0.2 cm depth. There were no Pressure and Nonpressure Wound Reports after 4/28/21 even though there continued to be treatments ordered and on the Treatment Chart through the month of July 2021.

A record review of the "Treatment Chart' for the month of March 2021, revealed "St (Stage) II (2) Wash R (Right) Trochanter with soap and H2O (water), pat dry q (every) 12 hours, apply scant amt (amount) Santyl, cover with gauze q 12/hr (12 hours)" was started on 3/4/21 and was missed 22 times.

A record review of the "Treatment Chart' for the month of April 2021, revealed "St II Wash R Trochanter with soap and H2O, pat dry q 12 hours, apply scant amt Santyl, cover with gauze q 12/hr" was missed 14 times from 4/1/21 until the order was changed on 4/12/21. "Wash wounds Lt (Left) and Rt (Right) hip with NS (Normal Saline),

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 686	Continued From page 99	F 686		

pat dry, apply scant amount of Santyl to wound bed and cover with gauze, Alldress q (every) 12 hrs. Notify MD of any changes" was missed five (5) times between 4/7/21 until it was changed on 4/12/21. "Wash Stage III pressure injury to Rt trochanter (upper leg) with normal saline, pat dry and apply damp to dry dressing with NS cover with Alldress BID (two times daily)" was missed seven times from 4/12/21 through 4/30/21.

A record review of the "Treatment Chart" for the month of May 2021, revealed "Rt Trochanter: wash stgIII (Stage 3) pressure injury w/NS pat dry; cover w/Alldress BID " was missed 21 times.

A record review of the "Treatment Chart" for the month of June 2021, revealed Resident #1 was transferred to the hospital on 6/2/21 and returned 6/22/21. "Clean Rt Trochanter and Lt shoulder with ns (normal saline) pat dry apply Santyl 2X (two times) daily and cover with Alldress" was missed five (5) times from 6/23/21 to 6/30/21.

A record review of the "Treatment Chart" for the month of July, 2021, revealed "Clean Rt Trochanter and Lt shoulder w/NS; pat dry and apply Santyl BID and cover w/Alldress" was missed 17 times.

Resident #1 Left Posterior Shoulder

Record review of the "Pressure and Nonpressure Wound Report (Form JNH 117)" dated 4/12/21 revealed a Stage III (Stage 3) pressure ulcer to the left posterior shoulder with full thickness skin loss and a moderate amount of serosanguinous drainage and slough present in the wound bed. The pressure area measures 6 cm length, 5 width, 0 cm depth. This is the first assessment of

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 686	Continued From page 100	F 686		

the wound to the left posterior shoulder, however, a review of a Physician Order dated 3/31/21 at 10:35 AM revealed "L (Left) shoulder apply Santyl to wound bed Q (every) 12 hr (hours) with dressing" which means the wound was not assessed and recorded by the nurse until 12 days after the physician order was written. A review of the "pressure and Nonpressure Wound Report (Form JNH 117)" dated 4/22/21 (9 days from previous assessment) revealed Stage III (Stage 3) full thickness pressure injury with a moderate amount of serosanguineous drainage and a small pocket area of slough present. The area measured 5 cm length, 4.5 cm width, and 0.3 cm depth. On 4/28/21 noted a full thickness injury with a small amount of bloody drainage and measures 5 cm length, 4 cm width, and 0.2 cm depth. There were no Pressure and Nonpressure Wound Reports after 4/28/21 even though there continued to be treatments ordered and on the Treatment Chart through the month of July, 2021.

Record review of the "Treatment Chart' for the month of April 2021, revealed "Left shoulder apply Santyl q (every) 12 hrs with dressing" was missed 3 times from 4/1/21 until 4/9/21. "Wash Stage III pressure injury to Left Shoulder with normal saline and apply damp to dry dressing cover with Alldress BID" was missed six (6) times from 4/12/21 through 4/30/21.

A record review of the "Treatment Chart" for the month of May 2021, revealed "Lt Shoulder w/NS; apply damp to dry dsg (dressing) w/NS and cover w/Alldress (with Alldress) BID" was missed 20 times.

A record review of the "Treatment Chart" for the month of July 2021, revealed "Clean Rt

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 686	Continued From page 101	F 686		

Trochanter and Lt shoulder w/NS; pat dry and apply Santyl BID and cover w/Alldress" was missed 17 times.

Resident #1 Left Trochanter

A record review of the "Pressure and Nonpressure Wound Report (Form JNH 117)" revealed the following:
4/12/21- Stage III (Stage 3) pressure ulcer to the left trochanter with full thickness skin loss and a moderate amount of serosanguinous drainage. The pressure area measures 4 cm length, 3.8 width, 0 cm depth. This is the first assessment of the wound to the left posterior shoulder, however, a review of the "Treatment Chart" for April 2021 revealed "4/7/21 Wash wounds Lt (Left) and Rt (Right) hip with NS (Normal Saline) and pat dry apply scant amount of Sanytl to wound bed and cover with gauze, Alldress q (every) 12 h rs (hours. Notify MD (Medical Director) of any changes" which means the wound was not assessed and recorded by the nurse until 5 days after the Treatment was started.
4/22/21- (9 days from previous assessment) revealed Stage II (Stage 2) partial thickness pressure injury with no drainage. The area measured 3.1 cm length, 1.0 cm width, and 0.1 cm depth.
4/28/21- noted a Stage II (Stage 2) partial thickness injury with no drainage and measures 2.8 cm length, 1 cm width, and 0.1 cm depth. There were no Pressure and Nonpressure Wound Reports after 4/28/21 even though there continued to be treatments ordered and on the Treatment Chart through the month of May 2021.

A record review of the "Treatment Chart' for the month of April 2021, revealed "4/7/21 Wash

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 686	Continued From page 102	F 686		

wounds Lt (Left) and Rt (Right) hip with NS (Normal Saline), pat dry, apply scant amount of Santyl to wound bed and cover with gauze, Alldress q (every) 12 hrs. Notify MD of any changes" was missed five (5) times between 4/7/21 until it was changed on 4/12/21. "4/12/21 "Wash left trochanter (upper leg) with NS (Normal Saline), pat dry and apply scant amount of Santyl and cover with Alldress BID q 12 hrs" was missed one (1) time from 4/12/21 through 4/30/21.

A record review of the "Treatment Chart" for the month of May 2021, revealed "Lt trochanter w/NS; pat dry and apply scan amt of Santyl, Cover w/Alldress q 12 hours" was missed 19 times.

A record review of the "Treatment Chart" for the month of June 2021, revealed Resident #1 was transferred to the hospital on 6/2/21 and returned 6/22/21. There are no further treatments listed for this wound on the "Treatment Chart".

Resident #1 Right Posterior Scapula

A record review of Physician Orders dated 5/7/21 at 10:45 AM revealed "R (Right) posterior scapula area apply Santyl to wound bed cover with Alldress Q (every) 12 h (hours). There were never any "Pressure and Nonpressure Wound Report (Form JNH 117)" completed for this wound which would describe the wound in detail including measurements and staging.

A record review of the "Treatment Chart" for the month of May 2021, revealed "Wound care to back Rt posterior scapula apply Santyl to wound bed and cover with Alldress Q 12 hours" was

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 686	Continued From page 103	F 686		

started on 5/7/21 and was missed 20 times.

A record review of the "Treatment Chart" for the month of June, 2021, revealed Resident #1 was transferred to the hospital on 6/2/21 and returned 6/22/21. "Wound care to R (Right) back scapula area Clean with NS pat dry, apply Santyl to wound bed then pack wound bed with damp to dry gauze with NS then apply Alldress Q 12 hrs (hours) and PRN (As Needed) when soiled until healed. Notify MD of acute changes" was missed five (5) times from 6/23/21 to 6/30/21.

A record review of the "Treatment Chart" for the month of July 2021, revealed "WOUND CARE: Rt. back scapula area; clean w/NS, pat dry, apply Santyl to wound bed then pack w/ damp to dry gauze w/ NS, Apply Alldress Q 12 hr and prn when soiled until healed. Notify MD of acute changes" was missed 22 times.

A record review of "Progress Notes" dated 5/7/21, completed by MD #1 revealed "R posterior back (Scapula) indurated with 5 cm diameter ulcer with exudate debrided of exudate ...".

A record review of "Progress Notes" dated 5/14/21 completed by MD #1 revealed "R back (Posterior Scapula) ... area debrided.

A record review of "Progress Notes" dated 5/19/21 completed by MD #1 revealed "R back ulcer (Posterior Scapula) ...large exudate ...debrided".

A record review of "Progress Notes" dated 5/26/21 completed by MD #1 revealed "R back (posterior) scapula area ...sharp cross hatching of wound bed".

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 686	Continued From page 104	F 686		

A record review of "Nurse Notes" dated 6/1/21 at 10:45 AM revealed "Resident temp 100.3 ax at 0900 ..."

A record review of Physician Orders dated 6/1/21 at 10:45 AM revealed, "1) Obtain culture of wound to R (right) posterior scapula area. 2) Rocephin 1 gm IM now and 1 gm Rocephin x (times) 3 days 3) Keflex 500 mg po (by mouth) TID (Three times daily) x (times) 3 days after Rocephin IM order is finished in 5 days 4) Obtain Complete Blood Count (CBC) d/t (due to) elevated temp and wounds."

A record review of "Nurse Notes" dated 6/1/21 at 11:35 AM revealed "CBC and wound culture obtained ..."

A record review of "Nurse Notes" dated 6/2/21 at 10:15 AM revealed "MD assessed res (resident) wounds ...crosshatched debrided back (scapula) wound r/t moderate amount of slough present in wound bed."

A record review of Physician Orders dated 6/2/21 at 10:07 AM revealed "Transfer to (Name of Local Hospital) B60 for admission".

A record review of "(Name of Local Hospital) Discharge Summary" dated 6/22/21 revealed the date of admission to (Name of Local Hospital) of 6/2/21 and date of discharge of 6/22/21.

A record review of the "Culture Wound W Gram Stain" indicated the source of the culture as the "Right Posterior Scapula" dated 6/1/21 with "heavy growth proteus mirablis, and acinetrobacter baumanni complex, and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 686	Continued From page 105	F 686		

diptheroids" which indicates infection.

A record review of the "Infection Surveillance Checklist" dated 6/1/21 indicated Resident #1 had increased temperature and pus at wound, skin, or soft tissue site and heat (warmth) at affected site, redness at the affected side, and swelling at the affected site". The checklist also indicates tenderness or pain at affected site and fever.

A record review of "Progress Notes" dated 7/9/21 completed by MD #1 revealed "R posterior shoulder (Scapula) Stage IV (Stage 4) ..." is the first recorded staging of this wound.

A record review of "Building 78 Wound Report" for May 2021, revealed Resident #1's name listed on the report in the left column under the heading of "Resident". His four (4) wounds are listed "Lt Shoulder, Lt trochanter, Rt trochanter, Rt posterior scapular" in the column with the heading "Decubitus Injury Site". The other information on the form which includes "Stage (Staging does not change), Skin Tear, Abrasion, Lesion, Measurement (LxWxD)(Length times Width x Depth) with columns dated in handwritting "5/4/21, 5/11/21, 5/18/21, 5/25/21", and Signature column are all blank with no information indicated in those columns for Resident #1.

A record review of "Building 78 Wound Report" for June 2021, revealed Resident #1's name, wounds, and measurements are not listed on the report.

A record review of "Building 78 Wound Report" for July 2021, revealed Resident #1's name listed on the report in the left column under the heading of "Resident". His four (4) wounds are listed "L

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 686	Continued From page 106	F 686		

Shoulder, L trochanter, R trochanter, R pos scapular/back" in the column with the heading "Decubitus Injury Site". The other information on the form which includes "Stage (Staging does not change), Skin Tear, Abrasion, Lesion, Measurement (LxWxD) with columns dated in handwritten form "7/6/21, 7/13/21, 7/20/21, 7/28/21", and Signature column are all blank with no information except for on 7/6/21 there are measurements listed "L Shoulder 5L x 4W x 0, L Trochanter 4.5 x 6W x 0, R Trochanter 4.3 x 2.6 x 0, R Pos Scapular/Back 7L x 4.5 W x 1.5".

A record review of the "Treatment Chart' for the month of March 2021, revealed "Lantiseptic to buttock/periarea with brief change (every shift)" was missed 34 times. "Notify MD of any skin changes (every shift)" was missed 35 times. There were no weekly body audits noted on the Treatment Chart for March.

A record review of the "Treatment Chart' for the month of April 2021, revealed "Lantiseptic to buttock/peri area with brief change (every shift)" was missed 22 times. "Notify MD of any skin changes (every shift)" was missed 23 times. "Gel cushion to geri-chair (every shift)" was missed 19 times. "Alternating air mattress to bed on and functioning (every shift)" was missed 19 times. "Turn from side to side w/in (while in) bed Avoid Rt Side (every shift)" was missed 19 times. There was no weekly body audit information noted on the Treatment Chart for April.

A record review of the "Treatment Chart" for the month of May 2021, revealed "Wkly Body Audits check for breakdown/any new skin problems P=Present A=Absent if present notify MD (Medical Director) and document in Nurses

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 686	Continued From page 107	F 686		

notes" was missed for the month which means there were no weekly body audits for May. "Notify MD of any Skin Changes (every shift)" was missed 22 times. "Lantiseptic to buttocks/per-area w/brief change" was missed 22 times. "Gel cushion to geri-chair (every shift)" was missed 24 times. "Alternating air mattress to bed (every shift)" was missed 23 times. "Turn from side to side w/in (while in) bed Avoid Rt (Right) Side (every shift)" was not documented the entire month which means this intervention was missed 93 times.

A record review of the "Treatment Chart" for the month of June 2021, revealed Resident #1 was transferred to the hospital on 6/2/21 and returned 6/22/21. "Notify MD of any skin changes" was missed four (4) times from 6/23/21 to 6/30/21. "Lantiseptic to buttocks/per-area w/brief change" was missed for (4) times from 6/23/21 to 6/30/21. "Wkly Body audits check for breakdown/any new skin problems P=Present A=Absent if present notify MD and document in Nurses notes" was missed and there were no weekly body audits performed in June. "Gel cushion to geri-chair (every shift)" was missed 7 times. "Alternating air mattress to bed (every shift) was missed 5 times. A record review of the "Treatment Chart" for the month of June 2021, revealed "Clean Rt Trochanter and Lt shoulder w/NS; pat dry and apply Santyl BID and cover w/Alldress" was missed 5 times.

A record review of the "Treatment Chart" for the month of July 2021, revealed "Notify MD of any skin changes (every shift)" was missed 21 times. "Lantiseptic to buttocks/per-area w brief change (every shift)" was missed 20 times. "Wklyl body

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 686	Continued From page 108	F 686		

Audits check for breakdown/any new ski problems P=Present A=Absent if present Notify MD and document in Nurses notes" was missed one (1) of four (4) times. "Gel cushion to geri-chair (every shift)" was missed 23 times. "Alternating air mattress to bed (every shift)" was missed 21 times.

A record review of Nurses Notes dated 4/23/21 at 3:50 PM, revealed "Late entry for 4/22/21. MD debrided R Trochanter removing some slough ...MD also debrided L shoulder ...removing moderate slough from wound bed."

On 8/27/21 at 11:30 AM, in an interview with the Director of Nursing, she confirmed Resident #1 was hospitalized in June due to a wound infection.

On 9/01/21 at 10:45 AM, a telephone interview with wife and Resident Representative (RR) for Resident # 1 revealed she telephoned and kept up to date on the resident's condition. When asked how satisfied she was with the care provided for her husband, RP stated "It couldn't be that good or he wouldn't have developed holes in his skin. There's just one way to say it, they neglected him. They didn't turn him or something the way he should have been."

Resident #3

Record review of Resident #3's "Face Sheet" revealed he was admitted to the facility on 9/13/19 with diagnoses which included Paraplegia, Essential Hypertension, Other Chronic Osteomyelitis, Chronic Kidney Disease, Obesity, and Type 2 Diabetes Mellitus without complication.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 686	Continued From page 109	F 686		

A record review of Resident #3's Minimum Data Set (MDS) Section C dated 5/12/21, revealed a Brief Interview for Mental Status (BIMS) of 15 which indicates he is cognitively intact. A record review of the MDS Section M dated 5/12/21 revealed Resident #3 had one (1) Stage 2 pressure ulcer and two (2) Stage 4 pressure ulcers.

A record review of "Pressure and Nonpressure Wound Report (Form JNH 117)" and "Treatment Charts" revealed Resident #3 had six (6) existing pressure ulcers Left Heel (Stage 3), Right Heel (Unstageable), and Coccyx/Sacrum (Stage 3), Left Foot Medial (Stage not documented), Left Foot Medial (Stage not documented), Left Medial Toe (Stage not documented , and Right Medial (Foot) (Stage not documented) that were receiving treatments. He developed a new facility acquired pressure injury to the Left Gluteal Crease (Stage 2) on 4/28/21. The pressure ulcer to the coccyx/sacrum became infected and required debridement and antibiotic therapy.

A record review of "Pressure and Nonpressure Wound Report (Form JNH 117)" and the "Treatment Records" revealed a lack of weekly body audits, wound assessments, measurements, and missed treatments.

Observation of the wound on Resident #3's coccyx,on 8/27/21 at 1:45 PM, revealed the wound an had the appearance of being a very small opening at the coccyx with a void below the skin of undeterminable depth. The skin around the opening was clear and clean and intact with normal brown color with no indication of infection at the opening or surrounding area. The left and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 686	Continued From page 110	F 686		

right heels had no open areas or discoloration.

In an interview with the Nurse Administrator on 8/31/2021 at 1:30 PM , she thought Resident #3 was admitted with wounds to the right heel, left heel, and coccyx/sacrum when he was admitted to the facility.However, the facility was unable to provide any supporting documentation. The facility was able to provide Treatment Charts for the months (July, August, and September of 2020) in which treatments began for the wounds to the left heel, right heel, and coccyx/sacrum.

Resident #3 Left Heel

A record review of the "Treatment Chart" for July 2020 revealed "W-D(wet to dry) NS (normal saline) to L (left) Heel Q (every) 12hr (hours)."Documentation began on on the "Treatment Chart" on 7/15/2020.

A record review of the "Pressure and Nonpressure Wound Report (Form JNH 117)"revealed the following:
4/8/21 left heel pressure area was a Stage 3 with a small amount of bloody drainage. The pressure area measured 2.5 cm length, 3.0 cm width, and 0 cm depth.
4/22/21- (13 days from the previous assessment) indicated full thickness skin loss with a small amount of serous drainage. The wound measurements were 3.0 cm length, 2.7 cm width, and 0.2 cm depth. There were no other "Pressure and Nonpressure Wound Report (Form JNH 117)" completed for April, May, June, or July of 2021 for this wound even though there continued to be treatments ordered and on the Treatment Chart through the month of July, 2021.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 686	Continued From page 111	F 686		

A record review of the "Treatment Chart' for the month of April 2021, revealed "Lt Heel: wash with NS and dry. Apply Kaldestat w/drsg. Q 12 hrs." was missed 22 times.

A record review of the "Treatment Chart" for the month of May 2021 revealed "Lt Heel-wash and dry with NS Apply Kaldestat w/drsg Q 12 hrs" was missed 6 times from 5/1/21 to 5/6/21 (Order was changed 5/7/21). "Wound Care: Left Heel Wound - Cleanse w/NS, pat dry, apply Dankin's 0.25% moistened Gaue to wound bed. Cover w/gauze and kerlix or Conform BID" was missed 22 times from 5/7/21 through 5/31/21.

A review of the "Treatment Chart" for the month of June 2021 revealed "Wound care: Left Heel wound - Cleanse w/ NS, pat dry, apply Dankins's 0.25% moistened gauze to wound bed. Cover w/gauze and kerlix or Conform BID" was missed nine (9) times.

A review of the "Treatment Chart" for the month of July 2021 revealed "Wound care: Left Heel wound - Cleanse w/ NS, pat dry, apply Dankins's 0.25% moistened gauze to wound bed. Cover w/gauze and kerlix or Conform BID" was missed 24 times.

A record review of the "Encounter Date: 7/6/21 (Wound Clinic)" revealed "Wound 05/06/21 Pressure Injury Left; Plantar (Active) Wound Length (cm) 0 cm, Wound Width (cm) 0 cm, Wound Depth 0cm Wound Healing % (percent) 100.

Resident #3 Right Heel

A record review of the "Treatment Chart" for

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 686	Continued From page 112	F 686		

August 2020 revealed "Dress R heel wet to dry NS q 12 hrs" in which documentation began 8/3/20.

A record review of the "Pressure and Nonpressure Wound Report (Form JNH 117)" dated 4/8/21 indicated the right heel pressure area was Unstageable and there was eschar present in the wound bed. The pressure area measured 1 cm length, 1.2 cm width, and 0 cm depth. There were no other "Pressure and Nonpressure Wound Report (Form JNH 117)" completed for April, May, June, or July of 2021 for this wound even though there continued to be treatments ordered and on the Treatment Chart through the month of July, 2021.

A record review of the "Treatment Chart' for the month of April 2021, revealed "Rt Heel: wash and dry. Apply Kaldestat w/ drsg. Q 12 hrs" was missed 34 times.

A record review of the "Treatment Chart" for the month of May 2021 revealed "Right heel ulcer apply damp to dry NS dressing Q 12 h Notify MD of acute change q12 hr" was missed 12 times from 5/20/21 to 5/31/21. (The treatment did not start until 5/20/21). The previous treatment from the April Treatment Chart for the right heel was not carried over to the May Treatment Chart).

A review of the "Treatment Chart" for the month of June 2021 revealed "Rt Heel: Apply damp to dry NS dsg Q 12 hr. notify MD of acute changes" was missed 14 times.

A review of the "Treatment Chart" for the month of July 2021 revealed "Rt Heel: Apply damp to dry NS dsg Q 12 hr. notify MD of acute changes"

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 686	Continued From page 113	F 686		

was missed 24 times.

Resident #3 Coccyx/Sacrum

A record review of the "Treatment Chart" for September 2020 revealed "Sacrum - cleanse with NS, pat dry with gauze apply Santyl to Wound bed and cover with bordered gauze 2 times daily".

A record review of the "Pressure and Nonpressure Wound Report (Form JNH 117)" revealed the following:
4/8/21 indicated the coccyx pressure area was a Stage 3 with full thickness skin loss. The pressure area measured 4 cm length, 3.5 cm width, and 0.5 cm depth.
4/22/21- (13 days from the previous assessment) indicated a Stage 3 pressure area with full thickness skin loss with a moderate amount of serosanguinous drainage. The wound measurements were 2.3 cm length, 0.8 cm width, and 2.0 cm depth. There were no other "Pressure and Nonpressure Wound Report (Form JNH 117)" completed for April, May, June, or July of 2021 for this wound. even though there continued to be treatments ordered and on the Treatment Chart through the month of July, 2021.

A record review of the "Treatment Chart' for the month of April 2021, revealed "Coccyx Wound Care: Clean, pack with Kaldestat cover with alldress q 12 hrs Scant amount of Santyl to Surround abrasion R buttocks q 12 hrs" was missed 15 times.

A record review of the "Treatment Chart" for the month of May 2021 revealed "Coccyx wound care: Clean, pack w/kaldestate. Cover w/Alldress Q 12 hrs scant amount Santyl to

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 686	Continued From page 114	F 686		

surrounding abrasion L buttocks Q 12" was missed six (6) times from 5/1/21 to 5/6/21 (Order was changed on 5/7/21). "Wound Care: Coccyx wound - irrigate w/hydrogen peroxide, rinse with NS-pat dry then apply Dankins 0.25% solution moistened gauze to wound bed. Cover w/dry gauze and ABD pad. Secure w/medipore tape BID (Two times daily) and PRN (as needed), soilage" was missed 22 times from 5/7/21 through 5/31/21. "Stay off coccyx as much as possible (every shift)" was missed 37 times.

A review of the "Treatment Chart" for the month of June 2021 revealed "Wound Care: Coccyx wound - irrigate w/hydrogen peroxide, rinse with NS - pat dry then Apply Dankins 0.25% solution moistened gauze to wound bed. Cover w/dry gauze and ABD (Abdominal) pad. Secure w/medipore tape BID and PRN, soilage" was missed 17 times. "Stay off coccyx as much as possible (every shift)" was missed 15 times.

A review of the "Treatment Chart" for the month of July 2021 revealed "Stay off coccyx as much as possible (every shift)" was missed 27 times. "Wound Care: Coccyx wound - irrigate w/hydrogen peroxide, rinse with NS - pat dry then Apply Dankins 0.25% solution moistened gauze to wound bed. Cover w/dry gauze and ABD (Abdominal) pad. Secure w/medipore tape BID and PRN, soilage" was missed 6 times from 7/1/21 to 7/6/21 (Order changed 7/7/21). "Treatment to coccyx irrigate with 0.25% Dakins solution then rinse with NS pat dry pack with calcium alginate with silver, cover with gauze and ABD secure with medipore tape BID and prn soilage" was missed 19 times from 7/7/21 to 7/31/21.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 686	Continued From page 115	F 686		

A record review of the "Progress Notes" completed by MD #1 dated 4/28/21 at 11:00 AM reveal "Pt's coccygeal/sacral DU (Decubutis Ulcer) continues to remain clean but has been tunnelling and will require wound clinic referral ...."

A record review of Physicians Orders dated 5/5/21 at 9:35 AM revealed orders for "Wound clt (culture) x 2". The order does not indicate which wound, however the laboratory results specify "butox"(buttock).

A record review of "Culture Wound Gram Stain" with a laboratory results date of 5/7/21 at 12:02 PM revealed a wound culture was performed with the "Source of Specimen: Buttox". A review of the laboratory results revealed "Comments: Multiple organisms ...suggesting contamination ...Suggest specimen be recollected after proper decontamination and/or debridement ..."

A record review of the "After Visit Summary" dated 5/6/21 from the wound clinic visit revealed "Done Today Debridement Deep Wound/Tissue Culture with Stain".

A record review of the "Deep Wound/Tissue Culture with stain" with a received date of 5/11/21 revealed the "Dx: Pressure injury of coccygeal region". The "Culture, Deep Wound Rare Growth Staphylococcus aureus and light growth Streptococcus anginosus" which indicated infection. Handwritten in the left margin is "New Orders: Complete Rocephin as ordered. Doxycycline 100 mg po bid x 14 days".

A record review of "Physicians Orders" dated 5/10/21 at 1:40 PM revealed the physician

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 686	Continued From page 116	F 686		

ordered "Rocephin 1 GM (Gram) IM (Intramuscular) Q day x 3 start today". The physician's order does not indicate a corresponding diagnosis.

A record review of "Physicians Orders" dated 5/14/21 at 2:00 PM revealed a new physician's order for "Doxycycline 100 mg po BID x 10 days wound infection".

A record review of the "Encounter Date: 7/6/21 (Wound Clinic)" revealed "Wound 05/06/21 Pressure Injury Coccyx Mid (Active) Undermining (cm) 3.5 cm, Wound Length (cm) 1.2 cm, Wound Width (cm) 1.3 cm, Wound Depth 2.3 cm".

Resident #3 Left Foot Medial

A record review of the "Treatment Chart" for July 2020 revealed "Lt foot medial ulcer Santyl to ulcer q 12 hours with gauze and tape dressing" in which documentation began on 7/20/2020.

There were no "Pressure and Nonpressure Wound Report (Form JNH 117)" completed for April 2021 for this wound even though there continued to be treatments ordered and on the Treatment Chart untill 4/20/21.

A record review of the "Treatment Chart' for the month of April 2021, revealed "Santyl to ulcers on L medial foot and toe w/gauze and tape drsg q 12 hr" was missed 28 times. There are no documented treatments after 4/20/21.

Resident #3 Left Medial Toe (No indication of which toe is available)

A record review of the "Treatment Chart" for

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 686	Continued From page 117	F 686		

August 2020 revealed "Apply Santyl to Ulcers on L Medial foot and toe with gauze and tape dressing Q12hr" which documentation began on 8/2/20.

There were no "Pressure and Nonpressure Wound Report (Form JNH 117)" completed for April 2021 for this wound even though there are treatments documented on the April 2021 "Treatment Chart".

A record review of the "Treatment Chart' for the month of April 2021, revealed "Santyl to ulcers on L medial foot and toe w/gauze and tape drsg q 12 hr" was missed 28 times. There are no documented treatments after 4/20/21.

Resident #3 Right Medial (Foot)

A record review of the "Treatment Chart" for August 2020 revealed "Dress R Medial ulcer W-D (Wet to Dry) NS q 12 hrs kerlex wrap" which documentation began on 8/3/20.

There were no "Pressure and Nonpressure Wound Report (Form JNH 117)" completed for April 2021 for this wound even though there are treatments documented on the April 2021 "Treatment Chart".

A record review of the "Treatment Chart' for the month of April 2021, revealed "Clean ulcers on Rt Medial foot w/ NS and dress wet-dry Q 12 hrs and wrap w/kerlix" was missed 35 times. There are no documented treatments after 4/20/21.

Resident #3 Left Gluteal Crease

A review of the Treatment Chart for April 2021

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 686	Continued From page 118	F 686		

revealed "Wound Care to L Gluteal Crease: Wash and Pat Dry and Apply Santyl to wound bed Q 12 hrs". This treatment was started on 4/28/21.

A review of the "Progress Notes" completed by MD #1 on 4/28/21 at 11:00 AM revealed "Pt has dev (developed) a 2nd ulcer in the gluteal crease on the L Stg II will continue treatment and f/u wound clinic".

There were no "Pressure and Nonpressure Wound Report (Form JNH 117)" completed for April, May, or June of 2021 for this wound even though there continued to be treatments ordered and on the Treatment Chart until 6/15/21 when review of the June "Treatment Chart" indicated this pressure area was healed.

A record review of the "Treatment Chart' for the month of April, 2021, revealed "Wound care to L Gluteal Crease: Wash and pat dry and apply Santyl to Wound bed Q 12 hrs" was missed one (1) time from 4/28/21 to 4/30/21.

A record review of the "Treatment Chart" for the month of May 2021 revealed "Wound care to L gluteal crease: clean with NS and apply Santyl Q 12 hours" was missed seven (7) times from 5/1/21 to 5/6/21 (Order was changed 5/7/21). "Wound Care: Left Gluteal Fold - Cleanse w/NS, pat dry, apply Hydrofera Blue Ready to wound bed. Cover w/gauze and kerlix or conform wrap. Cover w/telfa dsg Q other Day and PRN, soilage" was missed eight (8) times.

A review of the "Treatment Chart" for the month of June 2021 revealed "Wound care: Left Gluteal Fold - Cleanse w/NS, pat dry, apply hydrofera

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 686	Continued From page 119	F 686		

Blue Ready to wound bed. Cover w/gauze and kerlix or conform wrap. Cover w/relfa dsg Q Other Day and PRN, soilage" was missed one (1) time from 6/1/21 to 6/14/21. The words "HEALED" are hand-written across the Treatment Chart for this wound.

A record review of "Building 78 Wound Report" for May 2021, revealed Resident #3's name listed on the report in the left column under the heading of "Resident". There are four (4) wounds are listed "Lt heel, Rt heel, Sacrum/coccyx, Lt Gluteal Fold" in the column with the heading "Decubitus Injury Site". The other information on the form which includes "Stage (Staging does not change), Skin Tear, Abrasion, Lesion, Measurement (LxWxD)(Length times Width x Depth) with columns dated in handwritten form "5/4/21, 5/11/21, 5/18/21, 5/25/21", and Signature column are all blank with no information indicated in those columns for Resident #3, except under the date 5/4/21 with the corresponding wound indicated as "Rt heel" there is handwritten the word "healed" in this column.

A record review of "Building 78 Wound Report" for June 2021, revealed Resident #3's name listed on the report in the left column under the heading of "Resident". There are four (4) wounds are listed "Lt Heel, Rt Heel, Sacrum/coccyx, and Lt Gluteal" in the column with the heading "Decubitus Injury Site". The other information on the form which includes "Stage (Staging does not change), Skin Tear, Abrasion, Lesion, Measurement (LxWxD)(Length times Width x Depth) with columns dated in handwritten form "6/4/21, 6/9/21, 6/16/21, 6/23/21, 6/30/21", and Signature column blank with no information indicated in those columns except for the date of

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 686	Continued From page 120	F 686		

6/23/21 in which measurements listed as "Lt Heel 0 x 0 x 0, Rt Heel 0 x 0 x 0, Sacrum Coccyx 2 x 1.5 x 2.5". There are no measurements indicated for the Lt Gluteal.

A record review of "Building 78 Wound Report" for July 2021, revealed Resident #3's name listed on the report in the left column under the heading of "Resident". The other information on the form which includes "Decubitus Injury Site, Stage (Staging does not change), Skin Tear, Abrasion, Lesion, Measurement (LxWxD)(Length times Width x Depth) with columns dated in handwritten form "7/6/21, 7/13/21, 7/20/21, 7/28/21", and Signature column are all blank with no information listed for Resident #3.

A record review of the "Treatment Chart' for the month of April, 2021, revealed "Sheepskin padding to w/c when OOB (Out of Bed)(every shift)" was missed was missed 22 times. "Turn Q 2-4hr Lt. to Rt. Side. Avoid time on back (notify MD of acute changes)(every shift)" was missed 22 times. "Alt (Alternating" air mattress on and functioning (every shift)" was missed 16 times. "Monitor skin daily" was missed 8 times. "Wkly Body Audits check for breakdown/any new skin problems P=resent A=Absent if present notify MD and document in Nurses notes" was missed three (3) times which means there was only one (1) weekly body audit completed for the month of April.

A record review of the "Treatment Chart" for the month of May 2021 revealed "Sheepskin padding to w/c when OOB (every shift) was missed 33 times. "Turn Q 2-4 hrs Lt to Rt side Avoid time on back (every shift)" was missed 31 times. "Alt air mattress (every shift)" was missed 33 times.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 686	Continued From page 121	F 686		

"Monitor skin daily" was missed 24 times. "Wkly Body Audits whck for breakdown/any new skin problems P=Present A=Absent if present notify MD and document in Nurses notes" were missed for the month of May. There were no weekly body audits recorded for the month of May.

A review of the "Treatment Chart" for the month of June 2021 revealed "Keep heels floating for pressure relief at all Xs (every shift) was missed 15 times. "Sheepskin padding to w/c when OOB (every shift)" was missed 16 times. "Turn Q 2-4 hr Lt to Rt Side . Avoid time on back (notify MD of acute changes (every shift)" was missed 17 times. "Alt air mattress (every shift)" was missed 20 times. "Monitor skin daily" was missed nine (9) times. "Wkly Body Audits check for breakdown/any new skin problems P=Present A=Absent if present notify MD and document in Nurses notes" was missed for the month. There were no documented body audits for the month of June 2021.

A review of the "Treatment Chart" for the month of July 2021 revealed "Alt air mattress (every shift)" was missed 25 times. "Monitor skin daily" was missed ten (10) times. "Keep heels floating for pressure relief at all Xs (every shift) was missed 24 times. "Sheepskin padding to w/c when OOB (every shift)" was missed 26 times. "Turn Q 2-4 hr Lt to Rt Side . Avoid time on back (notify MD of acute changes (every shift)" was missed 27 times. "Wkly Body Audits check for breakdown/any new skin problems P=Present A=Absent if present notify MD and document in Nurses notes" was missed 2 times.

A record review of the "Encounter Date: 7/6/21 (Wound Clinic)" revealed "Wound 05/06/21

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 686	Continued From page 122	F 686		

Pressure Injury Left; Plantar (Active) Wound Length (cm) 0 cm, Wound Width (cm) 0 cm, Wound Depth 0cm Wound Healing % (percent) 100. "Wound 05/06/21 Pressure Injury Coccyx Mid (Active) Undermining (cm) 3.5 cm, Wound Length (cm) 1.2 cm, Wound Width (cm) 1.3 cm, Wound Depth 2.3 cm.

Resident #12

A record review of Resident #12's "Face Sheet" revealed he was admitted on 11/14/2019. A record review of his Medication Chart revealed diagnoses as "Neurocognitive D/O (Disorder) C (With) Disturbed Behavior; SZ (Seizure) D/O; HTN (Hypertension) CHF (Congestive Heart Failure); CKD (Chronic Kidney Disease) Anemia, GERD (Gastrointestinal Esophageal Reflux Disease)".

A record review of Section C of the MDS dated 7/8/21 revealed Resident #12 has a BIMS of 00 which means he is severely cognitively impaired. A review of Section G of the MDS dated 7/8/21 revealed he required total dependence with the assistance of two staff members for bed mobility and transfers. A review of Section M of the MDS dated 7/8/21 revealed he had one (1) Stage 3 pressure ulcer.

A record review of "Pressure and Nonpressure Wound Report (Form JNH 117)" and "(Physician) Progress Notes' revealed Resident #1 had one (1) in-house acquired pressure ulcer on 5/19/21 to the right heel (Stage 3) which became infected and caused Resident #12 to have a debridement procedure, antibiotic therapy, and an acute care hospital stay. A Record review of "Pressure and Nonpressure Wound Report (Form JNH 117)"

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 686	Continued From page 123	F 686		

and the "Treatment Records" revealed a lack of weekly body audits, wound assessments, measurements, and missed treatments.

Resident #12 Right Heel

An observation of Resident #12's right heel wound on 9/01/21 at 12:20 PM revealed the heel had an oval shaped area that was rosy, pink color with pale pink around the edges. The right heel was intact and there was no open area noted.

There were no "Pressure and Nonpressure Wound Report (Form JNH 117)" completed for Resident #12 for May, June, or July 2021.

A record review of "Nurse Notes" dated 5/19/21 revealed "went in res room and noticed his socks off. When cleaned res feet, applied lantiseptic and Vaseline to fee, noted res has a black and reddened area to right heel and top of foot below 2nd toe has a red scabby area, skin intact for both areas, will notify (Proper Name of Doctor MD#1)".

A record review of the "Progress Notes" dated 5/20/21 at 9:05 AM, completed by MD #1 revealed, "R heel debrided ...". A record review of the "Progress Notes" dated 5/26/21 at 11:00 AM, completed by MD #1 revealed, "R heel ulcer Stage II ...exudate with early eschar ...sharp debridement with good BRB (Bright Red Blood) ...will continue wound care". A record review of the "Progress Notes" dated 7/2/24 at 10:30 AM, completed by MD #1 revealed "R heel ulcer III (Stage 3) debrided.

A record review of the "Culture Wound W Gram Stain" revealed a wound culture was obtained on

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 686	Continued From page 124	F 686		

6/9/21 with the "Source" indicated as "right heel". A review of the "Laboratory Results" dated 6/13/21 at 4:00 PM indicated "Moderate Growth Klebsiella pneumoniae , Heavy Growth Diphtheroids, Moderate Growth Coagulase negative Staphylococcus, Light Growth Citrobacter braakii".

A record review of "(Name of Local Hospital) Discharge Summary revealed Resident #21's "Date of Admission to (Local Hospital): 6/9/21 and Date of Discharge: 6/17/21" ..."Reason for Admission: Pt required parenteral antibiotics, resp (respiratory) support and mngmnt (management) of medical comorbidities ..."Skin: The medial aspect of the right heel has a decubitus ulcer. Initially, there was an eschar overlying the ulcer I did a sharp debridement ...A wound culture was taken. The lesion measures 28 mm longitudinally x 26 mm transversely x approximately 4 mm in depth" ..."Discharge Medications: ...Santyl ...Indication: Stage III (Stage 3) DU of the right heel."

A record review of "Nurses Notes" dated 7/2/21 at 1:00 PM revealed "(Proper Name MD #1 debrided res Rt heel ...".

A record review of the "Treatment Chart" for the month of May, 2021 revealed "Heel protectors at all times (every shift)" was missed 9 (nine) times from 5/20/21 to 5/31/21 (New order dated 5/20/21). "Damp to Dry NS dressing to Rt foot (heel) ulcer Q12: Stage II notify MD of acute changes" was missed 3 (three) times from 5/20/21 to 5/31/21 (New order dated 5/20/21).

A record review of the "Treatment Chart" for the month of June 2021 revealed "Heel protectors at

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 686	Continued From page 125	F 686		

all times (every shift)" was missed 15 times (Resident #12 in acute care hospital 6/9/21 through 6/17/21). "Float Rt heel (every shift)" was missed ten (10) times from 6/17/21 to 6/30/21 (New order started 6/17/21). "Rt Heel clean with NS, pat dry apply Santyl BID and cover with gauze dressing" was missed six (6) times from 6/17/21 to 6/30/21 (New order started 6/17/21). "Wkly Body Audits check for breakdown/any new skin problems P=Present A=Absent if present notify MD and document in Nurses notes" was missed one (1) time.

A record review of the "Treatment Chart" for the month of July 2021 revealed "Heel protectors at all times (every shift)" was missed 16 times. "Float Rt heel (every shift)" was missed ten 17 times. "Rt Heel clean with NS, pat dry apply Santyl BID and cover with gauze dressing" was missed 15 times. "Wkly Body Audits check for breakdown/any new skin problems P=Present A=Absent if present notify MD and document in Nurses notes" was missed one (1) time.

A record review of the Hospice "Visit Note Report" dated 6/27/21 (initial visit) revealed "Pt noted with Stage 3 wound to right heel, 3.2 x 2.9 x 0.2, wound bed yellow slough tissue ..."

On 8/27/21 at 10:00 AM an interview with Medical Director (MD #1) revealed he was "not aware of a monthly wound report; that would be nursing supervision". When asked if the facility had a system for making sure body audits are completed, he stated that would fall under the purview of nursing supervision and oversight. He stated he was not surprised that the Medication Chart and the Treatment Chart had blank spaces where medications and treatments had not been

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 686	Continued From page 126	F 686		

documented, but that fell under the purview of nursing supervision.

On 8/27/21 at 11:30 a.m. in an interview with the Director of Nursing (DON), she stated Registered Nurse (RN) #1 was responsible for measuring wounds weekly and thought the wounds were measured but had not been transferred to the "Pressure and Nonpressure Wound Report (Form JNH 117)" and she is not sure what happened to the measurements. She further stated the nurses are to complete body audits on all residents and record the outcome of the body audit on the Treatment Chart. She confirmed there is missing documentation on the Treatment Charts.

On 8/28/21 at 11:45 AM, an interview with Licensed Practical Nurse (LPN) #3 revealed she stated if a nurse did not initial the Medication Chart or Treatment Chart, "If you don't sign it, it's not done or forgot". She stated body audits were "supposed to be done every week", and "there is a system to make sure the body audits get done, that's under the supervisor".
On 8/28/21 at 12:25 PM, an interview with LPN #6, she stated if a nurse did not initial the Medication Chart or Treatment Chart, "It wasn't done". She stated body audits were "supposed to be documented on the Treatment Chart and in the Nurses Notes". LPN #3 stated a system for ensuring body audits are done "is up to the administration".

In an interview with LPN #5 on 8/28/21 at 12:45 PM, she stated if a nurse did not initial the Medication Chart or Treatment Chart, "They didn't do it". LPN #5 stated she was not aware of a system for ensuring body audits are done.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 686	Continued From page 127	F 686		

In an interview with the Nurse Administrator on 8/31/2021 at 12:20 PM, she stated she is aware there is a problem with missing weekly wound assessments and measurements. She also stated in April 2021, she had made the Previous Administrator, Previous MDS Nurse, and the current Director of Nursing (DON) aware of missed documentation of weekly wound measurement, supporting devices, changes in wound conditions, and staging as part of standards of practice as well as the regulatory requirements concerning wounds.

On 8/31/21 at 2:30 PM, in an interview with the Director of Nursing she confirmed the procedure for recording pressure wounds is the Registered Nurse (RN) will complete a "Pressure and Nonpressure Wound Report (Form JNH 117)" when a wound is discovered and will record the wound characteristics and measurements. The DON confirmed the wounds should be measured weekly and should be documented on the back of the initial "Pressure and Nonpressure Wound Report (Form JNH 117). The DON confirmed there are no "Pressure and Nonpressure Wound Reports (Form JNH 117) completed for May, June, and July for Residents #1, #3, and #12. The DON stated the "Building 78 Wound Report" is a monthly form that is used to list the wound progression weekly for resident's with wounds and she did not know why the nurse did not update the form weekly because she thought the RN was measuring weekly.She stated RN#1 was frequently required to work a medication cart and she (DON) was "out a lot" because she had been sick.

On 8/31/21 at 4:00 PM, in an interview with RN #1, she stated she only completed the "Pressure

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 686	Continued From page 128	F 686		

and Nonpressure Wound Report (Form JNH 117)" if she had time. RN #1 stated she had talked to the Nurse Administrator and DON because she was unable to work the medication cart and complete the required wound documentation, such as measuring wounds weekly and completing the required forms. RN #1 stated the demands of the day shift were too great for her to be able to do both and she could not do wound measurements every week.

On 9/01/21 at 9:10 AM, in an interview with the MD #1, he stated the nurses should have done assessments and taken measurements of wounds every week. MD #1 stated body audits and wound measurements fell under Nursing Services. MD #1 stated "the nurses should have assessments and measurements of wounds; that should be done every week".

On 9/01/21 at 9:20 AM, an interview with DON #3 stated body audits and wound measurements are supposed to be done every week and documented on the Treatment Chart and in the Nurses Notes. She stated she had recently become aware the nurses were doing the audits and measuring the wounds and recording their findings on post it notes which were not kept.

On 9/01/21 at 3:15 PM an interview with the Admission Coordinator and interim Minimum Data Set (MDS) nurse stated she was aware, "They're supposed to be doing weekly body audits" referring to the nurses on duty and stated, "Wound assessments are supposed to be done weekly". She stated the DON is responsible for making sure assessments are documented appropriately.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 686	Continued From page 129	F 686		

On 9/01/21 at 3:40 PM an interview with the Nurse Administrator revealed weekly "Pressure and Non-Pressure Wound Report" for each wound should be completed weekly by the RN. She stated "I recognized in April (2021) that the documentation wasn't there. I met with the DON, MDS Nurse, and the Administrator, the doctor wasn't there. I went over it with them and told them we were going to have to QAPI (Quality Assurance and Performance Improvement) this."

REMOVAL PLAN

The facility submitted an acceptable Removal Plan on 9/8/21 for the Immediate Jeopardy (IJ) and Substandard Quality of Care. Review of the facility 's Removal Plan revealed the facility took the following corrective actions to remove the IJ:

Removal Plan

On September 7, 2021, at 5:15p.m. the Administrator was notified of the Immediate Jeopardy related to Pressure Wounds and Quality Assurance and Performance Improvement (QAPI). The facility failed to ensure residents who were admitted to the facility without pressure ulcers, did not acquire pressure ulcers, pressure ulcers did not worsen or pressure ulcers did not become infected. This affected Residents #1, Resident #3, and Resident #12. The facility failed to provide documented evidence that through the Quality Assurance and Performance Improvement (QAPI) Program, data had been reviewed and analyzed related to identified concerns of pressure ulcer documentation, missed treatments and skin assessments.

The following corrective actions were taken to

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 686	Continued From page 130	F 686		

remove the immediacy of the identified concerns:

1. On September 2, 2021, at 11:00 a.m. the facility QAPI Committee met to discuss and identified the facility was not following the Wounds Policy and Procedures, Wound Documentation and using the facility Nursing Home Pressure and Nonpressure Wound Report (JNH 117). The committee discussed that physician orders need to be followed as written and identify if the injury was acquired internally or externally. The committee discussed issues that may have led to the breakdown of missing documentation, such as a high percentage of contract/agency/pull licensed nurse staff not being fully aware of what is required of them with documentation and the expectation of nurses and the role of the QAPI Committee. The committee discussed in-servicing licensed nurse staff on Wound Policy and Procedures, documentation on the Medication Administration Record and Treatment Chart, and form JNH 117 to ensure wound progression is documented and monitored weekly by the Director of Nursing. The QAPI Committee reviewed Policy JNH 117; no changes were needed.

2. On September 2, 2021, at 3:00 p.m. the facility Nurse Administrator began to in-service licensed nurses on Wound Care Policy and Procedures and using Form 117 to ensure the physician orders are carried out for wound treatments and ensure the pressure ulcers/injuries are measured and staged (by a RN) on a weekly basis to measure the progression of wound healing. Treatments are to be provided by a licensed nurse as ordered; dressings are to be labeled with nurses ' initials and date; and treatments documented on the Treatment Chart. No staff will

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 686	Continued From page 131	F 686		

be allowed to work until in-serviced.

3. On September 7, 2021, at 9:00a.m. the facility Licensed Practical Nurse#3 and Licensed Practical Nurse#5 began performing body audits on all residents and documented the findings on the Treatment Chart. A review of records identified thirty-nine residents were at risk for impaired skin integrity. On September 7, 2021, the body audit revealed identification a stage II on Resident #5 that was acquired in the facility. The facility building Physician staged the wound. The Physician wrote new treatment orders for Stage II Pressure Injury on Right Buttock. Physician reviewed treatment orders for all residents with skin issues; and there were no changes needed.

4. On September 7, 2021, at 6:30p.m. the facility Nursing Home Nurse Administrator in-serviced the Director of Nursing on reviewing pressure ulcer documentation, body audit documentation, and reviewing resident ' s charts weekly.

5. On September 7, 2021, at 6:45p.m. the Nurse Administrator and Director of Nursing began in-servicing all licensed nurses and certified nurse aides on Skin, Wound Care and Reporting skin issues to ensure staff is aware to immediately report any signs of skin irritation and breakdowns. The Nurse Administrator discussed QAPI and the function of QAPI addressing any concerns that require special attention in improving the quality of care for the residents. No staff will be allowed to work until in-serviced.

6. On September 8, 2021, at 10:30 a.m., the facility Quality Assurance Performance Improvement (QAPI) committee met to discuss Wounds and Wound Documentation. The

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 686	Continued From page 132	F 686		

meeting was conducted with the facility Hospital Director, the facility Nursing Home Director, Chief Medical Doctor, the facility Nursing Home Administrator, the facility Hospital Nurse Executive, the facility Nurse Administrator, Director of Nursing, Minimum Data Set (MDS) Nurse, Service Outcome Director, Infection Prevention Nurse, Licensed Social Worker, Behavior Health Specialist, Certified Nurse Aid, and Recreation staff to discuss and determine corrective actions to prevent further incidents. Corrective actions discussed were to perform body audits on all residents and document findings, to use the CASPER and Infection Prevention monthly reports to track and trend wounds.

7. Beginning September 8, 2021, at 11:30a.m. the Nurse Administrator and the Director of Nursing will monitor and review the Medication Administration Report the Treatment Charts, Body Audit Documentation, Weekly Wound Report for pressure injuries, surgical and skin tears, and ensure treatments are provided.

Validation

On /21, the SA validated the facilities removal plan on 9/10/21 and verified the facility had implemented the following measures to remove the IJ:

1. The SA validated through staff interviews and record review of the QAPI sign in sheet the facility discussed the Wounds Policy and Procedures and missing documentation at a QAPI meeting on 9/2/21.

2. The SA validated through record review of sign

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 686	Continued From page 133	F 686		

in sheets and staff interviews the Nurse Administrator initiated an in-service beginning 9/2/21 regarding the facility ' s Wound Care Policy and Procedures and the use of Form 117 for wound assessments, measurements, and treatments. No staff was allowed to work until in-serviced.

3. The SA validated through record review of resident Treatment Charts, Nurses Notes, Physician Orders and Progress Notes that on 9/7/21 all residents had a body audit which revealed one resident with a pressure injury in which the MD assessed and wrote new orders and furthermore, the MD assessed all residents ' wounds and reviewed treatment orders with no changes needed.

4. The SA validated through record review of the in-service sign in sheet and staff interviews the Nurse Administrator provided an in-service to the DON regarding pressure ulcer documentation, body audit documentation, and reviewing resident ' s charts weekly.

5. The SA validated through record review of the in-service sign in sheets and staff interviews that on 9/7/21 the Nurse Administrator and the DON initiated in-servicing for licensed nurses and certified nurses aides on Skin, Wound Care, and Reporting skin issues and the function of QAPI and quality of care for residents. No staff was allowed to work until in-serviced.

6. The SA validated through staff interviews and record review of the QAPI sign in sheet the facility discussed the wound documentation, Policy and Procedures and missing documentation and use of monthly reports for tracking and trending

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 686	Continued From page 134 purposes at a QAPI meeting on 9/8/21. 7. The SA verified through staff interviews the Nurse Administrator and DON are monitoring and reviewing the Medication Administration Reports, Treatment Charts, Body Audit Documentation, and Weekly Wound Reports. The SA validated that all corrective actions to remove the IJ had been completed as of 9/7/21, and the IJ was removed on 9/8/21, prior to exit.	F 686		
F 725 SS=K	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 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	F 725		10/22/21

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 725	Continued From page 135 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 policy review, record review, staff interviews, and resident interviews the facility failed to provide sufficient qualified nursing staff to provide nursing related services to assure resident safety for one (1) of two (2) units, as evidenced by twenty (20) residents without licensed nursing services from 4:55 PM to 11:00 PM on 7/25/21 on the South Unit of the facility. Licensed Practical Nurse (LPN) #4 was scheduled to report at 3:00 PM on 7/25/21, but LPN #4 did not call in and did not arrive for her shift at the facility. Registered Nurse (RN) #1 had been scheduled to work 7:00AM until 3:30 PM on 7/25/21 and had worked since 7:00 AM and left the facility at 4:55 PM without on-site licensed nurse relief present. LPN #1 arrived for work at 3:00 PM but did not accept responsibility for the twenty (20) residents on the South Unit of the facility. The Nurse Administrator and the Registered Nurse (RN) Nurse Manager were aware RN #1 refused to stay. Contract and agency nurses did not respond to the call for replacement. No licensed nurse reported to duty on the South Unit of the facility between 4:55 PM and 11:00 PM. The facility failed to follow it's stated procedure for replacing staff in case of call-ins or "no call, no shows". The Nurse Administrator and the RN Manager were aware of the staffing problem and the On-Call Administrator was not notified. The On-Call Director of Nurses failed to "assure a minimum of one licensed nurse per floor, per building" as needed according to the facility's policy.	F 725	1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice. On 07/25/2021 at 11:30 p.m., Licensed Practical Nurse (LPN)#1 immediately assessed Residents #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19, and #20 affected by the insufficient licensed nursing staff and no negative outcomes or harm noted. On 07/26/2021, the attending physician was notified that South Side had insufficient licensed nursing staff on 7/25/2021 from 5:00 p.m. to 11:00 p.m. On 7/26/2021, the attending physician assessed Residents #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, and #15, #16, #17, #18, #19, and #20 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 7/26/2021, all physician□s orders of Jaquith Inn residents with medication and treatments were reviewed by a Registered Nurse and identified 40 of 40 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.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 725	Continued From page 136 The facility failed to provide a licensed nurse from 4:55 PM until 11:00 PM on 7/25/21 to administer medications, treatments, and nursing services which placed the twenty (20) residents residing on the South unit of the facility in a situation which was likely to cause serious injury, harm, impairment, or possible death. The State Agency (SA) identified an Immediate Jeopardy (IJ) which began on 7/25/21, when the facility failed to provide a licensed nurse to provide necessary supervision, medications, treatments, or monitoring. On 8/05/21 at 5:15 PM, the SA informed the Nursing Home Administrator of the IJ and provided the facility with the IJ Template. The facility submitted an acceptable Removal Plan on 8/07/21 at 10:00 AM, in which the facility alleged all corrective actions to remove the IJ were completed on 8/06/21 at 5:00 PM and the IJ was removed as of 8/07/21. The SA validated the Removal Plan on 8/09/21 and determined the IJ was removed on 8/07/21, prior to exit. Therefore, the scope and severity for CFR 483.35 (a)(1)(2)-F725 (Sufficient Staffing) 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: Record review of the facility policy titled "ACCOUNTABILITY FOR NURSING	F 725	On 07/28/2021, the Jaquith Nursing Home Nurse Administrator counseled the Registered Nurse#1 who did not stay to work 3-11pm shift on 7/25/21. On 08/02/2021, the Director of Nursing in-serviced Certified Nursing Assistants, Licensed Practical Nurses, and Registered Nurses on Jaquith Nursing Home Chain of Notification for Staffing Concerns protocol. The in-service was to ensure the staff understands the protocol for notifying administration of staffing issues, availability and accessibility of nursing staff on a continuing basis to provide nursing services and supervision necessary to prevent serious injury, serious harm, serious impairment, or death. On 08/02/2021, the Jaquith Nursing Home Nurse Executive revised the Chain of Notification Staffing Concerns protocol. The revised Chain process is as follows: any staff can call the operator when they notice insufficient nurse supervision for the shift. The Mississippi State Hospital operator will notify the Jaquith Nursing Home Ground Supervisor, if the Ground Supervisor is not present the operator will call the Director of Nursing on call. If Ground Supervisor is unable to staff the building with an available nurse, then he/she will notify the Director of Nursing on call. The Director of Nursing on call will call the building Director of Nursing who will attempt to staff the nurses needed and if unable will notify the Nursing Staffing Director or Coordinator. Nursing Staffing Director or Coordinator will attempt to staff the nursing homes and if	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 725	Continued From page 137 PERSONNEL ASSIGNMENT" dated August 2020, SUPERSEDES February 2017 revealed "1. PURPOSE AND APPLICABILITY. This policy defines the steps to be followed in accounting for nursing personnel reporting to (Proper name of the facility) on each shift. This policy applies to all (facility) nursing personnel ...3. PROCEDURE. The Director of Nursing (DON) will be responsible for preparing the (facility) nurse schedule and unit assignment for each 24-hour period. The schedule and assignment will be forwarded to the Nurse Staffing Coordinator (NSC) and placed on a master staffing schedule. B. The NSC or DON on call will verify by telephone that scheduled nurses are present in the assigned buildings/units at 7:00 a.m., Monday through Friday. 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 ...will take call-ins from 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 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 ...E. On weekends and holidays ...The A-Shift RN supervisor ... will verify that A-Shift scheduled nurses are present in their assigned building. The A-Shift RN Supervisor ... will verify that B-Shift scheduled nurses are present in their assigned buildings. The B-Shift RN Supervisor or DON on call will verify that C-Shift scheduled nurses are present in their assigned building. (l) If the Nursing Services Coordinator(NSC) receives a call in from a (Proper Name of facility) nurse, a	F 725	unable they will notify the Jaquith Nursing Home Administrator. The Jaquith Nursing Home Administrator on Call will determine with the Director of Nursing on call which buildings can be operated with one nurse if additional nurse coverage cannot be found. The remaining building nurse on duty will continue to provide care to all residents until relief arrives or the emergency coverage tier process is activated by the Director of Nursing on call. On 08/03/2021, the Director of Nursing in-serviced all licensed nurses and Certified Nurses Assistants on Jaquith Nursing Home Policy (550-05) Accountability for Nursing Personnel Assignment to ensure that nurses understand the steps to be followed in accounting for nursing personnel reporting on each shift. On 08/06/2021, the Nurse Executive in-serviced Registered Nurse#1 on the following policy and procedures: Medication Administration, Medication Keys, Narcotics, Mandated Overtime to ensure an incident of leaving the medication cart and/or building without counting off with another nurse does not reoccur nor leaving patients uncared for without relief. On 08/06/2021, Jaquith Nursing Home Nurse Executive implemented staff changes and an on-call schedule with the Staffing Director and Staffing Coordinator to ensure adequate staffing is in place. The Staffing Director and Staffing Coordinator will contact scheduled nurse staff to verify commitment to their shift.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 725	Continued From page 138 cancellation that the agency was not able to replace, or nurses shown on the written schedule cannot be accounted for, the nurse designated for staffing will call all buildings to ask (Proper Name of facility) nursing staff if they would work overtime, then call the authorized nursing agencies in an attempt to acquire the required minimum nursing staff, if staffing nurse is unable to acquire the minimum nursing staff he/she will notify the DON on call. (2) No licensed nurse will leave the assigned unit until there is relief by another licensed nurse at shift change. (3) When necessary, nurses will be pulled to buildings that has only one (l) nurse. If a building has three (3) or more nurses, excluding the DON, a nurse will be pulled to the buildings of need to maintain a minimum of two (2) nurses on all shifts. (4) At no time will a licensed nurse leave a building without on-site licensed nurse relief. Should a nurse have to leave the building for a meal break or for an emergency, the nurse will notify the on-site RN Supervisor and/or designated staffing person for relief arrangements. F. Shift leaders will notify the shift RN Supervisor and/or DON on call immediately should a licensed nurse leave without relief and there is no other licensed nurse on the unit. The RN supervisor and/or designated staffing nurse will notify the DON on call." Record review of facility "Nurse Staffing Schedule" revealed no licensed staff was on duty for the South unit of the facility from 4:55 PM through 11:00 PM on 7/25/21. Record review revealed the facility completed an investigation related to insufficient staffing on 7/25/21. Record review of the facility "Investigative	F 725	The Staffing Department has personnel twenty-four hours to receive call-ins from employees. An employee has to call-in at least two hours before their shift if they are unable to work. The Staffing Department calls each building daily to verify the number of employees on each shift. If a building is short of staff, the staffing personnel may pull from another building to cover the staff shortage. On 08/08/2021 through 08/14/2021 and 09/22/2021, the Jaquith Nursing Home Nurse Administrator in-serviced licensed nurse staff on Jaquith Nursing Home Policies (210-104) Medications, Administration, Timing and Treatment, (210-116) Management of controlled Substances, (210-100) Medication Keys, and Mandated Overtime to ensure incident(s) of leaving the medication cart or building without counting off with another nurse does not reoccur. Beginning 08/19/2021, to ensure sufficient nursing staff is available to provide care for the residents, the Jaquith Nursing Home administrator on-call verifies each shift□s staffing daily with the Staffing Department. Any insufficient staffing concerns will be discussed through the conference call initiated by the Nursing Home Administrator on-call along with the Nurse Staffing Director and/or Nurse Staffing Coordinator, and Certified Nursing Assistant Staffing Director for all shifts. After the conference call, if shifts are not covered by licensed nurses or Certified Nurse Assistants, the Nurse Staffing Coordinator/Nurse Staffing Director will coordinate with the Director of	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 725	Continued From page 139 Findings" dated 8/03/21 revealed: "INVESTIGATIVE FINDINGS-August 3, 2021-NEGLECT: MULTIPLE RESIDENTS-AIT-The Department of Safety and Investigative Services was notified that on Sunday, July 25, 2021, B-shift only had I nurse from 4:55 p.m. until 1 1 p.m. (LPN #1) covered the North Side Hall for B & C shift. The South Side Hall did not have coverage for B-shift. LPN (#2) worked the South Side Hall for C-Shift 11:00 p.m. until 7:00 a.m. A-Shift (RN #1) worked South Side Hall from 7:00 a.m. until 4:55 p.m. but did not pass any medications while she waited for a nurse to relieve her for B-Shift 3-11. The Contract Nurse, (LPN #4), scheduled for B-Shift was a no call/no show and (RN #1) left stating that she had told the DON on call that she could not stay over that day prior to working A-shift. (LPN #4) also worked A-Shift and was asked if she could stay over for B-Shift and also stated that she could not work B-Shift and left at 4:55 p.m. FINDNGS: NEGLECT - SUBSTANTIATED AGAINST THE FACILITY FAILURE To FOLLOW POLICY JNH POL J550-05 ACCOUNTABILITY FOR NURSNG PERSONNEL ASSIGNMENT - IS SUBSTANTIATED AGANST (Nurse Administrator) and (RN #1) ... Therefore, Neglect is substantiated against the facility ... Failure to follow policy JNH POL J550-05 ACCOUNTABILITY FOR NURSING PERSONNEL ASSIGNMENT is substantiated against Nurse Administrator, DON- on call and	F 725	Nursing on-call and the Nursing Home Administrator on-call to reassign staff to ensure needs are met for 30 days on 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.) using the Jaquith Nursing Home Staffing Concern Log. Any adverse staffing concerns or issues during weekly meeting will be reported to Jaquith Inn Nursing Home Administrator. 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. On 08/19/2021, Jaquith Nursing Home Administrators, Nurse Staffing Director/Nurse Staffing Coordinator, and Certified Nursing Assistant Staffing Director will meet weekly for 30 days to review the weekend and weekday schedule of certified nursing assistants and nurses 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.) using the Jaquith Nursing Home Staffing Concern Log. Any adverse staffing concerns or issues during weekly meeting will be reported to Jaquith Inn Nursing Home Administrator. Beginning 08/19/2021, the Jaquith Nursing Home Administrator will document staffing issues using the Jaquith Nursing Home Staffing Concern	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 725	Continued From page 140 RN (#1). Nurse, LPN (#4) was a no call/ no show for B-shift on B78. Nurse Administrator, DON on call did not provide coverage for B78 B-shift. E. (2) No licensed nurse will leave the assigned unit until there is relief by another licensed nurse at shift change. (4) At no time will a licensed nurse leave a building without on-site licensed nurse relief. Should a nurse have to leave the building for a meal break or for an emergency, the nurse will notify the on-site RN Supervisor and/or designated staffing person for relief arrangements. RN (#1) notified the RN Supervisor that she was leaving but no relief was sent, and she left the South Side Unit without a licensed nurse." On 8/03/21 at 10:20 AM, in an interview with the Nursing Home Director, Administrator-in-Training (AIT), and Minimum Data Set (MDS) Nurse revealed Nursing Home Director stated the Nurse Administrator was taking DON on call over that weekend. ON 8/03/21 at 3:48 PM, an interview with LPN #1, revealed RN #1 left the facility on 7/25/21 without on-site relief present, he reported that he was not sure of the time. "She (RN #1) told them she couldn't stay and left at 4:55 PM and the RN Supervisor called between 6:00 PM and 6:30 PM and asked if (RN #1) was still here". LPN #1 stated he told the RN Supervisor "no". When asked how he knew RN#1 had left the facility LPN #1 stated "she said she couldn't stay and after I didn't see her in the building for about an hour, I knew she had left". LPN #1 stated he had not been asked to "count" the 'South Side' narcotics (indicated verification of accuracy of	F 725	Log daily for 30 days, then weekly for 30 days to ensure sufficient nursing staff are available to provide care for the residents. Beginning 08/25/2021, 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 Director of Nursing and Nursing Home Administrator weekly. Beginning monthly on 10/06/2021, Jaquith Inn Nursing Home Administrator will report the audit findings to the Jaquith Inn Nursing Home Quality Assurance Performance Improvement (QAPI) Committee for three months to ensure substantial compliance has been achieved as determined by the committee. Should systemic changes not be effective the Quality Assurance Performance Improvement committee will investigate and determine further action(s) needed based on findings.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 725	Continued From page 141	F 725		

narcotic medication count), RN #1 did not tell him when she left, and he did not know where she left the keys to the medication cart or the narcotics lock box for the South Unit. LPN #1 stated he had not reported the situation to anyone "because I knew they already knew what was going on". He confirmed he had not administered any medications or treatments to residents on the South Unit on 7/25/21.

On 8/04/21 at 9:15 AM, an interview with the Medical Director (MD #1), revealed he "found out" on the afternoon of Monday, 7/26/21 that RN #1 had left the facility at 4:55 PM on 7/25/21 without on-site relief present. MD #1 stated he assessed all wounds of the residents on the "South Side" of building 78 on Wednesday 7/28/21 and stated, "they all appeared stable". When asked what he thought about the residents being without a nurse, MD #1 stated he thought it was "troubling". When asked if there were any residents he felt were vulnerable MD #1 stated in his opinion the residents who received antiseizure medications were particularly at risk for negative outcomes, especially because the residents on "South Side" of building 78 were prone to breakthrough seizures "every few weeks" and of the residents diagnosed with seizure disorders, those prescribed "linear medications" were at the highest risk of breakthrough seizure activity due to having missed a dose of their antiseizure medication. MD #1 stated any resident who had had a recent psychoactive medication change or had recently been started on a new psychoactive medication were most at risk for behavioral disturbances due to having missed a dose of their psychoactive medications. MD #1 stated that although there were no diabetic residents which required routine blood glucose monitoring on "B

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 725	Continued From page 142	F 725		

shift" 3:00PM - 11:00PM it would have been important to have a licensed staff member monitoring diabetic residents for signs and symptoms of hyperglycemia or hypoglycemia. When asked where he thought the breakdown in providing adequate staffing occurred, MD #1 stated "Nursing leadership".

On 8/04/21 at 10:00 AM, an interview with RN #1 revealed she stated she left the facility at 4:55 PM on 7/25/21 without on-site relief present. RN #1 stated she did not administer any medications or treatments to any residents on the South Unit after 4:55 PM on 7/25/21 and did not administer any medications or treatments scheduled for 6:00 PM on 7/25/21. She stated she was scheduled and worked "South Side" of the facility "A shift" 7:00 AM - 3:00 PM on 7/25/21. RN#1 stated at approximately 2:45 PM JNH Nurse Administrator phoned and asked her if she or LPN #3 (who had worked North Unit since 7:00 AM the morning of 7/25/21) could work the 3:00PM-11:00PM shift. RN #1 stated she told the Nurse Administrator she could not stay over to work "B shift" from 3:00 PM until 11:00 PM on the evening of 7/25/21. RN #1 stated she "went down the hall and asked" LPN #3, and LPN #3 also stated she could not stay over and work. RN #1 stated the Nurse Administrator, who was "on-call", stated she was "too tired to come in and take the keys (work)". RN #1 stated at approximately 3:00 PM the Nurse Administrator "texted and stated the shift had been covered". RN #1 stated "at around 3:45 (PM) I called Nursing Staffing and they gave me the run around and said whoever would call me. Around 4:20 PM the Nurse Administrator texted and said LPN #4 was not coming in, and asked could I please stay, but I told her I had a family commitment, and I couldn't". RN #1 stated she

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 725	Continued From page 143	F 725		

gave shift report to the CNA's when they arrived for work at 3:00 PM; RN#1 stated, "the residents were fine". RN #1 denied asking LPN #1 to accept responsibility for the "South Side" of the building and stated, "that's not a thing". RN #1 stated the RN Nurse Supervisor called after 4:00 PM and "asked me to stay and I told him no. The RN Supervisor said he was working the cart in another building and couldn't come work. He told me to call the operator, then the operator connected me to DON #1, and I informed her I couldn't stay, and she told me to call the Nurse Administrator back and let her know. I called her extension and didn't get an answer." RN #1 stated she "was tired from working short with no housekeepers and only one (1) CNA on each side and doing three (3) people's jobs on the weekends". RN #1 stated she left the facility without an on-site relief present. When asked why she thought the alleged neglect occurred stated again that she "was tired from working short with no housekeepers and only one (1) CNA on each side and doing three (3) people's jobs on the weekends" she stated she told nursing administration "over and over" she could not stay over on 7/25/21. She stated she thought "staffing" and the facility being "short on staff" caused the problem. When asked how staff responded when the residents requested assistance, she stated "I stayed until almost 5:00 (PM) and I got the residents what they wanted while I was here". When asked what she considered as neglect she responded, "when staff don't take care of the residents". When asked what she would do if she suspected that a resident is not receiving necessary care and services she stated, "report it". When asked what actions were taken by the nursing home, RN #1 stated she thought the facility had tried to find someone to come in to

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 725	Continued From page 144	F 725		

work. When asked what training had been received from the facility on neglect identification, prevention, and reporting requirements she responded "In-services".

On 8/04/21 at 11:00 AM, an interview with the Nurse Administrator revealed her job duties included monitoring nursing services. She stated, "due to lack of staff and nurses" she offered to work the cart and take call. She also stated she was the interim Director of Nurses (DON) for two (2) months at another building during June and July of 2021. The Nurse Administrator stated, "I was on call the week before and that weekend DON #1, was on call that weekend and on Thursday or Friday she called me and asked me to take call and I told her I would, but I could not work due to plans for the weekend." Nurse Administrator stated on 7/23/21 she came in to work 11:00AM-7:00AM and came back and worked 11:00PM-7:00AM on 7/24/21. She stated she texted the Staffing Director at 1:02 AM she would not be able to work anymore on 7/24/21. She had not slept for twenty-four (24) hours and was sick with a virus. She stated she notified the RN nurse supervisor on 7/24/21 and "let him know that I was sick and would be unable to work anymore the weekend". She stated on 7/25/21 the Nursing Home Director called her and asked her to go to the campus to check on another matter in another building. She stated while she was there, she went to her office and checked the J-Drive and saw a nurse on another building had called in for the 3:00PM-11:00PM shift. Nurse Administrator stated it was common practice to "move nurses around" to fill positions as needed due to call-ins. Nurse Administrator stated at 2:45 PM she phoned the facility and asked RN #1 and LPN #3 if one of them could stay and work the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 725	Continued From page 145	F 725		

3:00PM-11:00PM shift due to a call-in at a different building, but both declined. She stated that at 3:00 PM she thought she had the staffing covered, but then LPN # 4 did not show up for work for 3:00PM-11:00PM shift. She stated there was some back and forth between herself and RN #1 during which she "reminded her" of the MSH policy and procedure mandatory overtime and RN #1 reiterated that she could not stay over. SA asked Nurse Administrator to explain the procedure in place on 7/25/21, for notification nurses were to make on weekends or after business hours if their relief did not arrive. The Nurse Administrator explained the following: if on-site relief did not arrive the nurse on duty would call the switchboard operator, the operator would call the RN supervisor, if the RN supervisor was unable to relieve the nurse themselves, they would notify the DON on call and the Staffing Director, if the DON on call was unable to relieve the nurse the Staffing Director would call the Nurse Administrator, the Nurse Administrator would notify the administrator on call. Nurse Administrator stated she had notified the Staffing Director and the Administrator on call. She stated the staffing agency the facility had a contract with was called and texted, but no nurses responded. When asked how she monitored for the deployment of sufficient numbers of qualified and competent staff across all shifts to meet resident needs Nurse Administrator stated the facility nursing supervision and staffing department used the "J Drive" which she reported they all had access to. When asked how the facility determined staffing assignments based on the levels and types of care needed for the resident(s) she said they referred to the facility assessment. When asked how staff communicated across shifts, she listed the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 725	Continued From page 146	F 725		

morning meeting, e-mail, text messaging, telephone calls and printed notifications posted at the timeclocks in the buildings the staffing department is located where the agency and contract staff clocked in. When asked why she thought the alleged neglect occurred, she stated it was because RN #1 left without relief. When asked how nursing supervision/administration monitored for staff burnout, which could contribute to neglect, the Nurse Administrator stated the facility tried to adhere to scheduling practices such as limiting nurses to forty (40) hours per week and using agency and contract nurses to "fill in the blanks". The Nurse Administrator stated if there are concerns, such as insufficient staffing, she would report this to administration. When asked what the response of the administration, the Nurse Administrator stated the administration had developed a written "Chain of notification" and posted it prominently. The Nurse Administrator stated "burnout" is a real concern and the nursing supervision and administration try to monitor for it. She added that COVID-19 had caused additional strain on facility staffing. The Nurse Administrator confirmed that when she spoke with her, RN #1 told her she could not stay; the Nurse Administrator left the facility without ensuring sufficient staffing was in place for the South Unit of the facility.

On 8/04/21 at 1:20 PM, an interview with Resident #2 revealed he was the one who reported there was no nurse on 'South Side' hall of the facility, but he could not recall the name of the nurse he reported to or the date. Resident #2 stated, "The problem with the staffing of the CNAs, and the nurses and the shower help has been going on for a while. Then they make the A shift feel obligated and feel guilty to stay." He also

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 725	Continued From page 147	F 725		

stated his opinion was "poor coordination is what I think the problem is". Resident #2 stated he realized there was a problem on 7/25/21 between 7:00 PM and 7:30 PM when he had not received any medicine. He stated medicine was usually administered by the nurses at "around 6:00 PM". Resident #2 stated there were other days before 7/25/21 when medicines had been delivered "late" and he had been told it was because of "staffing". Resident #2 stated "This Sunday (7/25/21) nobody ever came at all". When asked if there were any medication, he was particularly concerned about having not received on 7/25/21, Resident #2 responded "I was supposed to get my suppository, my bowels won't move without it and I don't get it every day, only certain days every week. I get to feeling bad if I don't get it, so it worried me. Also, I was supposed to get a dose of Baclofen muscle relaxer that was missed and that worried me too, but I didn't really have any problem from it". When asked how it made him feel to have not received his medications to which Resident #2 responded "aggravating, frustrating, disappointing, angry. It made me feel insecure.". Resident #2 stated, "I'm dependent on these people. They are responsible for me. It's just like they don't understand that."

On 8/04/21 at 1:40 PM, an interview with Resident #3 revealed he recalled not having received his medications on 'B shift' 7/25/21. Resident #3 was alert and oriented and communicated well verbally. Resident #3 stated "it bothered me to think people don't come to work when they should". He denied having any negative outcome from missing his medications on 'B shift' 7/25/21. Resident #3 stated "They need to do something" and provided clarification, "The people that run this place need to do

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 725	Continued From page 148	F 725		

something to make sure there is somebody here to give us our medicines and stuff".

On 8/04/21 at 2:39 PM, an interview with LPN # 3 revealed on July 25, 2021, she was working 7:00AM-3:00PM shift (B shift) on the North Unit. She stated that on 7/25/21 at approximately 2:45 PM, RN #1 "came down the hall and said the Nurse Administrator wanted to know if either of us would work over". LPN #3 stated she said no. She stated she "finished her treatments and went back to the nurses station around 3:00 (PM) and RN #1 said the Nurse Administrator had called, and someone was coming to relieve us", but the only one who showed up was LPN #1 She stated she "counted" the North side narcotics with LPN #1 and "left between 4:00 (PM) and 5:00 (PM)." She stated RN #1 told her she was going to stay and see if anybody was going to come and RN #1 called 'staffing' and talked to the RN Nurse Supervisor, DON #2, and the Nurse Administrator.

On 8/04/21 at 3:58 PM, a telephone interview with the Staffing Director revealed LPN #1 and LPN #4 were scheduled to work 3:00PM-11:00PM (B shift) on 7/25/21. The Staffing Director stated "On Thursday (7/22/21) at 1:17 PM prior to the weekend I sent a text message to (LPN #4) to confirm the scheduled shifts for the weekend to review and confirm. She texted back and asked if she could be off on Saturday, but I texted her back and told her no, that I really, really needed her and she texted back and confirmed the schedule". She stated LPN #4 did not report for work or call-in on 7/25/21. She was unable to explain beyond that how the South Unit was without a nurse on 7/25/21 from 4:55 PM to 11:00 PM. When asked how residents' acuity, needs,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 725	Continued From page 149	F 725		

and diagnoses considered when determining staffing requirements and assignments the Staffing Director stated, "We try to have two aides for each side (North and South) for day shift and we have a resident on 'North Side' that's on one-on-one". When asked how the facility's census impacts staffing levels, the Staffing Director stated that the census had held steady at forty (40) for quite a while had a maximum of forty-five (45). When asked how call-ins are handled, the Staffing Director stated they "pull staff from other buildings" if available, the DONs could "work the cart", the RN Supervisor on the 3:00PM-11:00PM shift "works the cart if needed" and if none of those staff were available, they relied on "Mandated Overtime". When asked if staff, residents, or families bring up workload concerns and if so, how the concerns are handled, the Staffing Director stated the facility tried to make sure there was enough staff to "take care of the residents". When asked if there was a system in place to address these concerns the Staffing Director stated that even prior to the COVID-19 pandemic staffing had been a concern and it had been exacerbated by the pandemic, but staff were encouraged to report concerns to their supervisor and the concern would move up the chain of command until resolution had been accomplished if possible. She stated staffing was a difficult issue because "it takes everyone working together, coming in when they are supposed to and doing what they are supposed to do while they are here" in order to have an equitable workload. When asked about the turnover rate the Staffing Director reported it was "high".

On 8/05/21 at 12:54 PM, an interview with the Nurse Administrator revealed the Nurse

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 725	Continued From page 150	F 725		

Administrator stated, "I had told the Staffing Director and RN Supervisor on Saturday (7/24/21) per text message I was on call the weekend before as the interim DON at another building and worked the weekend before (7/17/21 and 7/18/21) before I agreed to take call for DON #1". The Nurse Administrator stated "I texted the Staffing Director and told her if she would take call until Sunday morning, I would appreciate it; the Staffing Director said she had called in sick until Thursday and another LPN could cover call-ins for day shift and the RN supervisor would be in at 3:00 PM." The Nurse Administrator stated, "Nurse Executive asked Staffing Director if agency needed to be contacted and the Staffing Director responded she had and would continue to reach out to agency without success; no one returned her calls or messages." The Nurse Administrator stated "I checked the J Drive and saw two (2) nurses had called in." The Nurse Administrator stated she initially intended to move LPN #4 to another building and that is why she called RN #1 at 2:45 PM before it was realized that LPN #4 was not coming in to work at 3:00 PM. Nurse Administrator stated at 4:19 PM, the RN Supervisor texted to say RN #1 had left. The Nurse Administrator also stated LPN #1 had approached her "weeks before" and voiced concerns that he was having to stay over frequently due to mandated overtime and on-site relief not arriving to relieve him. She stated LPN #1 inquired about compensation for working the entire building by himself and working sixteen (16) hour shifts. The Nurse Administrator stated she had reported LPN #1's concerns/request to the Nursing Home Director and was told there were no funds available for such compensation. She stated she had reported this to LPN #1.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 725	Continued From page 151	F 725		

On 8/05/21 at 1:37 PM, interview with DON #1 revealed she was the full time DON of another building. She stated when she started taking call on weekends twelve years ago there was five (5) DONs taking call on weekends, "around 2017" the call rotation dropped to four (4) DONs and in 2021 it dropped to three (3) DONs on the weekend call rotation. She stated prior to 2020 there was not enough staff. She stated the "On-Call" DON's did not have to come in to work to cover call-ins very often until 2019. She stated "over the past two (2) years we've really had to fill in a good bit. In 2021 DONs are having to come in and work the cart every time, every weekend we are on call". She stated the DON on call is on call from Wednesday at 5:00 PM until the following Wednesday at 5:00 PM. She stated the DONs are also having to come in on the 3:00PM-11:00PM and the 11:00PM-7:00AM "quite frequently". DON #1 stated she worked Monday, 7/19/21 through Friday 7/23/21 and worked 11:00 PM 7/23/21 until 8:00 AM 7/24/21. She stated she worked Sunday 7/25/21 7:00 PM and stayed and worked all of 11:00PM-7:00AM at another building, left at approximately 7:00 AM Monday 7/26/21 and returned and worked the cart 3:00PM-7:00PM on 7/26/21 due to call-ins. DON #1 stated "If we are on call, we make every effort to find somebody to replace that person, especially if the nurse has already worked sixteen (16) hours." She stated on 7/25/21, "we had no way to contact the contract nurse that was supposed to have come in". She stated the RN Supervisor "was assigned to a cart". She also stated two (2) buildings were short staffed. DON #1 stated "if the DON on call exhausted all resources and the nurse won't stay it's my responsibility to come in". When asked about outcomes for a resident who missed medications,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 725	Continued From page 152	F 725		

DON #1 stated there could be negative outcomes such as blood sugar with hypoglycemic or hyperglycemic events, behaviors could be affected negatively. The DON #1 stated "usually" there is a housekeeper in the building for eight (8) hours a day. She reported the CNAs sweep after super and take out the trash and do housekeeping like cleaning up spills to provide a safe environment for the residents. She stated the nurses must help the CNAs every day because of the CNA shortage. She stated she thought "Mandated Overtime" was intended for "emergency purposes" and as a "last resort". DON #1 stated "Nurses are exhausted at the end of their shifts because at the end of the day the nurses can do the housekeeping and CNA work but who can do our work."

On 8/05/21 at 3:00 PM, an interview with the Nursing Home Director (NHD) revealed he was aware staffing was a problem for the facility. He stated the staff were all tired and that fatigue affects performance. He stated he had been working there for fifteen (15) years and staffing had "always been a problem". He stated "COVID-19 escalated the challenges". He stated the facility had contracts with three staffing agencies, used "contract" staff and emergency COVID Contracts to try to get staffing. He stated, "when everyone shows up for work, we have enough staff, other days you have call-ins because they are tired from working so much". He stated the staffing problems "are a combination of call-ins and not enough staff". He stated "there are disciplinary steps for excessive call-ins" which could result in attendance counseling, written reprimands, and termination. When asked what effect inadequate staffing could have on residents the Nursing Home

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 725	Continued From page 153	F 725		

Director responded, "Inconsistent staff could result in residents not getting the best care we can give them". He stated adequate staffing was important for residents to be more comfortable, happier and for their safety. When asked his opinion what effects on the residents he might expect if residents did not get medications as prescribed, he expressed concern for residents that were diabetic or had been prescribed medications that were "time sensitive" and stated, "the medications are a concern, a legitimate issue, not having a nurse on that wing." The Nursing Home Director stated he was not aware until Wednesday 7/28/21 that the facility had been without a nurse for six (6) hours on 7/25/21. The Nursing Home Director stated the Nurse Administrator had accepted the responsibility of being "on-call" for the weekend.

On 8/05/21 at 3:30 PM, in an interview with the facility's Interim Administrator revealed when asked how nursing supervision monitored and provided oversight to assure care and services are implemented based upon the care plan and the resident's identified needs, and if there is an acute change of condition, she responded the shift report and physician orders are reviewed in the morning meeting. When asked how the facility monitored staff/resident interactions the Interim Administrator responded direct observation was employed. When asked how the facility monitored for the deployment of sufficient numbers of qualified and competent staff across all shifts to meet resident needs, the Interim Administrator responded the "J Drive" was used to check for sufficient staffing, and staff competencies and in-services were used to ensure competent staff. When asked how the facility determined staffing assignments based on

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 725	Continued From page 154	F 725		

the levels and types of care needed for the residents, the Interim Administrator referred to the census of forty (40) residents with two nurses and the facility's policy for staffing. When asked how staff communicated across shifts, she responded with shift reports, verbal communication and posted written notices. When asked how the facility monitored for staff burnout, which could contribute to neglect, she reported she was aware that all medical personnel were subject to burnout and "getting tired; especially since COVID". She stated the facility tried to provide adequate staffing so that staff were not required to work over forty (40) hours weekly or having to stay over to work unscheduled shifts. She stated the nursing supervision and administration also utilized "agency nurses" and "contract nurses". The Interim Administrator stated the residents on the South Unit did not have a licensed nurse on 7/25/21 from 4:55 PM until 11:00 PM because the nurse scheduled did not come in to work and the nurse at work for 'A shift' (7:00AM-3:00PM) did not stay". The Interim Administrator stated if there were concerns, such as insufficient staffing or lack of availability of food, medications, or supplies, she reported this to administration; she stated the administration had obtained contracts with multiple staffing agencies and made contracts with nurses and were trying to recruit "new hires" to attempt to ensure sufficient staffing. She reported she had not been notified of staffing issues on 7/25/21.

On 8/06/21 at 12:10 PM, an interview with the Nursing Administrator revealed she does not have any input into the Facility Assessment and is not sure how often the assessment is updated. The Nurse Administrator said that the Administrator and the directors discuss the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 725	Continued From page 155	F 725		

Facility Assessment, and the Facility Assessment is most likely changed as the acuity of residents' change. She confirmed that residents' acuity, needs, and diagnoses are considered when determining staffing requirements and assignments. She stated that the facility census does not change based on census because the facility keeps the same staffing as if the census was at maximum and they do not call off staff if the census is low. She stated that each shift has enough staff to take care of the resident's needs. She confirmed that staff will bring their workload concerns to her at times, especially when they are "fed up" and "tired". She stated the staff will use the term "stuck here" when making complaints about being required to work over if the relief staff does not show up for work. She stated she has had a few residents say that it takes a little longer to answer call lights, but the residents say they are getting their needs met. The Nurse Administrator stated that she has not had any complaints from family members related to staffing or staff workload. She stated that she is unsure of what the staff turnover rate is but that she knows it is higher than it used to be. She confirmed that exit interviews are conducted with staff and they discuss the exit interview results in QA meetings.The Nurse Administrator stated the facility did not use position alarms on residents at the time. She confirmed staff are not supposed to leave the medication cart until they count off with a nurse. She states she has stressed to the nursing staff that you cannot leave until you count off with another nurse and that is why she was so shocked that RN #1 had left without counting narcotics. She stated she thought the Nurse Executive had notified the Board of Nursing related to RN #1 leaving without counting.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 725	Continued From page 156	F 725		

The facility submitted an acceptable Removal Plan for the IJ on 8/06/21 at 5:00 PM. Review of the facility's Removal Plan revealed the facility took the following actions to remove the IJ on 8/06/21:

REMOVAL PLAN

In response to the Immediate Jeopardy (IJ) template provided to the Administrator cited on August 5, 2021, at 5:10 p.m., the following is a summary of the event and the actions taken by the facility to remove the Immediate Jeopardy.

Brief Summary

On 07/25/2021 Jaquith Inn Building 78, had insufficient licensed nursing staff from 4:55p.m. - 11:00p.m., which gives us neglect of Residents #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19, and #20 on South Side unit of building 78. Medications were missed and no monitoring for Residents #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19, and #20 during this time frame.

The following corrective actions were taken for Residents #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, and #11, #12, #13, #14, #15, #16, #17, #18, #19, and #20 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 25, 2021, at 11:30 pm Licensed Practical Nurse#1 observed Residents #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19, and #20 and no negative

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 725	Continued From page 157	F 725		

outcomes or harm noted. On 07/26/2021 at 9:00 a.m., the attending physician was notified that there were no adverse reactions. On 7/26/2021 at 9:00 a.m. attending physician observed Residents #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19, and #20 and found no negative outcomes. The attending physician reviewed care plans and no care plans needed to be revised. On July 28, 2021, at 4:52p.m., the Mississippi State Department of Health Division of Health Facilities Licensure and Certification was notified of the incident. On August 3, 2021, at 2:45p.m. the Mississippi Attorney General's Medicaid Abuse and Fraud Division was notified of the incident.

2. On July 28, 2021, at 2:30pm until 3:00pm Jaquith Nursing Home Nurse Administrator verbally counseled the Registered Nurse #1 who did not stay to work 3-11pm shift on 7/25/21. On 08/06/2021 at 3:30 p.m., the Nurse Executive did a one on one in-service with Registered Nurse#1. Registered Nurse#1 was educated and counseled on the following policies and procedures: Medication Administration, Medication Keys, Narcotics, Mandated Overtime to ensure incident of leaving the medication cart and or building without counting off with another nurse does not reoccur nor leaving patients uncared for without relief. On 08/06/2021 at 3:30p.m., the Nurse Executive contacted the MS Board of Nurses to report the actions of Registered Nurse #1.

3. On July 29, 2021, at 02:30 p.m., a Quality Assurance meeting was conducted with Jaquith Nursing Home Director, Chief Medical Doctor, Safety Investigative Services, Jaquith Inn Nursing Home Administrator, MS State Hospital Nurse

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 725	Continued From page 158	F 725		

Executive, Jaquith Nursing Administrator, Director of Nursing, Administrator-in-Training to discuss and determine corrective actions for further incidents of this magnitude. Corrective actions discussed were to inform resident's representative of incident on 07/25/2021. Educate staff on notifying leadership through proper communication (campus switchboard). Inservice staff on Injuries, Abuse, Neglect, Mistreatment, Misappropriation of Resident Property or Exploitation of Resident POL J530-55, Mandatory Overtime/Required Supervision Department of Mental Health (DMH), Rights of Residents J530-65, Accountability for Nursing Personnel Assignment J550-05, Management of Controlled Substances NUR210-116 and Chain of Notification for Staffing Concerns. No changes to the discussed policies were made. On 08/06/2021 at 3:30pm licensed nursing staff was in-serviced on Care Plan Policy and Procedures. On 07/30/2021 through 08/06/2021 the above policies listed were reviewed with licensed nursing staff.

4. On July 30, 2021, and August 2, 2021, Social Worker#1 called Residents #1, #2, #3, #4, #5, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19, #20 representative of the incident and documented in resident's medical chart.

5. On August 2, 2021, at 07:10pm Jaquith Nursing Home Nurse Executive revised the Chain of Notification protocol, begin in-servicing all nursing staff. No staff will be allowed to work until Inservice is completed. The Chain of Notification protocol ensures the notification of nurses for availability and accessibility of nursing staff on a continuing basis to work a medication cart for shortage of Nursing Home nurses. The

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 725	Continued From page 159	F 725		

Chain process is as follows: The Mississippi State Hospital operator will notify the Jaquith Nursing Home Ground Supervisor, if the Ground Supervisor is not present operator will call Director of Nursing on call. If Ground Supervisor is unable to staff the nurse needed, then he/she will notify the Director of Nursing on call. Director of Nursing on call will call the building Director of Nursing who will attempt to staff the nurses needed and if unable will notify the Nursing Staffing Director or Coordinator. Nursing Staffing Director or Coordinator will attempt to staff the nursing homes and if unable will notify the Jaquith Nursing Home Administrator. The Jaquith Nursing Home Administrator on Call will determine with the Director of Nursing on call which buildings can be operated with one nurse if additional nurse cannot be found. After this occurs the Jaquith Nursing Home Director should be notified.

6. On 08/05/2021, the attending physician began to evaluate the medication load on all shifts to efficiently maximize staffing.

7. On 08/06/2021 at 10:00 a.m. an additional executive meeting was held to discuss staffing concerns and expedite contracts. Those present were, Human Resource Director, Chief Medical Officer, Service Outcome Director, Nurse Executive, and Jaquith Nursing Home Director. On 08/06/2021, Jaquith Nursing Home Nurse Executive implemented staff changes and an on-call schedule with the Staffing Director and Staffing Coordinator to ensure adequate staffing is in place. The Staffing Director and Staffing Coordinator will text and or call all scheduled nurse staff to verify commitment to their shift. The Staffing Director or Coordinator will contact

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 725	Continued From page 160	F 725		

scheduled nurses the day before their scheduled shift to verify commitment. The Staffing Department has personnel twenty-four hours to receive calls from employees. An employee has to call at least two hours before their shift if they are unable to work. The Staffing Department calls each building to verify the number of employees on each shift. If a building is short, the staffing personnel may pull from another building to cover staff shortage. On 07/30/2021, 8 of 15 emergency covid nursing contracts that were executed on July 16, 2021, were extended through 09/01/2021. New contracts were advertised through 08/04/2021. On 08/02/2021 through 08/06/2021, the Nurse Executive participated in interviewing 18 contract and 8 full time licensed nurse applicants. A formal offer of employment has to go through personnel.

The corrected actions were implemented on 08/06/2021 at 5:00 p.m.

The facility alleges the Immediate Jeopardy was removed on 08/07/2021 at 10:00 a.m.

Validation:

On 8/09/21, the SA validated the facilities Removal Plan by staff interview, record reviews, review of In-Service Sign-in Sheets, review of Monitoring Forms, review of Physician Progress Notes, review of Social Services Notes, and review of the On-Call Schedule. The SA verified the facility had implemented the following measures to remove the IJ:

1. On 8/09/21 at 12:46 PM through interview with LPN #2 and record review of monitoring forms on the Medical Administration Record (MAR) for

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 725	Continued From page 161	F 725		

7/25/21 11:00PM-7:00AM shift, the SA validated on7/25/21 at 11:30 PM LPN #2 observed Residents #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19, and #20 and no negative outcomes or harm noted. On 8/09/21 at 11:49 AM through interview with MD #1, the SA validated on 7/26/21 at 9:00 AM attending physician observed Residents #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19, and #20 and found no negative outcomes. On 8/09/21 at 11:49 AM through interview with MD #1 and record review of resident care plans, the SA validated on 7/26/21 the attending physician reviewed care plans and no care plans needed to be revised. On 8/09/21 through record review of facility investigation dated 8/04/21 SA validated on 7/29/21 at 4:52 PM, the SA was notified of the incident. On 8/09/21 through record review of the Attorney General's "Crime Web Submission" dated 8/03/21 at 2:45 PM, the SA validated on 8/03/21 at 2:45 PM the Attorney General's Medicaid Abuse and Fraud Division was notified of the incident.

2. On 8/09/21 at 12:15 PM through interview with the Nurse Administrator, the SA validated on 7/28/21 at 2:30 PM until 3:00 PM the Nurse Administrator verbally counseled RN #1 who did not stay to work 3:00PM-11:00PM shift on 7/25/21. On 8/09/21 through record review of facility "Staff Education/Continuing Education In-Service/Training" sign-in sheet, the SA validated on 8/06/21 at 3:30 PM the Nurse Executive did a one-on-one in-service with RN #1. RN #1 was educated and counseled on the following policies and procedures: Medication Administration, Medication Keys, Narcotics, Mandated Overtime to ensure incident of leaving

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 725	Continued From page 162	F 725		

the medication cart and or building without counting off with another nurse does not reoccur nor leaving patients uncared for without relief. In-service included counseling. On 8/09/21 at 12:05 PM through interview with Nurse Executive, the SA validated on 8/06/21 the Nurse Executive contacted the Board of Nurses to report the actions of RN #1.

3. On 8/09/21 at 12:22 PM through interviews with Administrator in Training (AIT), DON #2, and Nurse Administrator and record review of facility "Staff Education/Continuing Education In-Service/Training" sign-in sheet, the SA validated on 7/29/21 at 2:30 PM QAPI meeting was conducted with facility Nursing Home Director, Chief Medical Doctor, Safety Investigative Services, Nursing Home Administrator, Nurse Executive, Nursing Administrator, Director of Nurses (DON #2), Administrator in Training, to discuss and determine corrective actions for further incidents of this magnitude. Corrective actions discussed were to inform resident's representatives of incident on 7/25/21. Educate staff on notifying leadership through proper communication (switchboard). Inservice staff on Injuries, Abuse, Neglect, Mistreatment, Misappropriation of Resident Property or Exploitation of Resident POL J530-55, Mandatory Overtime/Required Supervision Department of Mental Health (DMH), rights of Residents J530-65, Accountability for Nursing Personnel Assignment J550-05, Management of Controlled Substances NUR210-116 and Chain of Notification for Staffing Concerns. No changes to the discussed policies were made. On 8/09/21 through record review of In-Service sign in sheets related to following care plans, the SA validated on 8/06/21 at 3:30 PM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 725	Continued From page 163	F 725		

licensed nursing staff was in-serviced on Care Plan Policy and Procedures. On 8/09/21 through record review of In-Service sign in sheets related to following care plans, the SA validated on 7/30/21 through 8/06/21 the above policies listed were reviewed with licensed nursing staff was in-serviced on Care Plan Policy and Procedures.

4. On 8/09/21 at 12:03 PM through interview with Social Worker #1, the SA validated on 7/30/21 and 8/02/21, Social Worker #1 called Residents #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19, and #20 representative of the incident and documented in resident's medical chart.

5. On 08/09/21 through record review of In-Service sign-in sheets with topic of "Chain of Notification for Staffing Concerns" dated 8/02/21, the SA validated on 9/02/21 at 7:10 PM facility Nurse Executive revised the Chain of Notification protocol, begin in-servicing all nursing staff. No staff will be allowed to work until In-Service is completed. The Chain of Notification protocol ensures the notification of nurses for availability and accessibility of nursing staff on a continuing basis to work a medication cart for shortage of Nursing Home nurses. The Chain process is as follows: The (switchboard) operator will notify the (facility) Ground (RN) Supervisor, if the Ground Supervisor is not present operator will call Director of Nursing on call. If Ground Supervisor is unable to staff the nurse needed, then he/she will notify the Director of Nursing on call. Director of Nursing on call will call the building Director of Nursing who will attempt to staff the nurses needed and if unable will notify the Nursing Staffing Director or Coordinator. Nursing Staffing Director or Coordinator will attempt to staff the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 725	Continued From page 164	F 725		

nursing homes and if unable will notify the (facility) Nursing Home Administrator. The Jaquith Nursing Home Administrator on Call will determine with the Director of Nursing on call which buildings can be operated with one nurse if additional nurse cannot be found. After this occurs the (facility) Nursing Home Director should be notified.

6. On 8/09/21 at 11:49 AM through interview with MD #1, the SA validated on 08/05/21 the attending physician began to evaluate the medication load on all shifts to efficiently maximize staffing.

7. On 8/09/21 at 11:54 AM through interviews with Human Resource Director, Administrator in Training, and DON (#2), the SA validated on 8/06/21 at 10:00 AM an additional executive meeting was held to discuss staffing concerns and expedite contracts. Those present were, Human Resource Director, Chief Medical Officer, Service Outcome Director, Nurse Executive, and (facility) Nursing Home Director. On 8/09/21 at 12:34 PM through interview with Staffing Director and record review of "On-Call Schedule" for the week of 8/09/21 through 8/15/21, the SA validated on 8/06/21, Jaquith Nursing Home Nurse Executive implemented staff changes and an on-call schedule with the Staffing Director and Staffing Coordinator to ensure adequate staffing is in place. The Staffing Director and Staffing Coordinator will text and or call all scheduled nurse staff to verify commitment to their shift. The Staffing Director or Coordinator will contact scheduled nurses the day before their scheduled shift to verify commitment. The Staffing Department has personnel twenty-four hours to receive calls from employees. An employee has

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 725	Continued From page 165 to call at least two hours before their shift if they are unable to work. The Staffing Department calls each building to verify the number of employees on each shift. If a building is short, the staffing personnel may pull from another building to cover staff shortage. On 8/09/21 through record review of nursing contracts extended through 9/01/21, the SA validated on 7/30/21, 8 (eight) of 15 (fifteen) emergency covid nursing contracts that were executed on July 16, 2021, were extended through 9/01/21. New contracts were advertised through 8/04/21. On 8/09/21 at 12:40 PM through interview with Nurse Executive, the SA validated on 8/02/21 through 8/06/21, the Nurse Executive participated in interviewing 18 (eighteen) and 8 (eight) full time licensed nurse applicants. A formal offer of employment must go through personnel. The SA validated on 8/09/21 all corrective actions had been completed as of 8/6/21 and IJ was removed on 8/7/21, 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. This REQUIREMENT is not met as evidenced by: Based on staff interviews, resident interviews, facility policy review, and record review the facility failed to ensure significant medication (anti-coagulants, anti-seizure, and pain management medications) were administered to prevent discomfort or complications for 11 of 20 residents on the South Unit of the facility. This resulted in Resident #1, Resident #2, Resident	F 760	1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice. On 7/25/2021 at 11:30 p.m., Licensed Practical Nurse #1 immediately observed Residents #1, #2, #3, #4, #5, #6, #7, #8,	10/22/21

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 760	Continued From page 166 #3, Resident #4, Resident #5, Resident #6, Resident #7, Resident #8, Resident #9, Resident #10, and Resident #11 not receiving significant medications. The facility did not have licensed nurse coverage for twenty (20) residents on the South Unit of the facility for six (6) hours from 4:55 PM through 11:00 PM on 7/25/21. None of the medications scheduled to be administered between 5:00 PM and 11:00 PM were administered to any of the twenty (20) residents on the South Unit of the facility during those six (6) hours, including Resident #1, Resident #2, Resident #3, Resident #4, Resident #5, Resident #6, Resident #7, Resident #8, Resident #9, Resident #10, and Resident #11who missed doses of significant medications including anti-coagulants, anti-seizure, and pain management medications. The facility failed to provide nursing services and administration of significant medications to eleven (11) residents on the 3-11 shift on 7/25/21. This placed the residents at risk an 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 7/25/21 when the facility failed to provide a licensed nurse to administer necessary medications and supervision. On 8/05/21 at 5:15 PM, the SA informed the Nursing Home Administrator of the Immediate Jeopardy (IJ) and Substandard Quality of Care (SQC) and provided the facility with the IJ Template.	F 760	#9, #10, and #11who required medications for seizure activity, pain, and anticoagulant therapy, none of the residents appeared to have suffered an adverse effect as a result of the deficient practice. On 07/26/2021, the attending physician was notified that South Side had insufficient licensed nursing staff on 7/25/2021 from 5:00 p.m. to 11:00 p.m. On 7/26/2021, the attending physician assessed Residents #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, and #11 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 7/26/2021, all physician□s orders of Jaquith Inn residents with medication and treatments were reviewed by a Registered Nurse and identified 40 of 40 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 07/30/2021, the Nursing Home Administrator in-serviced staff on Jaquith Nursing Home Policy (J530-55) Injuries, Abuse, Neglect, Mistreatment, Misappropriation of Resident Property or Exploitation of Residents with emphasis on Abuse and Neglect as a failure to supply a resident with healthcare supervision and other services necessary to maintain the resident□s mental and physical health. On 08/03/2021, Jaquith Nursing Home Nurse Administrator	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 760	Continued From page 167 The facility submitted an acceptable Removal Plan on 8/07/21 at 10:00 AM, in which the facility alleged all corrective actions to remove the IJ were completed on 8/06/21 at 5:00 PM and the IJ was removed as of 8/07/21. The SA validated the Removal Plan on 8/09/21 and determined the IJ was removed on 8/07/21, prior to exit. Therefore, the scope and severity for CFR 483.45(f)(2) (F760)- Residents are free from any significant medication errors, 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: Record review of the facility policy, dated October 2018, titled "MEDICATIONS, ADMINISTRATION, TIMING, AND TREATMENT" revealed ...C. "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 1 hour. Time critical scheduled medications include but are not limited to; (1) Antibiotics, (2) Anticoagulants, (3) Insulin, (4) Anticonvulsant, (5) Immunosuppressive agents, (6) Pain medication, (7) Medications prescribed for administration within a specified period of time of the medication order ..." Record review of the facility schedule for 7/25/21 revealed the facility did not have licensed nurse coverage for twenty (20) residents on the South	F 760	in-serviced all nursing staff on Jaquith Nursing Home Policy (210-116) Management of Controlled Substances to ensure that staff understands the accountability for controlled substances dispensed to residents. On 08/31/2021, the Criminal Investigator from the State of Mississippi Attorney General Office in-serviced staff on Abuse and Neglect, Insufficient Nursing staff and leaving building unattended and the criminal charges associated with the actions. On 08/08/2021 through 08/14/2021 and 09/22/2021, Jaquith Nursing Home (JNH) Nurse Administrator in-serviced all licensed nursing staff on JNH policy (210-104) Medication Administration with emphasis on Health and Safety and protocol for checking the Medication Administration Record and Treatment Administration Record for accuracy and omission. On 08/31/2021, Jaquith Inn□s oncoming shift□s licensed nurse will validate with the off-going shift□s licensed nurse all resident□s Medication Administration record and Treatment Administration record 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 09/02/2021 thru 09/06/2021, the Jaquith Nursing Home Nurse Administrator in-serviced licensed nursing staff on the protocol for checking the Medication Administration and Treatment Administration Records to inform Jaquith Inn on coming shift Licensed Nurse will validate with off going shift Licensed	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 760	Continued From page 168 Unit of the facility for six (6) hours from 4:55 PM through 11:00 PM on 7/25/21. Record review of the facility's "INVESTIGATIVE FINDINGS" dated August 3, 2021, revealed "The Department of Safety and Investigative Services was notified that on Sunday, July 25, 2021, B-shift only had I nurse from 4:55 PM until 1 1 PM LPN (#1) covered the North Side Hall for B & C shift. The South Side Hall did not have coverage for B-shift." A-Shift RN (#1) worked South Side Hall from 7:00 AM until 4:55 PM but did not pass any medications while she waited for a nurse to relieve her for B-Shift 3-11. The Contract Nurse, (LPN #4) scheduled for B-Shift was a no call/no show and RN (#1) left stating that she had told the DON on call that she could not stay over that day prior to working A-shift. LPN (#3) also worked A-Shift and was asked if she could stay over for B-Shift and also stated that she could not work B-Shift and left at 4:55 p.m. FINDNGS: NEGLECT - SUBSTANTIATED AGAINST THE FACILITY". (Formal names replaced by SA with Staff Indicators.) ON 8/03/21 at 3:48 PM, an interview with LPN #1 confirmed he was the only nurse on duty from 5:00 PM until 11:00 PM in the facility on 7/25/21, and he was working on the North Unit. He stated there was no nurse working on the South Unit for twenty (20) residents. LPN #1 stated RN #1 was working 'South Side' 7:00AM-3:00PM on Sunday 7/25/21 and left at 5:00 PM. LPN #1 stated he had not been asked to "count" the 'South Side' narcotics which is verification of accuracy of narcotic medication count and an indication that the nurse accepting the medication cart and keys also accepts responsibility for the residents. RN #1 did not tell LPN #1 when she left, and he did	F 760	Nurse all resident Medication Administration Record and Treatment Administration Record daily for 30 days, then once a week for 30 days to ensure policies and procedures are followed and no omissions are noted on 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.). Corrective actions will be documented on Medication and Treatment Audit form. Any deficient practice will be corrected and reported to Director of Nursing. 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 09/11/2021, the Nurse Administrator will review thirty-nine (39) Medication and Treatment Administration Records audit documentation weekly for 30 days, then monthly for sixty (60) days to ensure Medication Administration policies and procedures are followed and no omissions are noted on all three shifts. The Nurse Administrator will report any deficient practice to Jaquith Inn Nursing Home Administrator. All newly hired licensed nursing staff will be in-serviced on Residents Rights and following physicians orders for safety and supervision during building orientation by a Licensed Nurse. Beginning monthly on 10/06/2021, Jaquith Inn Nursing Home	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 760	Continued From page 169 not know where she left the keys to the medication cart or the narcotics lock box for the 'South Side'. LPN #1 stated he had not been asked to accept the responsibility for the 'South Side' of the facility on "B shift" 3:00 PM -11:00 PM. When asked if he had been aware of the care not being provided, LPN #1 stated "I didn't even know she (RN #1) had left". LPN #1 stated he had not reported the situation to anyone "because I knew they already knew what was going on". On 8/04/21 at 9:15 AM, an interview with Medical Director (MD) #1, revealed he had been notified about the incident after noon on 7/26/21 and was told there was no licensed nurse on South Unit of the facility from 5:00 PM until 11:00 PM. MD #1 stated he "found out" about the incident on the afternoon of Monday, 7/26/21. When asked what he thought about the residents being without a nurse, MD #1 stated he thought it was "troubling". When asked if there were any residents he felt were vulnerable MD #1 stated in his opinion the residents who received antiseizure medications were particularly at risk for negative outcomes, especially because the residents on "South Side" of the facility were prone to breakthrough seizures "every few weeks" and of the residents diagnosed with seizure disorders, those prescribed "linear medications" were at the highest risk of breakthrough seizure activity due to having missed a dose of their antiseizure medication. MD #1 stated any resident who had had a recent psychoactive medication change or had recently been started on a new psychoactive medication were most at risk for behavioral disturbances due to having missed a dose of their psychoactive medications. MD #1 stated that although there were no diabetic residents which	F 760	Administrator will report the audit findings to the Jaquith Inn Nursing Home Quality Assurance Performance Improvement (QAPI) Committee for three months to ensure substantial compliance has been achieved as determined by the committee. Should systemic changes not be effective the Quality Assurance Performance Improvement committee will investigate and determine further action(s) needed based on findings.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 760	Continued From page 170	F 760		

required routine blood glucose monitoring on "B shift" 3:00PM - 11:00PM it would have been important to have a licensed staff member monitoring diabetic residents for signs and symptoms of hyperglycemia or hypoglycemia. When asked where he thought he breakdown in providing adequate staffing occurred, MD #1 stated "nursing leadership".

On 8/04/21 at 10:00 AM, an interview with RN #1 revealed she had left the facility at 4:55 PM without on-site licensed nurse relief. She stated she had clocked out at 4:55PM and left the facility. She stated she did not administer any medications prior to leaving. RN #1 denied asking LPN #1 to accept responsibility for the "South Side" of the building and stated, "that's not a thing". RN #1 stated she agreed the residents "needed their medicines". When asked what she considered as neglect she responded, "when staff don't take care of the residents".

On 8/04/21 at 11:00 AM, an interview with Nurse Administrator confirmed there was no licensed nurse on duty for the South Unit of the facility from 5:00 PM until 11:00 PM on 7/25/21.

On 8/04/21 at 1:20 PM, an interview with Resident #2 revealed he was the one who reported there was no nurse on 'South Side' hall of the facility, but he could not recall the name of the nurse he reported to or the date. Resident #2 stated he realized there was a problem on 7/25/21 around 7:30 PM and he had not received any medicine. He stated medicine was usually administered by the nurses at "around 6:00 PM". Resident #2 stated "This Sunday (7/25/21) nobody ever came at all". When asked if there were any medication, he was particularly

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 760	Continued From page 171	F 760		

concerned about having not received on 7/25/21, Resident #2 responded "I was supposed to get my suppository, my bowels won't move without it and I don't get it every day, only certain days every week. I get to feeling bad if I don't get it, so it worried me. Also, I was supposed to get a dose of Baclofen muscle relaxer that was missed and that worried me too, but I didn't really have any problem from it". When asked how it made him feel to have not received his medications to which Resident #2 responded "aggravating, frustrating, disappointing, angry. It made me feel insecure.". Resident #2 stated "I'm dependent on these people. They are responsible for me. It's just like they don't understand that.".

On 8/04/21 at 1:40 PM, an interview with Resident #3 revealed he recalled not having received his medications on 'B shift' 7/25/21. Resident #3 was alert and oriented and communicated well verbally. Resident #3 stated "it bothered him to think people don't come to work when they should". He denied having any negative outcome from missing his medications on 'B shift' 7/25/21. Resident #3 stated "They need to do something" and provided clarification, "The people that run this place need to do something to make sure there is somebody here to give us our medicines and stuff".

On 8/04/21 at 3:58 PM, a telephone interview with the Staffing Director revealed LPN #1 and LPN #4 were scheduled to work 3:00PM-11:00PM (B shift) on 7/25/21. The Staffing Director stated "On Thursday (7/22/21) at 1:17 PM prior to the weekend I sent a text message to (LPN #4) to confirm the scheduled shifts for the weekend to review and confirm. She texted back and asked if she could be off on Saturday, but I texted her

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 760	Continued From page 172	F 760		

back and told her no, that I really, really needed her and she texted back and confirmed the schedule". She stated LPN #4 did not report for work or call-in on 7/25/21. She was able to confirm but unable to explain how the South Side of the facility ended up without a nurse on 7/25/21 except to say that LPN #4 "was a no-call, no-show".

On 8/04/21 at 4:20 PM, a telephone interview with CNA #2, revealed she worked 3:00PM-11:00PM on 7/25/21 in the facility. CNA #2 stated she remembered working on 7/25/21 and there had not been a nurse on the 'South Side' since 5:00 (PM) and that he (LPN #1) didn't accept the assignment for the South Unit.

On 8/05/21 at 9:30 AM, an interview with CNA #3 stated she worked 3:00PM-11:00PM and 11:00PM-7:00AM on 7/25/21 in the facility. CNA #3 stated on 7/25/21 "One (1) nurse worked 'North Side' and no nurse on 'South Side'." CNA #3 stated the only time LPN #1 came to the 'South Side' was to "find a 'North Side' resident to give them their medicine".

Resident #1:

Record review of resident Face Sheet with diagnoses revealed Resident #1's admission date was 10/05/15 with diagnoses of Alzheimer's Disease, Dementia, Peripheral Vascular Disease (PVD), Peripheral Neuropathy, Gastroesophageal Disease (GERD) and Cerebrovascular Disease (CVD).

Record review of 5/05/21 Annual Minimum Data Set (MDS) Brief Interview for Mental Status (BIMS) section C revealed a BIMS score of 0 out

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 760	Continued From page 173	F 760		

of 15 which indicated severe cognitive deficit for Resident #1.

Record review of Resident#1's Physician Orders dated 7/21/21 revealed orders for "Hydroco/APAP 5/325MG Take 1 (one) Tablet by mouth twice daily for 28 (twenty-eight) days" starting 7/19/21.

Record review of Resident #1's Medication Chart revealed on 7/25/21 Hydroco/APAP 5/325MG Take 1 (one) Tablet by mouth twice daily for 28 (twenty-eight) days 9:00 PM Dose was not initialed on the Medication Chart.

Resident #2:

Record review of Resident#2's Face Sheet with diagnoses revealed Resident #2's admission date was 4/04/16 with diagnoses of Paraplegia, Mood Disorder and Chronic Viral Hepatitis C.

Record review of 5/26/21 Quarterly Minimum Data Set (MDS) Brief Interview for Mental Status (BIMS) section C revealed a BIMS score of 15 out of 15 which indicated no cognitive deficit for Resident #2.

Record review of Resident #2's Physician Orders dated 7/21/21 revealed orders for "Eliquis 2.5 MG by mouth twice daily", "Bisacodyl 10MG suppository Insert 1 (one) suppository rectally on Tuesday, Thursday, Sunday and Daily as needed for Constipation", and "Baclofen 20MG Tablet Take 1 Tablet by mouth 3 (three) times daily".

Record review of Resident #2's Medication Chart revealed on 7/25/21 BISCODYL suppository 10 MG insert (one) 1 rectally every Tuesday, Thursday and Sunday, Observe for side effects of

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 760	Continued From page 174	F 760		

Eliquis ...Report these to MD immediately, Eliquis 2.5 MG by mouth twice daily, and Baclofen 20MG Tablet Take 1 Tablet by mouth 3 (three) times daily, were not initialed on the Medication Chart.

Resident #3:

Record review of Resident #3's Face Sheet with diagnoses revealed Resident #3's admission date was 9/13/19 with diagnoses of Paraplegia, Hypertension (HTN), Osteomyelitis, Chronic Kidney Disease, Diabetes, Multiple Pressure Sores and Obesity.

Record review of 5/12/21 Quarterly Minimum Data Set (MDS) Brief Interview for Mental Status (BIMS) section C revealed a BIMS score of 15 out of 15 which indicated no cognitive deficit for Resident #3.

Record review of Resident #3's Physician Orders dated 7/21/21 revealed orders for "Meloxicam 15 MG Tablet take (one) 1 tablet by mouth every evening", "Amlodipine 5 MG tablet take (one) 1 tablet by mouth at bedtime", "Baclofen 20 MG tablet take (one) 1 tablet by mouth every 2:00 PM and 6:00 PM", "Metformin 850 MG tablet take (one) 1 tablet by mouth (thirty) 30 minutes prior to lunch and dinner", "Gabapentin 800 MG tablet take (one) 1 tablet by mouth (three) 3 times daily", "Lidocaine 5% Patch Apply 2 (two) patches to right knee every 12 (twelve) hours", "Divalproex Sodium 500 MG tablet take (one) 1 tablet by mouth twice a day", and "Observe for signs and symptoms of hypoglycemia ...Obtain vital signs and accu-check & report to MD", "Observe for signs and symptoms of hypoglycemia ...Obtain vital signs and accu-check & report to MD", and "Accu-Checks

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 760	Continued From page 175	F 760		

as needed with regular insulin per sliding scale as needed".

Record review of Resident #3's Medication Chart revealed on 7/25/21 Baclofen 20MG Tablet Take 1 Tablet by mouth every 2PM and 6PM, 6:00 PM Dose, Lidocaine 5% Patch Apply 2 (two) patches to right knee every 12 (twelve) hours, 6:00 PM Dose, Meloxicam 15MG Tablet Take 1 (one) tablet by mouth every evening, 6:00 PM Dose (once a day dose), Amlodipine 5MG Tablet Take 1 (one) tablet by mouth at bedtime, 6:00 PM Dose (once a day dose), and Divalproex Sodium 500MG Tablet Take 1 (one) tablet by mouth twice a day, 6:00 PM Dose was not initialed on the Medication Chart.

Resident #4:

Record review of Resident #4's Face Sheet with diagnoses revealed Resident #4's admission date was 3/09/20 with diagnoses of Seizures, HTN, Dementia with Behavioral Disturbances, and Hyperosmolality & Hypernatremia.

Record review of 5/12/21 Quarterly Minimum Data Set (MDS) Brief Interview for Mental Status (BIMS) section C revealed a BIMS score of 0 out of 15 which indicated no cognitive deficit for Resident #4.

Record review of Resident #4's Physician Orders revealed orders for "Dilantin 100 MG dispense as Phenytoin Sodium extended release 100 MG take (one) 1 capsule by mouth each morning and (two) 2 capsules each evening" dated 7/23/21, "Keppra 500 MG tablet dispense as Levetiracetam 500 MG tablet take (one) 1 tablet by mouth q AM and 750mg PO q PM" dated 7/23/21.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 760	Continued From page 176	F 760		

Record review of Resident #4's Medication Chart revealed on 7/25/21 (Resident #4's Seizure medication was adjusted on 7/23/21), Phenytoin Sodium Extended 200MG (Dilantin 200MG) Take 200MG by mouth each bedtime, 6:00 PM Dose and Levetiracetam 750MG (Keppra 750MG) Take 750MG by mouth q PM, 6:00 PM Dose were not initialed on the Medication Chart.

Resident #5:

Record review of Resident #5's Face Sheet with diagnoses revealed Resident #5's admission date was 4/02/01 with diagnoses of Delusional Disorders, Diabetes, Psychotic Disorder, Dementia, HTN, Obstructive and Reflux Uropathy, Joint Disorder, Peripheral Neuropathy, Osteoarthritis, and Epilepsy.

Record review of 6/30/21 Quarterly Minimum Data Set (MDS) Brief Interview for Mental Status (BIMS) section C revealed a BIMS score of 14 out of 15 which indicated no cognitive deficit for Resident #5.

Record review of Resident #4's Physician Orders dated 7/21/21 revealed orders for "Keppra 500 MG tablet dispense as Levetiracetam 500 MG tablet take ½ tablet by mouth every morning and 1 (one) tablet by mouth every evening", "Diazepam 2MG Tablet Take 1 (one) tablet by mouth at bedtime for 28 (twenty-eight) days" ordered 7/13/21, and "HYDROCO/APAP 5/325 MG take 1 (one) tablet by mouth every 6 (six) hours as needed for 28 (twenty-eight) days" order date of 7/14/21.

Record review of Resident #5's Medication Chart

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 760	Continued From page 177	F 760		

revealed on 7/25/21 Furosemide 10MG/ML solution Take 40MG (4 CC) by mouth twice a day, 6:00 PM Dose, Levetiracetam 500MG Tablet (Keppra 500MG Tablet) Take ½ (half) tablet by mouth morning and 1 (one) tablet by mouth every evening, 6:00 PM Dose, and Diazepam 2MG Tablet Take 1 (one) tablet by mouth at bedtime for 28 (twenty-eight) days, started 7/13/21, 8:00 PM Dose, was not initialed on the Medication Chart.

Resident #6:

Record review of Resident #6's Face Sheet with diagnoses revealed Resident #6's admission date was 6/08/05 with diagnoses of Osteoarthritis, Dementia with Behavioral Disturbances, Psychosis, Diabetes, Epilepsy, and HTN.

Record review of 7/07/21 Quarterly Minimum Data Set (MDS) Brief Interview for Mental Status (BIMS) section C revealed a BIMS score of 14 out of 15 which indicated no cognitive deficit for Resident #6.

Record review of Resident #6's Physician Orders dated 7/21/21 revealed orders for "Vimpat 200 MG tablet take (one) 1 tablet by mouth twice daily for (twenty-eight) 28 days (started 7/13/21)", "Depakote 125 MG sprinkle capsule dispense as Divalproex 125 MG sprinkle take (four) 4 capsules by mouth (three) 3 times daily", "Lithium Carbonate 300 MG tablet take (one) 1 tablet by mouth every morning and (two) 2 tablets by mouth at bedtime", and "Metoprolol Tar 25 MG tablet take (one) 1 tablet by mouth twice a day".

Record review of Resident #6's Medication Chart revealed on 7/25/21 Vimpat 200MG Tablet Take 1 (one) tablet by mouth twice daily for 28

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 760	Continued From page 178	F 760		

(twenty-eight) days, started 7/01/21, 6:00 PM Dose, Divalproex 125MG Sprinkle (Depakote 125MG Sprinkle) Take 4 (four) capsules by mouth 3 (three) times daily, 6:00 PM Dose, Lithium Carbonate 300MG Tablet Take 1 (one) tablet by mouth every morning and 2 (two) tablets by mouth at bedtime, 6:00 PM Dose, and Metoprolol Tartrate 25MG Tablet Take 1 (one) tablet by mouth twice a day, 6:00 PM Dose were not initialed on the Medication Chart.

Resident #7:

Record review of Resident #7's Face Sheet with diagnoses revealed Resident #7's admission date was 6/01/76 with diagnoses of Profound Intellectual Disabilities, Glaucoma, Cerebral Palsy, Spastic Paraplegia and Epilepsy.

Record review of 6/09/21 Quarterly Minimum Data Set (MDS) Brief Interview for Mental Status (BIMS) section C revealed a BIMS score of 0 out of 15 which indicated severe cognitive deficit for Resident #7.

Record review of Resident #7's Physician Orders dated 7/21/21 revealed orders for "Phenobarbital 30 MG tablet take (one) 1 by mouth at bedtime", and "Phenobarbital 60 MG tablet take (two) 2 by mouth at bedtime", "Observe for non-verbal side effects of psychotropic medications ...Notify MD of these side effects", "Levetiracetam 500MG Tablet (Keppra 500MG Tablet) Take 1 (one) tablet by mouth twice a day".

Record review of Resident #7's Medication Chart revealed on 7/25/21 Phenobarbital 30MG Tablet Take 1 Tablet by mouth at bedtime, 6:00 PM Dose, Phenobarbital 60MG Tablet Take 1 Tablet

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 760	Continued From page 179	F 760		

by mouth at bedtime, 6:00 PM Dose, and Levetiracetam 500MG Tablet (Keppra 500MG Tablet) Take 1 (one) tablet by mouth twice a day, 6:00 PM Dose were not initialed on the Medication Chart.

Resident #8:

Record review of Resident #8's Face Sheet with diagnoses revealed Resident #8's admission date was 3/07/19 with diagnoses of Pulmonary Fibrosis, Dementia, and Osteoarthritis.

Record review of 5/05/21 Quarterly Minimum Data Set (MDS) Brief Interview for Mental Status (BIMS) section C revealed a BIMS score of 0 out of 15 which indicated severe cognitive deficit for Resident #8.

Record review of Resident #8's Physician Orders dated 7/21/21 revealed orders for "Keppra 500 MG tablet dispense as Levetiracetam 500 MG tablet take (one) 1 tablet by mouth twice a day".

Record review of Resident #8's Medication Chart revealed on 7/25/21 Levetiracetam 500MG Tablet (Keppra 500MG Tablet) Take 1 (one) tablet by mouth twice a day, 6:00 PM Dose was not initialed on the Medication Chart.

Resident #9:

Record review of Resident #9's Face Sheet with diagnoses revealed Resident #9's admission date was 5/18/12 with diagnoses Amebic Brain Abscess, Delirium, Hemiplegia and Hemiparesis, Psychosis, Vascular Dementia, and Epilepsy.

Record review of 5/26/21 Annual Minimum Data

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 760	Continued From page 180	F 760		

Set (MDS) Brief Interview for Mental Status (BIMS) section C revealed a BIMS score of 15 out of 15 which indicated no cognitive deficit for Resident #9.

Record review of Resident #9's Physician Orders dated 7/21/21 revealed orders for "Depakote 500 MG tablet enteric coated (EC) dispense as Divalproex Sodium 500 MG tablet take 1 (one) tablet by mouth twice a day", and "Gabapentin 300MG Capsule Take 1 (one) capsule by mouth 3 (three) times daily", and "Vimpat 200 MG tablet take 1 (one) tablet twice daily for 28 days" dated 07/01/21.

Record review of Resident #9's Medication Chart revealed on 7/25/21 Vimpat 200MG Tablet Take 1 (one) tablet by mouth twice daily for 28 (twenty-eight) days, started 7/01/21, 6:00 PM Dose and Gabapentin 300MG Capsule Take 1 (one) capsule by mouth 3 (three) times daily, 6:00 PM Dose were not initialed on the Medication Chart.

Resident #10:

Record review of Resident #10's Face Sheet with diagnoses revealed Resident #10's admission date was 8/16/18 with diagnoses of HTN, Diabetes, Osteoarthritis, Chronic Kidney Disease, and Heart Failure.

Record review of 5/12/21 Quarterly Minimum Data Set (MDS) Brief Interview for Mental Status (BIMS) section C revealed a BIMS score of 15 out of 15 which indicated no cognitive deficit for Resident #10.

Record review of Resident #10's Physician

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 760	Continued From page 181	F 760		

Orders dated 7/21/21 revealed orders for "Eliquis 5 MG tablet by mouth twice a day".

Record review of Resident #10's Medication Chart revealed on 7/25/21 Eliquis 2.5 MG Tablet Take 1 (one) tablet by mouth twice a day was not initialed on the Medication Chart.

Resident #11:

Record review of Resident #11's FaceSheet with diagnoses revealed Resident #11's admission date was 6/01/1976 with diagnoses of Cerebral Palsy, Profound Intellectual Disabilities, Epilepsy, and Spastic Paraplegia.

Record review of 5/05/21 Quarterly Minimum Data Set (MDS) Brief Interview for Mental Status (BIMS) section C revealed a BIMS score of 0 out of 15 which indicated severe cognitive deficit for Resident #11.

Record review of Resident #11's Physician Orders dated 7/21/21 revealed orders for "Dilantin 50 MG infatab dispense as Phenytoin 50 MG infatab take (two) 2 tablets by mouth twice daily".

Record review of Resident #11's Medication Chart revealed on 7/25/21 Dilantin 50 MG infatab dispense as Phenytoin 50 MG infatab take (two) 2 tablets by mouth twice daily was not initialed on the Medication Chart.

The facility submitted an acceptable Removal Plan for the IJ on 8/06/21 at 5:00 PM. Review of the facility's Removal revealed the facility took the following actions to remove the IJ on 8/06/21:

REMOVAL PLAN

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 760	Continued From page 182	F 760		

In response to the Immediate Jeopardy (IJ) template provided to the Administrator cited on August 5, 2021, at 5:10 p.m., the following is a summary of the event and the actions taken by the facility to remove the Immediate Jeopardy.

Brief Summary
On 07/25/2021 Jaquith Inn Building 78, had insufficient licensed nursing staff from 5:00p.m. - 11:00p.m., which gives us neglect of Residents #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19, and #20 on South Side unit of building 78. Medications were missed and no monitoring for Residents #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19, and #20 during this time frame.

The following corrective actions were taken for Residents #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, and #11, #12, #13, #14, #15, #16, #17, #18, #19, and #20 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 25, 2021, at 11:30 pm Licensed Practical Nurse#1 observed Residents #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19, and #20 and no negative outcomes or harm noted. On 07/26/2021 at 9:00 a.m., the attending physician was notified that there were no adverse reactions. On 7/26/2021 at 9:00 a.m. attending physician observed Residents #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19, and #20 and found no negative outcomes. The attending physician reviewed care plans and no

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 760	Continued From page 183	F 760		

care plans needed to be revised. On July 28, 2021, at 4:52p.m., the Mississippi State Department of Health Division of Health Facilities Licensure and Certification was notified of the incident. On August 3, 2021, at 2:45p.m. the Mississippi Attorney General's Medicaid Abuse and Fraud Division was notified of the incident.

2. On July 28, 2021, at 2:30pm until 3:00pm Jaquith Nursing Home Nurse Administrator verbally counseled the Registered Nurse #1 who did not stay to work 3-11pm shift on 7/25/21. On 08/06/2021 at 3:30 p.m., the Nurse Executive did a one on one in-service with Registered Nurse#1. Registered Nurse#1 was educated and counseled on the following policies and procedures: Medication Administration, Medication Keys, Narcotics, Mandated Overtime to ensure incident of leaving the medication cart and or building without counting off with another nurse does not reoccur nor leaving patients uncared for without relief. On 08/06/2021 at 3:30p.m., the Nurse Executive contacted the MS Board of Nurses to report the actions of Registered Nurse #1.

3. On July 29, 2021, at 02:30 p.m., a Quality Assurance meeting was conducted with Jaquith Nursing Home Director, Chief Medical Doctor, Safety Investigative Services, Jaquith Inn Nursing Home Administrator, MS State Hospital Nurse Executive, Jaquith Nursing Administrator, Director of Nursing, Administrator-in-Training to discuss and determine corrective actions for further incidents of this magnitude. Corrective actions discussed were to inform resident's representative of incident on 07/25/2021. Educate staff on notifying leadership through proper communication (campus switchboard). Inservice

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 760	Continued From page 184	F 760		

staff on Injuries, Abuse, Neglect, Mistreatment, Misappropriation of Resident Property or Exploitation of Resident POL J530-55, Mandatory Overtime/Required Supervision Department of Mental Health (DMH), Rights of Residents J530-65, Accountability for Nursing Personnel Assignment J550-05, Management of Controlled Substances NUR210-116 and Chain of Notification for Staffing Concerns. No changes to the discussed policies were made. On 08/06/2021 at 3:30pm licensed nursing staff was in-serviced on Care Plan Policy and Procedures. On 07/30/2021 through 08/06/2021 the above policies listed were reviewed with licensed nursing staff.

4. On July 30, 2021 and August 2, 2021, Social Worker#1 called Residents #1, #2, #3, #4, #5, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19, #20 representative of the incident and documented in resident's medical chart.

5. On August 2, 2021, at 07:10pm Jaquith Nursing Home Nurse Executive revised the Chain of Notification protocol, begin in-servicing all nursing staff. No staff will be allowed to work until Inservice is completed. The Chain of Notification protocol ensures the notification of nurses for availability and accessibility of nursing staff on a continuing basis to work a medication cart for shortage of Nursing Home nurses. The Chain process is as follows: The Mississippi State Hospital operator will notify the Jaquith Nursing Home Ground Supervisor, if the Ground Supervisor is not present operator will call Director of Nursing on call. If Ground Supervisor is unable to staff the nurse needed, then he/she will notify the Director of Nursing on call. Director of Nursing on call will call the building Director of

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 760	Continued From page 185	F 760		

Nursing who will attempt to staff the nurses needed and if unable will notify the Nursing Staffing Director or Coordinator. Nursing Staffing Director or Coordinator will attempt to staff the nursing homes and if unable will notify the Jaquith Nursing Home Administrator. The Jaquith Nursing Home Administrator on Call will determine with the Director of Nursing on call which buildings can be operated with one nurse if additional nurse cannot be found. After this occurs the Jaquith Nursing Home Director should be notified.

6. On 08/05/2021, the attending physician began to evaluate the medication load on all shifts to efficiently maximize staffing.

7. On 08/06/2021 at 10:00 a.m. an additional executive meeting was held to discuss staffing concerns and expedite contracts. Those present were, Human Resource Director, Chief Medical Officer, Service Outcome Director, Nurse Executive, and Jaquith Nursing Home Director. On 08/06/2021, Jaquith Nursing Home Nurse Executive implemented staff changes and an on-call schedule with the Staffing Director and Staffing Coordinator to ensure adequate staffing is in place. The Staffing Director and Staffing Coordinator will text and or call all scheduled nurse staff to verify commitment to their shift. The Staffing Director or Coordinator will contact scheduled nurses the day before their scheduled shift to verify commitment. The Staffing Department has personnel twenty-four hours to receive calls from employees. An employee has to call at least two hours before their shift if they are unable to work. The Staffing Department calls each building to verify the number of employees on each shift. If a building is short,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 760	Continued From page 186	F 760		

the staffing personnel may pull from another building to cover staff shortage. On 07/30/2021, 8 of 15 emergency covid nursing contracts that were executed on July 16, 2021 were extended through 09/01/2021. New contracts were advertised through 08/04/2021. On 08/02/2021 through 08/06/2021, the Nurse Executive participated in interviewing 18 contract and 8 full time licensed nurse applicants. A formal offer of employment has to go through personnel.

8. The corrected actions were implemented on 08/06/2021 at 5:00 p.m.

9. The facility alleges the Immediate Jeopardy was removed on 08/07/2021 at 10:00 a.m.

Validation:

On 8/09/21 the SA validated the facilities removal plan by staff interview, record reviews, review of In-Service Sign-in Sheets, review of Monitoring Forms, review of Physician Progress Notes, review of Social Services Notes, and review of the On-Call Schedule. The SA implemented the following measures to remove the IJ:

1. On 8/09/21 at 12:46 PM through interview with LPN #2 and record review of monitoring forms on the Medical Administration Record (MAR) for 7/25/21 11:00PM-7:00AM shift, the SA validated on7/25/21 at 11:30 PM LPN #2 observed Residents #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19, and #20 and no negative outcomes or harm noted. On 8/09/21 at 11:49 AM through interview with MD #1, the SA validated on 7/26/21 at 9:00 AM attending physician observed Residents #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 760	Continued From page 187	F 760		

#14, #15, #16, #17, #18, #19, and #20 and found no negative outcomes. On 8/09/21 at 11:49 AMthrough interview with MD #1 and record review of resident care plans, the SA validated on 7/26/21 the attending physician reviewed care plans and no care plans needed to be revised. On 8/09/21 through record review of facility investigation dated 8/04/21 SA validated on 7/29/21 at 4:52 PM, the SA was notified of the incident. On 8/09/21 through record review of the Attorney General's "Crime Web Submission" dated 8/03/21 at 2:45 PM, the SA validated on 8/03/21 at 2:45 PM the Attorney General's Medicaid Abuse and Fraud Division was notified of the incident.

2. On 8/09/21 at 12:15 PM through interview with the Nurse Administrator, the SA validated on 7/28/21 at 2:30 PM until 3:00 PM the Nurse Administrator verbally counseled RN #1 who did not stay to work 3:00PM-11:00PM shift on 7/25/21. On 8/09/21 through record review of facility "Staff Education/Continuing Education In-Service/Training" sign-in sheet, the SA validated on 8/06/21 at 3:30 PM the Nurse Executive did a one-on-one in-service with RN #1. RN #1 was educated and counseled on the following policies and procedures: Medication Administration, Medication Keys, Narcotics, Mandated Overtime to ensure incident of leaving the medication cart and or building without counting off with another nurse does not reoccur nor leaving patients uncared for without relief. In-service included counseling. On 8/09/21 at 12:05 PM through interview with Nurse Executive, the SA validated on 8/06/21 the Nurse Executive contacted the Board of Nurses to report the actions of RN #1.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 760	Continued From page 188	F 760		

3. On 8/09/21 at 12:22 PM through interviews with Administrator in Training (AIT), DON #2, and Nurse Administrator and record review of facility "Staff Education/Continuing Education In-Service/Training" sign-in sheet, the SA validated on 7/29/21 at 2:30 PM QAPI meeting was conducted with facility Nursing Home Director, Chief Medical Doctor, Safety Investigative Services, Nursing Home Administrator, Nurse Executive, Nursing Administrator, Director of Nurses (DON #2), Administrator in Training, to discuss and determine corrective actions for further incidents of this magnitude. Corrective actions discussed were to inform resident's representatives of incident on 7/25/21. Educate staff on notifying leadership through proper communication (switchboard). Inservice staff on Injuries, Abuse, Neglect, Mistreatment, Misappropriation of Resident Property or Exploitation of Resident POL J530-55, Mandatory Overtime/Required Supervision Department of Mental Health (DMH), rights of Residents J530-65, Accountability for Nursing Personnel Assignment J550-05, Management of Controlled Substances NUR210-116 and Chain of Notification for Staffing Concerns. No changes to the discussed policies were made. On 8/09/21 through record review of In-Service sign in sheets related to following care plans, the SA validated on 8/06/21 at 3:30 PM licensed nursing staff was in-serviced on Care Plan Policy and Procedures. On 8/09/21 through record review of In-Service sign in sheets related to following care plans, the SA validated on 7/30/21 through 8/06/21 the above policies listed were reviewed with licensed nursing staff was in-serviced on Care Plan Policy and Procedures.

4. On 8/09/21 at 12:03 PM through interview with

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 760	Continued From page 189	F 760		

Social Worker #1, the SA validated on 7/30/21 and 8/02/21, Social Worker #1 called Residents #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19, and #20 representative of the incident and documented in resident's medical chart.

5. On 08/09/21 through record review of In-Service sign-in sheets with topic of "Chain of Notification for Staffing Concerns" dated 8/02/21, the SA validated on 9/02/21 at 7:10 PM facility Nurse Executive revised the Chain of Notification protocol, begin in-servicing all nursing staff. No staff will be allowed to work until In-Service is completed. The Chain of Notification protocol ensures the notification of nurses for availability and accessibility of nursing staff on a continuing basis to work a medication cart for shortage of Nursing Home nurses. The Chain process is as follows: The (switchboard) operator will notify the (facility) Ground (RN) Supervisor, if the Ground Supervisor is not present operator will call Director of Nursing on call. If Ground Supervisor is unable to staff the nurse needed, then he/she will notify the Director of Nursing on call. Director of Nursing on call will call the building Director of Nursing who will attempt to staff the nurses needed and if unable will notify the Nursing Staffing Director or Coordinator. Nursing Staffing Director or Coordinator will attempt to staff the nursing homes and if unable will notify the (facility) Nursing Home Administrator. The Jaquith Nursing Home Administrator on Call will determine with the Director of Nursing on call which buildings can be operated with one nurse if additional nurse cannot be found. After this occurs the (facility) Nursing Home Director should be notified.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 760	Continued From page 190	F 760		

6. On 8/09/21 at 11:49 AM through interview with MD #1, the SA validated on 08/05/21 the attending physician began to evaluate the medication load on all shifts to efficiently maximize staffing.

7. On 8/09/21 at 11:54 AM through interviews with Human Resource Director, Administrator in Training, and DON (#2), the SA validated on 8/06/21 at 10:00 AM an additional executive meeting was held to discuss staffing concerns and expedite contracts. Those present were, Human Resource Director, Chief Medical Officer, Service Outcome Director, Nurse Executive, and (facility) Nursing Home Director. On 8/09/21 at 12:34 PM through interview with Staffing Director and record review of "On-Call Schedule" for the week of 8/09/21 through 8/15/21, the SA validated on 8/06/21, Jaquith Nursing Home Nurse Executive implemented staff changes and an on-call schedule with the Staffing Director and Staffing Coordinator to ensure adequate staffing is in place. The Staffing Director and Staffing Coordinator will text and or call all scheduled nurse staff to verify commitment to their shift. The Staffing Director or Coordinator will contact scheduled nurses the day before their scheduled shift to verify commitment. The Staffing Department has personnel twenty-four hours to receive calls from employees. An employee has to call at least two hours before their shift if they are unable to work. The Staffing Department calls each building to verify the number of employees on each shift. If a building is short, the staffing personnel may pull from another building to cover staff shortage. On 8/09/21 through record review of nursing contracts extended through 9/01/21, the SA validated on 7/30/21, 8 (eight) of 15 (fifteen) emergency covid nursing contracts that

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 760	Continued From page 191 were executed on July 16, 2021, were extended through 9/01/21. New contracts were advertised through 8/04/21. On 8/09/21 at 12:40 PM through interview with Nurse Executive, the SA validated on 8/02/21 through 8/06/21, the Nurse Executive participated in interviewing 18 (eighteen) and 8 (eight) full time licensed nurse applicants. A formal offer of employment must go through personnel. The SA validated on 8/09/21 all corrective actions had been completed as of 8/06/21 and the IJ removed on 8/07/21 prior to exit.	F 760		
F 835 SS=K	Administration CFR(s): 483.70 §483.70 Administration. A facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. This REQUIREMENT is not met as evidenced by: Based on policy review, record review, staff interviews, and resident interviews the facility administration failed to use its resources effectively and efficiently to ensure licensed staff was available to provide care for twenty (20) of (20) residents on the South Unit with a sample of eleven (11) residents for six (6) hours on 7/25/21 from 4:55 PM through 11:00 PM. Resident #1, Resident #2, Resident #3, Resident #4, Resident #5, Resident #6, Resident #7, Resident #8, Resident #9, Resident #10, and Resident #11. Licensed Practical Nurse (LPN) #4 was scheduled to report at 3:00 PM on 7/25/21 after	F 835	1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice. On July 25, 2021 at 11:30 p.m., Licensed Practical Nurse#1 observed Residents #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19, and #20 affected by the insufficient licensed nursing staff and no negative outcomes or harm were noted. On 07/26/2021, the attending physician was notified that South Side had insufficient licensed nursing staff on 7/25/2021 from	10/22/21

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 835	Continued From page 192	F 835		

having sent confirmation to the staffing director which indicated acceptance of the assignment. LPN #4 did not call in and did not arrive for her shift at the facility. Registered Nurse (RN) #1 had worked since 7:00 AM and left the facility at 4:55 PM without on-site licensed nurse relief present. LPN #1 arrived for work at 3:00 PM but did not accept responsibility for the twenty (20) residents on the South Unit of the facility. The Nurse Administrator and the Registered Nurse (RN) Nurse Manager were aware RN #1 refused to stay. Contract and agency nurses did not respond to the call for replacement. No licensed nurse reported to duty on the South Unit of the facility between 4:55 PM and 11:00 PM. The facility failed to follow it's stated procedure for replacing staff in case of call-ins or "no call, no shows". The Nurse Administrator and the RN Manager were aware of the staffing problem and the On-Call Administrator was not notified. The On-Call Director of Nurses failed to report to duty as needed. The Nurse Administrator, Director of Nurses and the Nursing Home Director stated they were aware of on-going staffing issues and shortages prior to this incident and that their strategies to remedy the situation were not effective.

The facility' s failure to provide administrative oversight and supervision to ensure sufficient nursing staff to provide supervision, care and services placed residents on the South Unit at risk, and in a situation likely to cause serious injury, serious impairment, serious harm or death.

The State Agency (SA) identified an Immediate Jeopardy (IJ) which began on 7/25/21, when the facility failed to provide administrative oversight to ensure sufficient licensed nurses were available

5:00 p.m. to 11:00 p.m. On 7/26/2021, the attending physician assessed Residents #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, and #15, #16, #17, #18, #19, and #20 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 7/26/2021, all physicians orders of Jaquith Inn residents with medication and treatments were reviewed by a Registered Nurse and identified 40 of 40 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 08/02/2021, the Jaquith Nursing Home Nurse Executive revised the Chain of Notification protocol, begin in-servicing all nursing staff. The Chain of Notification protocol ensures the notification of nurses for availability and accessibility of nursing staff on a continuing basis to provide nursing series and supervision necessary to prevent serious injury, serious harm, serious impairment, or death. The Chain process is as follows: The Mississippi State Hospital operator will notify the Jaquith Nursing Home Ground Supervisor, if the Ground Supervisor is not present operator will call Director of Nursing on call. If Ground Supervisor is unable to staff the nurse needed, then he/she will notify the Director of Nursing on call. Director of Nursing on call will call

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 835	Continued From page 193 to provide necessary supervision, medications, treatments or monitoring. On 8/05/21 at 5:15 PM the SA informed the Nursing Home Administrator of the IJ and provided the facility with the IJ Template. The facility submitted an acceptable Removal Plan on 8/07/21 at 10:00 AM, in which the facility alleged all corrective actions to remove the IJ were completed on 8/06/21 at 5:00 PM and the IJ was removed as of 8/07/21. The SA validated the Removal Plan on 8/09/21 and determined the IJ was removed on 8/07/21, prior to exit. Therefore, the scope and severity for CFR 483.70 - Administration (F835), 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: Record review of the facility policy, dated August 2020, SUPERSEDES: February 2017 titled "ACCOUNTABILITY FOR NURSING PERSONNEL ASSIGNMENT" revealed "PURPOSE AND APPLICABILITY. This policy defines the steps to be followed in accounting for nursing personnel reporting to (Proper Name of Facility) on each shift. This policy applies to all (Proper Name of Facility) nursing personnel ...3. PROCEDURE. A. The Director of Nursing (DON) will be responsible for preparing the (Proper Name of Facility) nurse schedule and unit assignment for each 24-hour period. The schedule and assignment will be forwarded to the	F 835	the building Director of Nursing who will attempt to staff the nurses needed and if unable will notify the Nursing Staffing Director or Coordinator. Nursing Staffing Director or Coordinator will attempt to staff the nursing homes and if unable will notify the Jaquith Nursing Home Administrator. The Jaquith Nursing Home Administrator on Call will determine with the Director of Nursing on call which buildings can be operated with one nurse if additional nurse coverage cannot be found. The remaining building nurse on duty will continue to provide care to all residents until relief arrives or the emergency coverage tier process is activated by the Director of Nursing on call. On 08/03/2021, the Director of Nursing in-serviced all licensed nurses and Certified Nurses Assistants staff on Jaquith Nursing Home Policy(550-05) Accountability for Nursing Personnel Assignment to ensure that nurses understand the steps to be followed in accounting for nursing personnel reporting on each shift. On 08/08/2021through 08/14/2021 and 09/22/2021, the Nurse Administrator in-serviced licensed nurse staff on Jaquith Nursing Home Policies (210-104) Medications, Administration, Timing and Treatment, (210-116) Management of controlled Substances, (210-100) Medication Keys, and Mandated Overtime to ensure incident(s) of leaving the medication cart or building without counting off with another nurse does not reoccur. On 08/06/2021, an executive meeting was held to discuss staffing concerns and	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 835	Continued From page 194 Nurse Staffing Coordinator (NSC) and placed on a master staffing schedule. B. The NSC or DON on call will verify by telephone that scheduled nurses are present in the assigned JNH buildings/units at 7:00 a.m., Monday through Friday. 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 ...will take call-ins from 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 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. E. On weekends and holidays, the A-Shift RN supervisor ...will verify that A-Shift scheduled nurses are present in their assigned building. The A-Shift RN Supervisor ...will verify that B-Shift scheduled nurses are present in their assigned buildings. The B-Shift RN Supervisor or DON on call will verify that C-Shift scheduled nurses are present in their assigned building. (l) If the NSC receives a call in from a (Proper Name of Facility) nurse, a cancellation that the agency was not able to replace, or nurses shown on the written schedule cannot be accounted for, the nurse designated for staffing will call all buildings to ask (Proper Name of Facility) nursing staff if they would work overtime, then call the authorized nursing agencies in an attempt to acquire the required minimum nursing staff, if staffing nurse is unable to acquire the minimum nursing staff he/she will notify the DON on call.(2) No licensed nurse will leave the assigned unit until there is relief by another licensed nurse at shift change.	F 835	expedite additional licensed nurse contracts. Those present were, Human Resource Director, Chief Medical Officer, Service Outcome Director, Nurse Executive, and Jaquith Nursing Home Director. On 08/06/2021, Jaquith Nursing Home Nurse Executive implemented staff changes and an on-call schedule with the Staffing Director and Staffing Coordinator to ensure adequate staffing is in place. The Staffing Director and Staffing Coordinator will contact all scheduled nurse staff to verify commitment to their shift weekly. The Staffing Department has personnel twenty-four hours to receive calls from employees. All licensed nurses and Certified Nurses Assistants have to call at least two hours before their shift if they are unable to work. The Staffing Department calls each building to verify the number of all licensed nurses and Certified Nurses Assistants on each shift. If a building is short, the staffing personnel may pull from another building to cover staff shortage. On 08/31/2021, the Investigator from the State of Mississippi Attorney General Office in-serviced staff on Abuse and Neglect, Insufficient Nursing staff and leaving building unattended and the criminal charges associated with the actions. On 09/09/2021, the Jaquith Nursing Home Executive Committee approved the revised Accountability for Nursing Personnel Assignment policy and procedure. 4. How the facility plans to monitor its performance to make sure that solutions	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 835	Continued From page 195 (3) When necessary, nurses will be pulled to buildings that has only one (l) nurse. If a building has three (3) or more nurses, excluding the DON, a nurse will be pulled to the buildings of need to maintain a minimum of two (2) nurses on all shifts. (4) At no time will a licensed nurse leave a building without on-site licensed nurse relief. Should a nurse have to leave the building for a meal break or for an emergency, the nurse will notify the on-site RN Supervisor and/or designated staffing person for relief arrangements. F. Shift leaders will notify the shift RN Supervisor and/or DON on call immediately should a licensed nurse leave without relief and there is no other licensed nurse on the unit. The RN supervisor and/or designated staffing nurse will notify the DON on call." Record review of facility "Nurse Staffing Schedule" revealed no licensed staff was on duty for the South unit of the facility from 4:55 PM through 11:00 PM on 7/25/21. Record review revealed the facility completed an investigation related to insufficient staffing on 7/25/21. Record review of the facility "Investigative Findings" dated 8/03/21 revealed: "INVESTIGATIVE FINDINGS-August 3, 2021-NEGLECT: MULTIPLE RESIDENTS-AIT-The Department of Safety and Investigative Services was notified that on Sunday, July 25, 2021, B-shift only had I nurse from 4:55 p.m. until 1 1 p.m. (LPN #1) covered the North Side Hall for B & C shift. The South Side Hall did not have coverage for B-shift. LPN (#2) worked the South Side Hall for C-Shift 11:00 p.m. until 7:00 a.m. A-Shift (RN #1) worked South	F 835	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. On 08/19/2021 JNH Administrators, Nurse Staffing Director/Nurse Staffing Coordinator, and Certified Nursing Assistant Staffing Director will meet to review weekend and weekday schedule of CNAs and nurses ongoing once a week to review coverage daily for 30 days on 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.) using the Jaquith Nursing Home Staffing Concern Log. Any adverse staffing concerns or issues during weekly meeting will be reported to Jaquith Inn Nursing Home Administrator. Beginning monthly on 10/06/2021, Jaquith Inn Nursing Home Administrator will report the audit findings to the Jaquith Inn Nursing Home Quality Assurance Performance Improvement (QAPI) Committee for three months to ensure substantial compliance has been achieved as determined by the committee. Should systemic changes not be effective the Quality Assurance Performance Improvement committee will investigate and determine further action(s) needed based on findings.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 835	Continued From page 196	F 835		

Side Hall from 7:00 a.m. until 4:55 p.m. but did not pass any medications while she waited for a nurse to relieve her for B-Shift 3-11. The Contract Nurse, (LPN #4), scheduled for B-Shift was a no call/no show and RN #1 left stating that she had told the DON on call that she could not stay over that day prior to working A-shift. (RN #1) worked A-Shift and was asked if she could stay over for B-Shift and also stated that she could not work B-Shift and left at 4:55 p.m.

FINDNGS: NEGLECT - SUBSTANTIATED AGAINST THE FACILITY

FAILURE To FOLLOW POLICY JNH POL J550-05 ACCOUNTABILITY

FOR NURSNG PERSONNEL ASSIGNMENT - IS SUBSTANTIATED AGANST (Nurse Administrator) and (RN #1) ...

Therefore, Neglect is substantiated against the facility ...

Failure to follow policy JNH POL J550-05 ACCOUNTABILITY FOR NURSING PERSONNEL ASSIGNMENT is substantiated against Nurse Administrator, DON- on call and RN (#1).

LPN (#4) was a no call/ no show for B-shift on B78. Nurse Administrator, DON on call did not provide coverage for B78 B-shift. E. (2) No licensed nurse will leave the assigned unit until there is relief by another licensed nurse at shift change. (4) At no time will a licensed nurse leave a building without on-site licensed nurse relief. Should a nurse have to leave the building for a meal break or for an emergency, the nurse will

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 835	Continued From page 197	F 835		

notify the on-site RN Supervisor and/or designated staffing person for relief arrangements. RN (#1) notified the RN Supervisor that she was leaving but no relief was sent, and she left the South Side Unit without a licensed nurse."

On 8/03/21 at 10:20 AM, an interview with Nursing Home Director (NHD), Administrator-in-Training (AIT), and Minimum Data Set (MDS) Nurse revealed Nursing Home Director stated the Nurse Administrator was taking DON call over that weekend. The NHD stated "the C shift nurse came in at 11:00 PM. The Medical Director (MD #1) rounded Monday morning (7/26/21) and had no concerns. MDS Nurse stated when the 11:00PM to 7:30AM arrived no one verified the narcotics count with her. The MDS Nurse stated there were no residents with tracheostomies, feeding tubes, or residents with orders for routine blood glucose monitoring on the 3:00 PM to 11:00 PM shift.

ON 8/03/21 at 3:48 PM, an interview with LPN #1, revealed LPN #1 stated "She (RN #1) told them she couldn ' t stay and left at 4:55 PM and the RN Supervisor called between 6:00 PM and 6:30 PM and asked if RN #1 was still here". LPN #1 stated he told the RN Supervisor "no". When asked how he knew RN#1 had left the facility LPN #1 stated "she said she couldn ' t stay and after I didn ' t see her in the building for about an hour, I knew she had left". LPN #1 stated he had not been asked to "count" the ' South Side' narcotics (indicated verification of accuracy of narcotic medication count), RN #1 did not tell him when she left, and he did not know where she left the keys to the medication cart or the narcotics lock box for the ' South Side ' . LPN #1 stated he had

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 835	Continued From page 198	F 835		

not reported the situation to anyone "because I knew they already knew what was going on". LPN #1 stated he had personally gone to the Nurse Administrator with concerns related to the facility ' s staffing issues but "nothing was done".

On 8/04/21 at 9:15 AM, an interview with Medical Director (MD #1), revealed he "found out" about the incident on the afternoon of Monday, July 26, 2021. MD #1 stated he assessed all wounds of the residents on the "South Side" of building 78 on Wednesday 7/28/21, and stated "they all appeared stable". When asked what he thought about the residents being without a nurse, MD #1 stated he thought it was "troubling". When asked if there were any residents he felt were vulnerable MD #1 stated in his opinion the residents who received antiseizure medications were particularly at risk for negative outcomes, especially because the residents on "South Side" of building 78 were prone to breakthrough seizures "every few weeks" and of the residents diagnosed with seizure disorders, those prescribed "linear medications" were at the highest risk of breakthrough seizure activity due to having missed a dose of their antiseizure medication. MD #1 stated any resident who had had a recent psychoactive medication change or had recently been started on a new psychoactive medication were most at risk for behavioral disturbances due to having missed a dose of their psychoactive medications. MD #1 stated that although there were no diabetic residents which required routine blood glucose monitoring on "B shift" 3:00PM - 11:00PM it would have been important to have a licensed staff member monitoring diabetic residents for signs and symptoms of hyperglycemia or hypoglycemia. When asked where he thought he breakdown in providing

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 835	Continued From page 199	F 835		

adequate staffing occurred, MD #1 stated "Nursing Leadership".

On 8/04/21 at 10:00 AM, an interview with RN #1 revealed she confirmed she was scheduled and worked "South Side" of the facility "A shift" 7:00 AM - 3:00 PM on 7/25/21. LPN stated at approximately 2:45 PM JNH Nurse Administrator phoned and asked her if she or LPN #3 (who had worked North Unit since 7:00 AM the morning of 7/25/21) could work the 3:00PM-11:00PM shift. RN #1 stated she told the Nurse Administrator she could not stay over to work "B shift" from 3:00 PM until 11:00 PM on the evening of 7/25/21. RN #1 stated she "went down the hall and asked" LPN #3 and LPN #3 also stated she could not stay over and work. RN #1 stated the Nurse Administrator, who was "on-call", stated she was "too tired to come in and take the keys (work)". RN #1 stated at approximately 3:00 PM the Nurse Administrator "texted and stated the shift had been covered". RN #1 stated "at around 3:45 (PM) I called Nursing Staffing and they gave me the run around and said whoever would call me. Around 4:20 PM the Nurse Administrator texted and said LPN #4 was not coming in, and asked could I please stay, but I told her I had a family commitment, and I couldn ' t". RN #1 stated she gave shift report to the CNA ' s when they arrived for work at 3:00 PM. RN#1 stated, "the residents were fine". RN #1 denied asking LPN #1 to accept responsibility for the "South Side" of the building and stated, "that ' s not a thing". RN #1 stated the RN Nurse Supervisor called after 4:00 PM and "asked me to stay and I told him no. The RN Supervisor said he was working the cart in another building and couldn ' t come work. He told me to call the operator, then the operator connected me to DON #1, and I informed her I

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 835	Continued From page 200	F 835		

couldn ' t stay, and she told me to call the Nurse Administrator back and let her know. I called her extension and didn ' t get an answer." RN #1 stated she "was tired from working short with no housekeepers and only one (1) CNA on each side and doing three (3) people ' s jobs on the weekends". RN #1 stated she left the facility without an on-site relief present. When asked why she thought the alleged neglect occurred stated again that she "was tired from working short with no housekeepers and only one (1) CNA on each side and doing three (3) people ' s jobs on the weekends" she stated she told nursing administration "over and over" she could not stay over on 7/25/21. She stated she thought "staffing" and the facility being "short on staff" caused the problem. When asked how staff responded when the residents requested assistance, she stated "I stayed until almost 5:00 (PM) and I got the residents what they wanted while I was here". When asked what she considered as neglect she responded, "when staff don ' t take care of the residents". When asked what she would do if she suspected that a resident is not receiving necessary care and services she stated, "report it". When asked what actions were taken by the nursing home, RN #1 stated she thought the facility had tried to find someone to come in to work. When asked what training had been received from the facility on neglect identification, prevention, and reporting requirements she responded "In-services".

On 8/04/21 at 11:00 AM, an interview with Nurse Administrator revealed her job duties included monitoring nursing services. She stated, "due to lack of staff and nurses" she offered to work the cart and take call. She also stated she was the interim Director of Nurses (DON) for two (2)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 835	Continued From page 201	F 835		

months at another building during June and July of 2021. Nurse Administrator stated, "I was on call the week before and that weekend DON #1, was on call that weekend and on Thursday or Friday she called me and asked me to take call and I told her I would, but I could not work due to plans for the weekend." Nurse Administrator stated on 7/23/21 she came in to work 11:00AM-7:00AM and came back and worked 11:00PM-7:00AM on 7/24/21. She stated she texted the Staffing Director at 1:02 AM she would not be able to work anymore on 7/24/21. She had not slept for twenty-four (24) hours and was sick with a virus. She stated she notified the RN nurse supervisor on 7/24/21 and "let him know that I was sick and would be unable to work anymore the weekend". She stated on 7/25/21 the Nursing Home Director called her and asked her to go to the campus to check on another matter in another building. She stated while she was there, she went to her office and checked the J-Drive and saw a nurse on another building had called in for the 3:00PM-11:00PM shift. Nurse Administrator stated it was common practice to "move nurses around" to fill positions as needed due to call-ins. Nurse Administrator stated at 2:45 PM she phoned the facility and asked RN #1 and LPN #3 if one of them could stay and work the 3:00PM-11:00PM shift due to a call-in at a different building, but both declined. She stated that at 3:00 PM she thought she had the staffing covered, but then LPN # 4 did not show up for work for 3:00PM-11:00PM shift. She stated there was some back and forth between herself and RN #1 during which she "reminded her" of the MSH policy and procedure mandatory overtime and RN #1 reiterated that she could not stay over. SA asked Nurse Administrator to explain the procedure in place on 7/25/21, for notification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 835	Continued From page 202	F 835		

nurses were to make on weekends or after business hours if their relief did not arrive. The Nurse Administrator explained the following: if on-site relief did not arrive the nurse on duty would call the switchboard operator, the operator would call the RN supervisor, if the RN supervisor was unable to relieve the nurse themselves, they would notify the DON on call and the Staffing Director, if the DON on call was unable to relieve the nurse the Staffing Director would call the Nurse Administrator, the Nurse Administrator would notify the administrator on call. Nurse Administrator stated she had notified the Staffing Director or the Administrator on call. She stated the staffing agency the facility had a contract with was called and texted, but no nurses responded. When asked how she monitored for the deployment of sufficient numbers of qualified and competent staff across all shifts to meet resident needs Nurse Administrator stated the facility nursing supervision and staffing department used the "J Drive" which she reported they all had access to. When asked how the facility determined staffing assignments based on the levels and types of care needed for the resident(s) she said they referred to the facility assessment. When asked how staff communicated across shifts, she listed the morning meeting, e-mail, text messaging, telephone calls and printed notifications posted at the timeclocks in the buildings the staffing department is located where the agency and contract staff clocked in. When asked why she thought the alleged neglect occurred? She stated it was because RN #1 left without relief. When asked how nursing supervision/administration monitored for staff burnout, which could contribute to neglect, Nurse Administrator stated the facility tried to adhere to scheduling practices

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 835	Continued From page 203	F 835		

such as limiting nurses to forty (40) hours per week and using agency and contract nurses to "fill in the blanks". Nurse Administrator stated if there are concerns, such as insufficient staffing she would report this to administration. When asked what the response of the administration, the Nurse Administrator stated the administration had developed a written "Chain of notification" and posted it prominently. The Nurse Administrator stated "burnout" is a real concern and the nursing supervision and administration try to monitor for it, she added that COVID-19 had caused additional strain on facility staffing.

On 8/04/21 at 1:20 PM, an interview with Resident #2 revealed he was the one who reported there was no nurse on 'South Side ' hall of the facility, but he could not recall the name of the nurse he reported to or the date. Resident #2 stated "The problem with the staffing of the CNAs, and the nurses and the shower help has been going on for a while. Then they make the A shift feel obligated and feel guilty to stay." He also stated his opinion was "poor coordination is what I think the problem is". Resident #2 stated he realized there was a problem on 7/25/21 between 7:00 PM and 7:30 PM when he had not received any medicine. He stated medicine was usually administered by the nurses at "around 6:00 PM". Resident #2 stated there were other days before 7/25/21 when medicines had been delivered "late" and he had been told it was because of "staffing". Resident #2 stated "This Sunday (7/25/21) nobody ever came at all". When asked if there were any medication, he was particularly concerned about having not received on 7/25/21, Resident #2 responded "I was supposed to get my suppository, my bowels won ' t move without it and I don ' t get it every day, only certain days

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 835	Continued From page 204	F 835		

every week. I get to feeling bad if I don't get it, so it worried me. Also, I was supposed to get a dose of Baclofen muscle relaxer that was missed and that worried me too, but I didn't really have any problem from it". When asked how it made him feel to have not received his medications to which Resident #2 responded "aggravating, frustrating, disappointing, angry. I made me feel insecure." Resident #2 stated "I ' m dependent on these people. They are responsible for me. It ' s just like they don ' t understand that."

On 8/04/21 at 1:40 PM, an interview with Resident #3 revealed he recalled not having received his medications on ' B shift ' 7/25/21. Resident #3 was alert and oriented and communicated well verbally. Resident #3 stated "it bothered him to think people don ' t come to work when they should". He denied having any negative outcome from missing his medications on ' B shift ' 7/25/21. Resident #3 stated "They need to do something" and provided clarification "The people that run this place need to do something to make sure there is somebody here to give us our medicines and stuff."

On 8/04/21 at 2:39 PM, in an interview with LPN # 3 revealed on July 25, 2021, she was working 7:00AM-3:00PM shift (B shift) on the North Unit. She stated that on 7/25/21 at approximately 2:45 PM RN #1 "came down the hall and said the Nurse Administrator wanted to know if either of us would work over". LPN stated she said no. She stated she "finished her treatments and went back to the nurses station around 3:00 (PM) and RN #1 said the Nurse Administrator had called, and someone was coming to relieve us", but the only one who showed up was LPN #3. She stated she "counted" the North side narcotics with LPN

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 835	Continued From page 205	F 835		

#1 and "left between 4:00 (PM) and 5:00 (PM). She stated RN #1 told her she was going to stay and see if anybody was going to come and RN #1 called 'staffing' and talked to the RN Nurse Supervisor, DON #2, and the Nurse Administrator.

On 8/04/21 at 3:58 PM, in a telephone interview with the Staffing Director revealed LPN #1 and LPN #4 were scheduled to work 3:00PM-11:00PM (B shift) on 7/25/21. The Staffing Director stated "On Thursday (7/22/21) at 1:17 PM prior to the weekend I sent a text message to (LPN #4) to confirm the scheduled shifts for the weekend to review and confirm. She texted back and asked if she could be off on Saturday, but I texted her back and told her no, that I really, really needed her and she texted back and confirmed the schedule". She stated LPN #4 did not report for work or call-in on 7/25/21. She was unable to explain beyond that how ' South Unit was without a nurse on 7/25/21 from 5:00 PM to 11:00 PM. When asked how residents ' acuity, needs, and diagnoses considered when determining staffing requirements and assignments Staffing Director stated, "We try to have two aides for each side (North and South) for day shift and we have a resident on ' North Side ' that ' s on one-on-one". When asked how the facility ' s census impacts staffing levels, Staffing Director stated that the census had held steady at forty (40) for quite a while had a maximum of forty-five (45). When asked how call-ins are handled, Staffing Director stated they "pull staff from other buildings" if available, the DONs could "work the cart", the RN Supervisor on the 3:00PM-11:00PM shift "works the cart if needed" and if none of those staff were available, they relied on "Mandated Overtime". When asked if staff, residents, or families bring

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 835	Continued From page 206	F 835		

up workload concerns and if so, how the concerns are handled, Staffing Director stated the facility tried to make sure there was enough staff to "take care of the residents". When asked if there a system in place to address these concerns the Staffing Director stated that even prior to the COVID-19 pandemic staffing had been a concern and it had been exacerbated by the pandemic, but staff were encouraged to report concerns to their supervisor and the concern would move up the chain of command until resolution had been accomplished if possible. She stated staffing was a difficult issue because "it takes everyone working together, coming in when they are supposed to and doing what they are supposed to do while they are here" in order to have an equitable workload. When asked about the turnover rate the Staffing Director reported it was "high".

On 8/05/21 at 12:54 PM, an interview with Nurse Administrator revealed the Nurse Administrator stated, "I had told the Staffing Director and RN Supervisor on Saturday (7/24/21) per text message I was on call the weekend before as the interim DON at another building and worked the weekend before (7/17/21 and 7/18/21) before I agreed to take call for DON #1".The Nurse Administrator stated "I texted the Staffing Director and told her if she would take call until Sunday morning, I would appreciate it; the Staffing Director said she had called in sick until Thursday and another LPN could cover call-ins for day shift and the RN supervisor would be in at 3:00 PM." The Nurse Administrator stated " the Nurse Executive asked Staffing Director if agency needed to be contacted and the Staffing Director responded she had and would continue to reach out to agency without success; no one returned

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 835	Continued From page 207	F 835		

her calls or messages." The Nurse Administrator stated "I checked the J Drive and saw two (2) nurses had called in." Nurse Administrator stated she initially intended to move LPN #4 to another building and that is why she called RN #1 at 2:45 PM before it was realized that LPN #4 was not coming in to work at 3:00 PM. Nurse Administrator stated at 4:19 PM the RN Supervisor texted to say RN #1 had left. The Nurse Administrator also stated LPN #1 had approached her "weeks before" and voiced concerns that he was having to stay over frequently due to mandated overtime and on-site relief not arriving to relieve him. She stated LPN #1 inquired about compensation for working the entire building by himself and working sixteen (16) hour shifts. The Nurse Administrator stated she had reported LPN #1 ' s concerns/request to the Nursing Home Director and was told there were no funds available for such compensation. She stated she had reported this to LPN #1.

Human Resources Record review revealed the Nurse Administrator acted as the interim DON for another building for approximately six (6) weeks until July 22, 2021. She agreed to "take call" for DON #1 for the weekend of 7/24/21 and 7/25/21.

On 8/05/21 at 1:37 PM, an interview with DON #1 revealed she was the full time DON of another building. She stated when she started taking call on weekends twelve years ago there was five (5) DONs taking call on weekends, "around 2017" the call rotation dropped to four (4) DONs and in 2021 it dropped to three (3) DONs on the weekend call rotation. She stated prior to 2020 there was not enough staff. She stated the "On-Call" DON ' s did not have to come in to work to cover call-ins very often until 2019. She stated

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 835	Continued From page 208	F 835		

"over the past two (2) years we ' ve really had to fill in a good bit. In 2021 DONs are having to come in and work the cart every time, every weekend we are on call". She stated the DON on call is on call from Wednesday at 5:00 PM until the following Wednesday at 5:00 PM. She stated the DONs are also having to come in on the 3:00PM-11:00PM and the 11:00PM-7:00AM "quite frequently". DON #1 stated she worked Monday, 7/19/21 through Friday 7/23/21 and worked 11:00 PM 7/23/21 until 8:00 AM 7/24/21. She stated she worked Sunday 7/25/21 7:00 PM and stayed and worked all of11:00PM-7:00AM at another building, left at approximately 7:00 AM Monday 7/26/21 and returned and worked the cart 3PM-7:00PM on 7/26/21 due to call-ins. DON #1 stated "If we are on call we make every effort to find somebody to replace that person, especially if the nurse has already worked sixteen (16) hours." She stated on 7/25/21, "we had no way to contact the contract nurse that was supposed to have come in". She stated the RN Supervisor "was assigned to a cart". She also stated two (2) buildings were short staffed. DON #1 stated "if the DON on call exhausted all resources and the nurse won ' t stay it ' s my responsibility to come in". When asked about outcomes for a resident who missed medications, DON #1 stated there could be negative outcomes such as blood sugar with hypoglycemic or hyperglycemic events, behaviors could be affected negatively. DON #1 stated "usually" there is a housekeeper in the building for eight (8) hours a day. She reported the CNAs sweep after supper and take out the trash and do housekeeping like cleaning up spills to provide a safe environment for the residents. She stated the nurses must help the CNAs every day because of the CNA shortage. She stated she thought "Mandated Overtime" was intended for

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 835	Continued From page 209	F 835		

"emergency purposes" and as a "last resort". DON #1 stated "Nurses are exhausted at the end of their shifts because at the end of the day the nurses can do the housekeeping and CNA work but who can do our work."

On 8/05/21 at 3:00 PM, an interview with Nursing Home Director (NHD) revealed he was aware staffing was a problem for the facility. He stated the staff were all tired and that fatigue affects performance. He stated he had been working there for fifteen (15) years and staffing had "always been a problem". He stated "COVID-19 escalated the challenges". He stated the facility had contracts with three staffing agencies, used "contract" staff and emergency COVID-19 contracts to try to get staffing. He stated, "when everyone shows up for work, we have enough staff, other days you have call-ins because they are tired from working so much". He stated the staffing problems "are a combination of call-ins and not enough staff". He stated "there are disciplinary steps for excessive call-ins" which could result in attendance counseling, written reprimands, and termination. When asked what effect inadequate staffing could have on residents the Nursing Home Director responded, "Inconsistent staff could result in residents not getting the best care we can give them". He stated adequate staffing was important for residents to be more comfortable, happier and for their safety. When asked his opinion (remembering he is not a nurse or a doctor) what effects on resident he might expect if residents did not get medications as prescribed, he expressed concern for residents that were diabetic or had been prescribed medications that were "time sensitive" and stated, "the medications are a concern, a legitimate issue, not having a

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 835	Continued From page 210	F 835		

nurse on that wing." Nursing Home Director stated he was not aware until Wednesday 7/28/21 that the facility had been without a nurse for six (6) hours on 7/25/21.

On 8/05/21 at 3:30 PM, an interview with the facility's Interim Administrator revealed when asked how nursing supervision monitored and provided oversight in order to assure care and services are implemented based upon the care plan and the resident's identified needs, and if there is an acute change of condition, she responded the shift report and physician orders are reviewed in the morning meeting. When asked how the facility monitored staff/resident interactions? The Interim Administrator responded direct observation was employed. When asked how the facility monitored for the deployment of sufficient numbers of qualified and competent staff across all shifts to meet resident needs, The Interim Administrator responded the "J Drive" was used to check for sufficient staffing, and staff competencies and in-services were used to ensure competent staff. When asked how the facility determined staffing assignments based on the levels and types of care needed for the residents, the Interim Administratorreferred to the census of forty (40) residents with two nurses and the facility ' s policy for staffing. When asked how staff communicated across shift, she responded with shift reports, verbal communication and posted written notices. When asked how the facility monitored for staff burnout, which could contribute to neglect, she reported she was aware that all medical personnel were subject to burnout and "getting tired; especially since COVID". She stated the facility tried to provide adequate staffing so that staff were not required to work over forty (40) hours weekly or

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 835	Continued From page 211	F 835		

having to stay over to work unscheduled shifts. She stated the nursing supervision and administration also utilized "agency nurses" and "contract nurses. The Interim Administrator stated the residents on South Unit did not have a licensed nurse on 7/25/21 from 5:00 PM until 11:00 PM because the nurse scheduled did not come in to work and the nurse at work for ' A shift ' (7:00AM-3:00PM) did not stay". The Interim Administrator stated if there were concerns, such as insufficient staffing or lack of availability of food, medications or supplies, she reported this to administration; she stated the administration had obtained contracts with multiple staffing agencies and made contracts with nurses and were trying to recruit "new hires" to attempt to ensure sufficient staffing.

The facility submitted an acceptable Removal Plan for the IJ on 8/06/21 at 5:00 PM. Review of the facility ' s Removal Plan revealed the facility took the following actions to remove the IJ on 8/06/21:

Removal Plan

In response to the Immediate Jeopardy (IJ) template provided to the Administrator cited on August 5, 2021, at 5:10 p.m., the following is a summary of the event and the actions taken by the facility to remove the Immediate Jeopardy.

Brief Summary

On 07/25/2021 Jaquith Inn Building 78, had insufficient licensed nursing staff from 5:00p.m. - 11:00p.m., which gives us neglect of Residents #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16,#17, #18, #19, and #20 on

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 835	Continued From page 212	F 835		

South Side unit of building 78. Medications were missed and no monitoring for Residents #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19, and #20 during this time frame.

The following corrective actions were taken for Residents #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, and #11, #12, #13, #14, #15, #16, #17, #18, #19, and #20 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 25, 2021, at 11:30 pm Licensed Practical Nurse#1 observed Residents #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19, and #20 and no negative outcomes or harm noted. On 07/26/2021 at 9:00 a.m., the attending physician was notified that there were no adverse reactions. On 7/26/2021 at 9:00 a.m. attending physician observed Residents #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19, and #20 and found no negative outcomes. The attending physician reviewed care plans and no care plans needed to be revised. On July 28, 2021, at 4:52p.m., the Mississippi State Department of Health Division of Health Facilities Licensure and Certification was notified of the incident. On August 3, 2021, at 2:45p.m. the Mississippi Attorney General ' s Medicaid Abuse and Fraud Division was notified of the incident.

2. On July 28, 2021, at 2:30pm until 3:00pm Jaquith Nursing Home Nurse Administrator verbally counseled the Registered Nurse #1 who did not stay to work 3-11pm shift on 7/25/21. On 08/06/2021 at 3:30 p.m., the Nurse Executive did

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 835	Continued From page 213	F 835		

a one on one in-service with Registered Nurse#1. Registered Nurse#1 was educated and counseled on the following policies and procedures: Medication Administration, Medication Keys, Narcotics, Mandated Overtime to ensure incident of leaving the medication cart and or building without counting off with another nurse does not reoccur nor leaving patients uncared for without relief. On 08/06/2021 at 3:30p.m., the Nurse Executive contacted the MS Board of Nurses to report the actions of Registered Nurse #1.

3. On July 29, 2021, at 02:30 p.m., a Quality Assurance meeting was conducted with Jaquith Nursing Home Director, Chief Medical Doctor, Safety Investigative Services, Jaquith Inn Nursing Home Administrator, MS State Hospital Nurse Executive, Jaquith Nursing Administrator, Director of Nursing, Administrator-in-Training to discuss and determine corrective actions for further incidents of this magnitude. Corrective actions discussed were to inform resident ' s representative of incident on 07/25/2021. Educate staff on notifying leadership through proper communication (campus switchboard). Inservice staff on Injuries, Abuse, Neglect, Mistreatment, Misappropriation of Resident Property or Exploitation of Resident POL J530-55, Mandatory Overtime/Required Supervision Department of Mental Health (DMH), Rights of Residents J530-65, Accountability for Nursing Personnel Assignment J550-05, Management of Controlled Substances NUR210-116 and Chain of Notification for Staffing Concerns. No changes to the discussed policies were made. On 08/06/2021 at 3:30pm licensed nursing staff was in-serviced on Care Plan Policy and Procedures. On 07/30/2021 through 08/06/2021 the above

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 835	Continued From page 214	F 835		

policies listed were reviewed with licensed nursing staff.

4. On July 30, 2021 and August 2, 2021, Social Worker#1 called Residents #1, #2, #3, #4, #5, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19, #20 representative of the incident and documented in resident ' s medical chart.5. On August 2, 2021, at 07:10pm Jaquith Nursing Home Nurse Executive revised the Chain of Notification protocol, begin in-servicing all nursing staff. No staff will be allowed to work until Inservice is completed. The Chain of Notification protocol ensures the notification of nurses for availability and accessibility of nursing staff on a continuing basis to work a medication cart for shortage of Nursing Home nurses. The Chain process is as follows: The Mississippi State Hospital operator will notify the Jaquith Nursing Home Ground Supervisor, if the Ground Supervisor is not present operator will call Director of Nursing on call. If Ground Supervisor is unable to staff the nurse needed, then he/she will notify the Director of Nursing on call. Director of Nursing on call will call the building Director of Nursing who will attempt to staff the nurses needed and if unable will notify the Nursing Staffing Director or Coordinator. Nursing Staffing Director or Coordinator will attempt to staff the nursing homes and if unable will notify the Jaquith Nursing Home Administrator. The Jaquith Nursing Home Administrator on Call will determine with the Director of Nursing on call which buildings can be operated with one nurse if additional nurse cannot be found. After this occurs the Jaquith Nursing Home Director should be notified.

6. On 08/05/2021, the attending physician began to evaluate the medication load on all shifts to

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 835	Continued From page 215	F 835		

efficiently maximize staffing.

7. On 08/06/2021 at 10:00 a.m. an additional executive meeting was held to discuss staffing concerns and expedite contracts. Those present were, Human Resource Director, Chief Medical Officer, Service Outcome Director, Nurse Executive, and Jaquith Nursing Home Director. On 08/06/2021, Jaquith Nursing Home Nurse Executive implemented staff changes and an on-call schedule with the Staffing Director and Staffing Coordinator to ensure adequate staffing is in place. The Staffing Director and Staffing Coordinator will text and or call all scheduled nurse staff to verify commitment to their shift. The Staffing Director or Coordinator will contact scheduled nurses the day before their scheduled shift to verify commitment. The Staffing Department has personnel twenty-four hours to receive calls from employees. An employee has to call at least two hours before their shift if they are unable to work. The Staffing Department calls each building to verify the number of employees on each shift. If a building is short, the staffing personnel may pull from another building to cover staff shortage. On 07/30/2021, 8 of 15 emergency covid nursing contracts that were executed on July 16, 2021 were extended through 09/01/2021. New contracts were advertised through 08/04/2021. On 08/02/2021 through 08/06/2021, the Nurse Executive participated in interviewing 18 contract and 8 full time licensed nurse applicants. A formal offer of employment has to go through personnel.

The corrected actions were implemented on 08/06/2021 at 5:00 p.m.

The facility alleges the Immediate Jeopardy was

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 835	Continued From page 216	F 835		

removed on 08/07/2021 at 10:00 a.m.

On 8/09/21, the SA validated the facilities removal plan by staff interview, record reviews, review of In-Service Sign-in Sheets, review of Monitoring Forms, review of Physician Progress Notes, review of Social Services Notes, and review of the On-Call Schedule. The SA verified the facility had implemented the following measures to remove the IJ:

Validation:

1. On 8/09/21 at 12:46 PM through interview with LPN #2 and record review of monitoring forms on the Medical Administration Record (MAR) for 7/25/21 11:00PM-7:00AM shift, the SA validated on7/25/21 at 11:30 PM LPN #2 observed Residents #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19, and #20 and no negative outcomes or harm noted. On 8/09/21 at 11:49 AM through interview with MD #1, the SA validated on 7/26/21 at 9:00 AM attending physician observed Residents #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19, and #20 and found no negative outcomes. On 8/09/21 at 11:49 AM through interview with MD #1 and record review of resident care plans, the SA validated on 7/26/21 the attending physician reviewed care plans and no care plans needed to be revised. On 8/09/21 through record review of facility investigation dated 8/04/21 SA validated on 7/29/21 at 4:52 PM, the SA was notified of the incident. On 8/09/21 through record review of the Attorney General ' s "Crime Web Submission" dated 8/03/21 at 2:45 PM, the SA validated on 8/03/21 at 2:45 PM the Attorney General ' s Medicaid Abuse and Fraud Division was notified

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 835	Continued From page 217	F 835		

of the incident.

2. On 8/09/21 at 12:15 PM through interview with the Nurse Administrator, the SA validated on 7/28/21 at 2:30 PM until 3:00 PM the Nurse Administrator verbally counseled RN #1 who did not stay to work 3:00PM-11:00PM shift on 7/25/21. On 8/09/21 through record review of facility "Staff Education/Continuing Education In-Service/Training" sign-in sheet, the SA validated on 8/06/21 at 3:30 PM the Nurse Executive did a one-on-one in-service with RN #1. RN #1 was educated and counseled on the following policies and procedures: Medication Administration, Medication Keys, Narcotics, Mandated Overtime to ensure incident of leaving the medication cart and or building without counting off with another nurse does not reoccur nor leaving patients uncared for without relief. In-service included counseling. On 8/09/21 at 12:05 PM through interview with Nurse Executive, the SA validated on 8/06/21 the Nurse Executive contacted the Board of Nurses to report the actions of RN #1.

3. On 8/09/21 at 12:22 PM through interviews with Administrator in Training (AIT), DON #2, and Nurse Administrator and record review of facility "Staff Education/Continuing Education In-Service/Training" sign-in sheet, the SA validated on 7/29/21 at 2:30 PM QAPI meeting was conducted with facility Nursing Home Director, Chief Medical Doctor, Safety Investigative Services, Nursing Home Administrator, Nurse Executive, Nursing Administrator, Director of Nurses (DON #2), Administrator in Training, to discuss and determine corrective actions for further incidents of this magnitude. Corrective actions discussed

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 835	Continued From page 218	F 835		

were to inform resident ' s representatives of incident on 7/25/21. Educate staff on notifying leadership through proper communication (switchboard). Inservice staff on Injuries, Abuse, Neglect, Mistreatment, Misappropriation of Resident Property or Exploitation of Resident POL J530-55, Mandatory Overtime/Required Supervision Department of Mental Health (DMH), rights of Residents J530-65, Accountability for Nursing Personnel Assignment J550-05, Management of Controlled Substances NUR210-116 and Chain of Notification for Staffing Concerns. No changes to the discussed policies were made. On 8/09/21 through record review of In-Service sign in sheets related to following care plans, the SA validated on 8/06/21 at 3:30 PM licensed nursing staff was in-serviced on Care Plan Policy and Procedures. On 8/09/21 through record review of In-Service sign in sheets related to following care plans, the SA validated on 7/30/21 through 8/06/21 the above policies listed were reviewed with licensed nursing staff was in-serviced on Care Plan Policy and Procedures.

4. On 8/09/21 at 12:03 PM through interview with Social Worker #1, the SA validated on 7/30/21 and 8/02/21, Social Worker #1 called Residents #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19, and #20 representative of the incident and documented in resident ' s medical chart.

5. On 08/09/21 through record review of In-Service sign-in sheets with topic of "Chain of Notification for Staffing Concerns" dated 8/02/21, the SA validated on 9/02/21 at 7:10 PM facility Nurse Executive revised the Chain of Notification protocol, begin in-servicing all nursing staff. No staff will be allowed to work until In-Service is

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 835	Continued From page 219	F 835		

completed. The Chain of Notification protocol ensures the notification of nurses for availability and accessibility of nursing staff on a continuing basis to work a medication cart for shortage of Nursing Home nurses. The Chain process is as follows: The (switchboard) operator will notify the (facility) Ground (RN) Supervisor, if the Ground Supervisor is not present operator will call Director of Nursing on call. If Ground Supervisor is unable to staff the nurse needed, then he/she will notify the Director of Nursing on call. Director of Nursing on call will call the building Director of Nursing who will attempt to staff the nurses needed and if unable will notify the Nursing Staffing Director or Coordinator. Nursing Staffing Director or Coordinator will attempt to staff the nursing homes and if unable will notify the (facility) Nursing Home Administrator. The Jaquith Nursing Home Administrator on Call will determine with the Director of Nursing on call which buildings can be operated with one nurse if additional nurse cannot be found. After this occurs the (facility) Nursing Home Director should be notified.

6. On 8/09/21 at 11:49 AM through interview with MD #1, the SA validated on 08/05/21 the attending physician began to evaluate the medication load on all shifts to efficiently maximize staffing.

7. On 8/09/21 at 11:54 AM through interviews with Human Resource Director, Administrator in Training, and DON (#2), the SA validated on 8/06/21 at 10:00 AM an additional executive meeting was held to discuss staffing concerns and expedite contracts. Those present were, Human Resource Director, Chief Medical Officer, Service Outcome Director, Nurse Executive, and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 835	Continued From page 220	F 835		

(facility) Nursing Home Director. On 8/09/21 at 12:34 PM through interview with Staffing Director and record review of "On-Call Schedule" for the week of 8/09/21 through 8/15/21, the SA validated on 8/06/21, Jaquith Nursing Home Nurse Executive implemented staff changes and an on-call schedule with the Staffing Director and Staffing Coordinator to ensure adequate staffing is in place. The Staffing Director and Staffing Coordinator will text and or call all scheduled nurse staff to verify commitment to their shift. The Staffing Director or Coordinator will contact scheduled nurses the day before their scheduled shift to verify commitment. The Staffing Department has personnel twenty-four hours to receive calls from employees. An employee has to call at least two hours before their shift if they are unable to work. The Staffing Department calls each building to verify the number of employees on each shift. If a building is short, the staffing personnel may pull from another building to cover staff shortage. On 8/09/21 through record review of nursing contracts extended through 9/01/21, the SA validated on 7/30/21, 8 (eight) of 15 (fifteen) emergency covid nursing contracts that were executed on July 16, 2021, were extended through 9/01/21. New contracts were advertised through 8/04/21. On 8/09/21 at 12:40 PM through interview with Nurse Executive, the SA validated on 8/02/21 through 8/06/21, the Nurse Executive participated in interviewing 18 (eighteen) and 8 (eight) full time licensed nurse applicants. A formal offer of employment must go through personnel.

The SA validated on 8/09/21 all corrective actions had been completed as of 8/6/21 and IJ was removed on 8/7/21 prior to exit.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 842	Continued From page 221	F 842		
F 842 SS=F	Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(i)(1)-(5) §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so. §483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized §483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is- (i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506; (iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners,	F 842		10/22/21

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 842	Continued From page 222 medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512. §483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use. §483.70(i)(4) Medical records must be retained for- (i) The period of time required by State law; or (ii) Five years from the date of discharge when there is no requirement in State law; or (iii) For a minor, 3 years after a resident reaches legal age under State law. §483.70(i)(5) The medical record must contain- (i) Sufficient information to identify the resident; (ii) A record of the resident's assessments; (iii) The comprehensive plan of care and services provided; (iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State; (v) Physician's, nurse's, and other licensed professional's progress notes; and (vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. This REQUIREMENT is not met as evidenced by: Based on staff interviews, record reviews, and facility policy review the facility failed to maintain an accurate medical record as evidenced by medications and treatments were not accurately documented on the Medication and Treatment Charts for 12 of 12 residents reviewed. Resident #1, Resident #2, Resident #3, Resident #4, Resident #5, Resident #6, Resident #7, Resident #8, Resident #9, Resident #10, Resident #11, and	F 842	1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice. On 7/25/2021 at 11:30 p.m., Licensed Practical Nurse #1 observed and immediately assessed Residents #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, and	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 842	Continued From page 223 Resident #12. Finding Include: Record review of the facility's, "(Proper Name) Nursing Documentation" policy, dated March 2021, revealed, "1. PURPOSE AND APPLICABILITY. The purpose of this policy is to provide nurses with guidelines for documenting in resident medical records. This policy applies to all licensed nurses at (Proper Name). 2. POLICY. It is the professional responsibility of all licensed nurses to provide an accurate, in-depth clinical record of care for assigned residents ..." Resident #1 Record review of the Physician's Orders with an original date of 6/22/21 and updated 7/21/21 revealed Resident #1 had orders in place for the following medications and treatments: Levothyroxine 0.125 mg (milligram)tab Take one (1) tablet PO (By Mouth) daily, Ferrous Sulf (Sulfate) 220mg/5ml (milliliters) Elix (Elixir) Give 220 mg (5 ml) po three (3) times a day, Bacid capsule Disp (Dispense) as Acidophilus capsule Take two (2) capsules po twice daily. Hydroco/Apap (Hydrocodone/Acetaminophen) 5/325 mg Take one (1) table po twice daily for 28 days. Resident #1 also had a Physician's Order dated 7/2/21 for Arginaid one (1) packet po TID (Three times daily). Resident #1 had Physician's Orders for treatments for "Wound care to R back scapula area Clean with NS (Normal Saline), pat dry, apply Santyl to wound bed then pack wound bed with damp to dray gauze with NS then apply Alldress Q (every) 12 hrs (hours) and prn (as needed) when soiled, until healed. Notify MD of any acute changes" dated 6/23/21 at 5:03 PM.	F 842	#12 who required treatment and medications for seizure activity, pain, and anticoagulant therapy, none of the residents appeared to have suffered an adverse effect as a result of the deficient practice. On 07/26/2021, the attending physician was notified that South Side had insufficient licensed nursing staff on 7/25/2021 from 5:00 p.m. to 11:00 p.m. On 7/26/2021, the attending physician assessed Residents #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, and #12 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 7/26/2021 all physicians orders of Jaquith Inn residents with medication and treatments were reviewed by a Registered Nurse and identified 40 of 40 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 07/30/2021, the Nursing Home Administrator in-serviced staff on Jaquith Nursing Home Policy (J530-55) Injuries, Abuse, Neglect, Mistreatment, Misappropriation of Resident Property or Exploitation of Residents with emphasis on Abuse and Neglect as a failure to supply a resident with healthcare supervision and other services necessary to maintain the resident s mental and physical health. On 07/30/2021, the Nursing Home Administrator in-serviced	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 842	Continued From page 224 He also has a treatment order dated 6/22/21 at 11:45 AM for "Santyl Topical Ointment BID (two times daily) to R Trochanteric Ulcer and L Shoulder Q 12 h rs". Record review of the "Medication Chart" for the month of July 2021 revealed, "Levothyroxine 0.125 mg tab (tablet) take 1 tablet po (by mouth) daily" was missed one (1) time. "Ferrous Sulf (Sulfate) 220 mg/5 ml (milliliters) elixir give 220 mg (5 ml) po 3 times a day" was missed one (1) time. Acidophilus capsule comp (compare) to Bacid capsule take 2 capsules po twice daily" was missed (1) time. Hydroco/Apap 5/325 mg take 1 tablet po twice daily for 28 days" was missed one (1) time. "Arginaid 1 pack po TID (Three times daily)" was missed one (1) time. "Monitor for s/sx (signs and symptoms) of pain (facial signs, moaning, verbal, etc.) Q (every) Shift. Document according to the scale below. If pain is noted, document intervention and outcome in the nurse's notes" was missed two (2) times. Record review of the "Treatment Chart" for the month of July 2021, revealed "Clean Rt (Right)Trochanter and Lt (Left) shoulder w/NS; pat dry and apply Santyl BID (Two times daily) and cover w/Alldress (with Alldress)" was missed 17 times. "WOUND CARE: Rt. back scapula area; clean w/NS (with Normal Saline), pat dry, apply Santyl to wound bed then pack w/ damp to dry gauze w/ NS, Apply Alldress Q 12 hr (hours) and prn (as needed) when soiled until healed. Notify MD of acute changes" was missed 22 times. "Notify MD of any skin changes (every shift)" was missed 21 times. "Lantiseptic to buttocks/per-area w brief change (every shift)" was missed 20 times. "Wklyl (Weekly) body	F 842	staff on Jaquith Nursing Home Policy (J530-65) Rights of Residents to ensure staff is aware that residents will receive care consistent with basic human dignity within the reasonable capabilities and limitation of Jaquith Nursing Home. On 08/03/2021 the Director of Nursing in-serviced licensed nurse staff on the Jaquith Nursing Home Policy (210-001) Standards of Care and using the Lippincott Manual as reference to providing quality care. On 08/08/2021 thru 08/14/2021 and 09/22/2021, Jaquith Nursing Home Nurse Administrator in-serviced all licensed nursing staff on JNH policy (210-104) Medication Administration with emphasis on Health and Safety and protocol for checking the Medication Administration Record and Treatment Administration Record for documentation accuracy and any omission, and Mandated Overtime to ensure incident(s) of leaving the medication cart or building without counting off with another nurse does not reoccur. On 08/31/2021, the Investigator from the State of Mississippi Attorney General Office in-serviced staff on Abuse and Neglect, Insufficient Nursing staff and leaving building unattended and the criminal charges associated with the actions. On 09/02/2021 thru 09/06/2021, the Jaquith Nursing Home Nurse Administrator in-serviced licensed nursing staff on Jaquith Nursing Home Policy (550-47) Nursing Documentation to ensure licensed nursing staff is informed of the professional responsibility of all	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 842	Continued From page 225 Audits check for breakdown/any new skin problems P=Present A=Absent if present Notify MD and document in Nurses notes" was missed one (1) of four (4) times. "Gel cushion to geri-chair (every shift)" was missed 23 times. "Alternating air mattress to bed (every shift)" was missed 21 times. "Lt hand splint during daytime" was missed five (5) times. "Sz. (Seizure) precaution (every shift) was missed 22 times. "Monitor for dehydration QD (dry mucus membranes, tenting, fever, decreased Output, etc.) Y=Yes N=No If yes, notify MD and document" was missed five (5) times. "Monitor for side effects of psychotropic meds QD P=Present N=Noneffective notify MD if non-effective" was missed six (6) times. "Monitor for effectiveness of meds Y=Effective N=Non-effective notify MD if non-effective" was missed six (6) times. Resident #2 Record review of Physician's Orders with an original order date of 12/1/20 and updated on7/21/21 revealed Resident #2 had orders in place for Simethicone 80 mg tablet chew one (1) tablet before meals and at bedtime. Physician's order with an original order date of 3/17/20 and updated on 7/21/21 revealed he had orders in place for Miralax Powder disp as polyethylene glycol powder dissolve 17 grams in six (6) ounces of juice/water and give po two (2) times a day and Eliquis 2.5 mg tablet take one (1) table po twice a day, Colace 100 mg capsule disp as docusate sodium 100 mg cap take one (1) capsule po twice daily, Bisacodyl 10 mg suppository insert one (1) suppository rectally on Tues. (Tuesday), Thurs. (Thursday), Sun. (Sunday) and daily as needed for constipation, Caclofen 20 mg tablet take one (1) table po three (3) times daily. Physician	F 842	licensed nurses to provide an accurate, in-depth clinical record of care for their assigned residents. On 09/02/2021thru 09/06/2021, the Jaquith Nursing Home Nurse Administrator in-serviced licensed nursing staff on the protocol for checking the Medication Administration and Treatment Administration Records and to inform Jaquith Inn on coming shift Licensed Nurse will validate with off going shift Licensed Nurse all resident Medication Administration Record and Treatment Administration Record daily for 30 days, then once a week for 30 days to ensure policies and procedures are followed and no omissions are noted on 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.). Corrective actions will be documented on Medication and Treatment Audit form. Any deficient practice will be corrected and reported to Director of Nursing. 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 09/11/2021, the Nurse Administrator will audit thirty-nine (39) Medication and Treatment Administration Records documentation weekly for thirty (30) days, then monthly for sixty (60) days. Beginning 9/12/2021, the Nurse	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 842	Continued From page 226 orders dated 3/9/21 were in place for "to bed: alt air mattress", "Foley cath care q shift - flush w/60 cc sterile H2O, Ensure leg strap is in place", "Change foley bag q 15 days and prn", and "Bilateral heel protectors or shoes on at all times". Record review of the "Medication Chart" for the month of July 2021 revealed, "Simethicone 80 mg tablet chew 1 tablet before meals and at bedtime" was missed two (2) times. "Polyethylene glycol powder comp. to Miralax powder dissolve 17 grams in 6 ounces of juice/water and give po 2 times a day" was missed one (1) time. "Eliquis 2.5 mg tablet take 1 tablet po twice a day" was missed one (1) time. "Docusate sodium 100 mg cap comp to Colace 100 mg capsule take 1 capsule po twice daily" was missed one (1) time. "Bisacodyl 10 mg suppositor(y) insert 1 suppository rectally on Tues. (Tuesday), Thurs. (Thursday), Sun. (Sunday) and daily as needed for constipation" was missed three (3) times. "Baclofen 20 mg tablet take 1 tablet po 3 times daily" was missed one (1) time. "Monitor for s/sx (signs and symptoms) of pain (facial signs, moaning, verbal, etc.) Q (every) Shift. Document according to the scale below. If pain is noted, document intervention and outcome in the nurse's notes" was missed one (1) time. Record review of the "Treatment Chart" for the month of July 2021 revealed "Foley cath. (catheter) care Q AM and PRN" was missed five (5) times. "Flush foley cath. w/60 cc sterile H2O Q shift" was missed 19 times. "Weekly weights until further notice" was missed four (4) times. "Alt (alternating) air mattress to bed (every shift)" was missed 17 times. "Bilateral heel protectors or shoes at all times" was missed 17 times. "Monitor for dehydration QD (dry mucus	F 842	Administrator will review 5 nurse□s notes weekly for thirty (30) days, then monthly for sixty (60) days to check for accurate in-depth clinical records documentation. The Nurse Administrator will report any deficient practice to Jaquith Inn Nursing Home Administrator. All newly hired licensed nursing staff will be in-serviced on Residents Rights and following physicians□ orders for safety, proper documentation, and supervision during building orientation by a Licensed Nurse. Beginning monthly on 10/06/2021, Jaquith Inn Nursing Home Administrator will report the audit findings to the Jaquith Inn Nursing Home Quality Assurance Performance Improvement (QAPI) Committee for three months to ensure substantial compliance has been achieved as determined by the committee. Should systemic changes not be effective the Quality Assurance Performance Improvement committee will investigate and determine further action(s) needed based on findings.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 842	Continued From page 227	F 842		

membranes, tenting, fever, decreased Output, etc.) Y=Yes N=No If yes, notify MD and document" was missed six (6) times. "Monitor for side effects of psychotropic meds QD P=Present N=Noneffective notify MD if non-effective" was missed six (6) times. "Monitor for effectiveness of meds Y=effective N=Non-effective notify MD if non-effective" was missed six (6) times. "Wklyl body Audits check for breakdown/any new skin problems P=Present A=Absent if present Notify MD and document in Nurses notes" was missed three (3) of four (4) times. "Change foley bag q 15 days and prn" was missed two (2) times.

Resident #3

Record review of Physician Orders with an original date of 12/29/20 and updated on 7/21/21 revealed Resident #3 has orders in place for Baclofen 20 mg table take one (1) table po every 2 PM and 6 PM, Ferrous Gluc 324 mg tab take one (1) table po every 2 PM and 6 PM, Metformin 850 mg tablet take one (1) tablet po 30 minutes prior to lunch and dinner, Meloxicam 15 mg tablet take one (1) tablet po every evening, Amlodipine 5 mg tablet take one (1) tablet po at bedtime, and Omeprazole 20 mg capsule take one (1) capsule po at bedtime. A physician order with an original date of 5/22/20 and updated on 7/21/21 revealed he has an order for Lidocaine 5% patch apply two (2) patches to right knee every 12 hours. Physician orders with an original order date of 9/13/19 and updated on 7/21/21 are in place for Dulcolax 10 mg suppository disp as Bisacodyl 10 mg suppository insert one (1) suppository rectally daily, Lactulose 10 gm/15 ml syrup give 45 cc po every day, Miralax powder disp as polyethylene glycol powder mix 17 grams in 6 ounces of liquid and give po two (2) times a day, Gabapentin 800

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 842	Continued From page 228	F 842		

mg table take one (1) table po three (3) times daily, and Pravachol 40 mg tablet disp as Pravastatin 40 mg tablet take one (1) tablet po at bedtime. A Physician Order with an original order date of 4/22/21 and updated on 7/21/21 is in place for Divalproex sod 500 mg tab take one (1) tablet po twice a day. Physician Orders with an original order date of 5/5/21 and updated on 7/21/21 are in place for Vitamin C 500 mg tablet take one (1) tablet po twice a day and Multivitamin tablet take one (1) tablet po daily. A physician's order dated 5/7/21 was in place for left heel wound - cleanse with NS, pat dry, apply Dakin's 0.25% moistened gauze to wound bed. Cover with gauze and kerlix or conform BID. Keeps heels floating for pressure relief at all times. Coccyx wound - irrigate with hydrogen peroxide then rinse with NS pat dry apply Dakin's 0.25 % solution moistened gauze to wound bed. Cover with gauze and ABD and secure with medipore tape BID and prn for soilage. Stay off coccyx as much as possible" (this order was changed on 7/7/21). A Physician Order dated 7/7/21 revealed an order to change wound care to coccyx to irrigate with 0.25% Dakins solution then rinse with NS pat dry pack with calcium alginate with silver, cover with gauze and ABD secure with medipore tape BID and prn soilage. A review of a physician order dated 5/19/21 revealed an order for Rt Heel ulcer apply damp to dry NS dressing Q 12h. Notify MD of acute changes. Physician orders dated 3/10/21 are noted for air mattress to bed, irrigate cath w/60 cc sterile H2O Monday and Thursday night and prn and skin monitor daily. A Physician's Order dated 6/4/21 is in place for peri-area care to cleanse with Dakin's solution, pat dry apply mupirocin ointment to peri-wound area daily cover w/soft gauze and paper tape.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 842	Continued From page 229	F 842		

Record review of the "Medication Chart" for the month of July 2021 revealed "Baclofen 20 mg tablet take 1 table po every 2 PM and 6 PM" was missed three (3) times, " Ferrous gluc 324 mg tab take 1 tablet PO every 2 PM and 6 PM" was missed three (3) times, "Metformin 850 mg tablet take 1 tablet po 30 minutes prior to lunch and dinner" was missed four (4) times, "Lidocaine 5% patch apply 2 patches to right knee every 12 hours" was missed three (3) times. "Bisacodyl 10 mg suppository comp. to Dulcolax 10 mg suppo insert 1 suppository rectally daily" was missed one (1) time. "Polyethylene glycol powder comp. to Miralax powder mix 17 grams in 6 ounces of liquid and give po 2 times a day" was missed three (3) times. "Gabapentin 800 mg tablet take 1 tablet po 3 times daily" was missed three times. "Vitamin C 500 mg tablet take 1 tablet po twice a day" was missed two (2) times. "Multivitamin tablet take 1 tablet po daily" was missed one (1) time. "Meloxicam 15 mg tablet take 1 tablet po every evening" was missed one (1) time. "Amlodipine 5 mg tablet take 1 tablet po at bedtime" was missed one (1) time. "Omeprazole 20 mg capsule take 1 capsule po at bedtime" was missed one (1) time. "Pravastatin 40 mg tablet comp to Pravachol 40 mg tablet take 1 tablet po at bedtime" was missed one (1) time. "Divalproex Sod 500 mg tab take 1 tablet po twice a day" was missed two (2) times. "Monitor for s/sx (signs and symptoms) of pain (facial signs, moaning, verbal, etc.) Q (every) Shift. Document according to the scale below. If pain is noted, document intervention and outcome in the nurse's notes" was missed two (2) times.

Record review of the "Treatment Chart" for the month of July 2021 revealed "Wound care: Left

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 842	Continued From page 230	F 842		

Heel wound - Cleanse w/ NS, pat dry, apply Dankins's 0.25% moistened gauze to wound bed. Cover w/gauze and kerlix or Conform BID" was missed 24 times. "Rt Heel: Apply damp to dry NS dsg Q 12 hr. notify MD of acute changes" was missed 24 times. "Stay off coccyx as much as possible (every shift)" was missed 27 times. "Wound Care: Coccyx wound - irrigate w/hydrogen peroxide, rinse with NS - pat dry then Apply Dankins 0.25% solution moistened gauze to wound bed. Cover w/dry gauze and ABD (Abdominal) pad. Secure w/medipore tape BID and PRN, soilage" was missed 6 times from 7/1/21 to 7/6/21 (Order changed 7/7/21). "Treatment to coccyx irrigate with 0.25% Dakins solution then rinse with NS pat dry pack with calcium alginate with silver, cover with gauze and ABD secure with medipore tape BID and prn soilage" was missed 19 times from 7/7/21 to 7/31/21. "Alt air mattress (every shift)" was missed 25 times. "Monitor skin daily" was missed ten (10) times. "Keep heels floating for pressure relief at all Xs (every shift) was missed 24 times. "Sheepskin padding to w/c when OOB (out of bed) (every shift)" was missed 26 times. "Turn Q 2-4 hr Lt to Rt Side. Avoid time on back (notify MD of acute changes (every shift)" was missed 27 times. "Wkly (weekly) Body Audits check for breakdown/any new skin problems P=Present A=Absent if present notify MD and document in Nurses notes" was missed two (2) out of four (4) times. "Monitor for dehydration QD (dry mucus membranes, tenting, fever, decreased Output, etc.) Y=Yes N=No If yes, notify MD and document" was missed eight (8) times. "Monitor for side effects of psychotropic meds QD P=Present N=Noneffective notify MD if non-effective" was missed eight (8) times. "Monitor for effectiveness of meds Y=Effective

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 842	Continued From page 231	F 842		

N=Non-effective notify MD if non-effective" was missed eight (8) times. "Diabetic foot monitor: skin tears, open areas, cracks, injuries? Y=Yes N=No If yes document in NN (Nurses Notes) and notify MD (daily)" was missed 24 times. "Any new callouses, corns, bunions? Y=Yes N=No (daily)" was missed 24 times. "Pedal Pulses: P=Present and strong bil (bilateral) D=Present, difficult to palpate U=Unable to palpate (daily)" was missed 24 times. "Any new nail problems? Y=Yes N=No If y es document in NN (daily)" was missed 24 times. "Nails clipped by nurse today? Y=Yes N=No (daily)" was missed 24 times. "Apply clean socks and lotion (daily) was missed 24 times. "Anti dandruff shampoo w/bath Q M-W-F (Monday, Wednesday, Friday)" was missed six (6) times. "Irrigate cath w/ 60 ml sterile H2O q Monday and Thursday night and prn" was missed three (3) times. "Suprapubic Cath./Peri-area: cleanse w/Dankin's solution, pat dry apply mupirocin oint to peri-wound area BID cover w/soft gauze and paper tape" was missed 26 times.

Resident #4

Record review of Physician's Orders dated 3/12/21 and updated 7/21/21 revealed Resident #4 had an order in place for "Supplement: Resource 2.0 one PO (by mouth) (four times daily) QID. Promod 30 cc po (by mouth) BID twice daily". Physician's order with an original order date of 7/23/21 for Keppra 500 mg po (by mouth) every morning and Keppra 750 mg po (by mouth) every evening" and "Dilantin 200 mg po q hs x 1week (by mouth every bedtime for one (1) week)".

Record review of the Medication Chart for July

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 842	Continued From page 232	F 842		

2021 revealed the facility failed to document the ordered doses. "Promod 30 cc po BID" was missed one (1) time. "Resource 2.0 po QID" was missed two (2) times. "Keppra 500mg po q am (every morning)" was missed one (1) time. "Keppra 750 mg po q pm (every evening)" was missed one (1) time. "Dilantin 200 mg po q hs (every bedtime)" was missed one (1) time.

Record review of the Treatment Chart for July 2021 revealed the facility failed to document the following: "Wanderguard Bracelet at all times" was missed 15 times. "Check Wanderguard for placement q (every) shift" was missed 19 times. "Check Wanderguard q (every) day to ensure it alarms" was missed five (5) times. "Position on Left side or back w/bed w/bolsters" was missed five (5) times. "Turn Q 2hr." was missed 18 times.

Resident #5

Record review of Physician's Orders dated 7/13/21 and updated 7/21/21 revealed Resident #5 had an order in place for "Risperidone 0.5 mg orally 2 times daily", "Omeprazole 40 mg oral one time daily", "Keppra oral tab 500 MG oral Q evening: for Sz (seizure)", "Furosemide oral sol. 40 milligram, two times daily routine for: CHF", "Polyethylene Glycol 3350 oral powder 17 gram oral two times daily for: constipation", "Diazepam oral tab. 2 milligram oral Qhsx28 days (every bedtime for twenty-eight days)", "Duloxetine oral cap., delayed release (EC) cap. 30 mg oral Q (every) evening: for Depression", "Clotrimazole 1% solution apply topically twice daily". "Lotrisone 0.5% cream to bilateral inguinal rash BID".

Record review of the Medication Chart for July 2021 revealed the facility failed to document the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 842	Continued From page 233	F 842		

ordered doses. "Riperidone 0.5MG Tablet Take 1 Tablet PO twice a day" was missed two (2) times. Omeprazole 40MG Capsule Take 1 Capsule PO daily" was missed two (2) times. Keppra 500MG Tablet Take ½ tablet PO every morning and 1 tablet every evening" was missed one time. "Furosemide 10MG/ML solution Take 40MG (4 CC) PO 2 Times a day" was missed one (1) time. Polyethylene Glycol 3350 oral powder 17 gram in liquid and give PO two times a day" was missed two (2) times. "Diazepam 2 MG Tablet Take 1 tablet PO at bedtime for 28 days" was missed three (3) times. "Duloxetine 40MG PO at HS (bedtime)" was missed one (1) time.

Record review of the Treatment Chart for July 2021 revealed the facility failed to document the following: "Seizure Precautions" was missed 12. "Trapeze bar above bed" was missed 37 times. "Lubriderm lotion to upper body/arms/torso Q Day (may apply per self)" was missed two (2) times. "Dressing to Meatus: clean site with warm water; pat dry, apply Vaseline, gauze, & cover w/gauze dsg. Q day & prn" was missed two (2) times. "Lotrisone 0.5% cream to bilateral inguinal rash BID" was missed twenty (20) times. "Elevate HOB (head of bed) with neck bolster" was missed nineteen (19) times. "Monitor for dehydration QD (dry mucus membranes, tenting, fever, decreased Output etc) Y=Yes N=No If yes, notify MD and document" was missed five (5) times. "Monitor for side effects of psychotropic meds QD P=Present N=Noneffective notify MD if non-effective" was missed five (5) times. "Monitor for effectiveness of meds Y=effective N=Non-effective notify MD if non-effective" was missed eight (8) times. "Weekly (Wkly) Body Audits check for breakdown / any new skin problems P=Present a=Absent if present notify

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 842	Continued From page 234	F 842		

MD and document in Nurses notes" was missed three (3) times. "DIABTIC FOOT MONITOR: skin tears, open areas, cracks, injuries? Y=YES N=NO If yes document in NN (nurses notes) and notify MD" was missed 18 times. "Any new callouses, corns, bunions? Y=YES N=NO" was missed 18 times. "Pedal Pulses: P=Present and strong bil. D=Present, difficult to palpate, U=Unable to palpate" was missed 18 times. "Any new nail problems? Y=YES N=NO. If yes document in NN" missed 18 times. Nails clipped by nurse today? Y=YES N=NO" was missed 18 times. "Apply clean socks and lotion" was missed 18 times.

Resident #6

Record review of Physician's Orders dated 5/17/21 and updated 7/21/21 revealed Resident #6 had orders in place for "Potassium CL 20MEQ (milliequivalents) Tablet Take 1 tablet PO Twice a Day", "Zoloft 50MG Tablet Disp as Sertraline HCL 50 MG Tablet Take 1 Tablet PO Daily", "Depakote 125 MG Sprinkle Cap Disp as Divalproex 125MG Sprinkle Take 4 Capsules PO 3 Times Daily", "Olanzapine 15 MG Tablet Take 1 Tablet PO at Bedtime", "Flomax 0.4MG Capsule SA Disp as Tamsulosin HCL 0.4 MG Capsule Take 2 capsules PO Daily", "Lithium Carb 300MG Tablet Take 1 Tablet PO Every Morning and 2 Tablets PO at Bedtime", "Polyethylene Glycol 3350 oral powder 17 gram in liquid and give PO Twice a day", "Metoprolol Tar 25MG Tablet Take 1 Tablet PO Twice a Day". Physician's order dated 7/13/21 and updated 7/21/21 for Vimpat 200 MG Tablet Take 1 Tablet PO Twice Daily for 28 Days".

Record review of the Medication Chart for July 2021 revealed the facility failed to document the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 842	Continued From page 235	F 842		

ordered doses. "Vimpat 200 MG Tablet Take 1 Tablet PO Twice Daily for 28 Days" was missed one (1) time. "Potassium CL 20MEQ Tablet Take 1 Tablet PO Twice a Day" missed one (1) time. "Sertraline HCL 50 MG Tablet Comp to Zoloft 50 MG Tablet Take 1 Tablet PO Daily" missed one (1) time. "Divalproex 125MG Sprinkle Compl to Depakote 125 MG Sprinkle Take 4 Capsules PO 3 times Daily" missed two (2) times. "Olanzapine 15 MG Tablet Take 1 Tablet PO at Bedtime" missed one (1) time. "Tamsulosin HCL 0.4 MG Capsule Comp. to Flomax 0.4MG Capsule Take 2 Capsules PO Daily" missed one (1) time. Lithium Carb(carbonate) 300MG Tablet Take 1 Tablet PO every Morning and 2 Tablets PO at Bedtime" missed one (1) time. "Polyethylene Glycol 3350 oral powder 17 gram in liquid and give PO Twice a day" missed one (1) time. "Metoprolol TAR(tartarate) 25MG Tablet Take 1 Tablet PO Twice A Day" missed one (1) time.

Record review of the Treatment Chart for July 2021 revealed the facility failed to document the following: "Monitor for dehydration QD (dry mucus membranes, tenting, fever, decreased Output, etc.) Y=YES N=NO If yes, notify MD and document" was missed nine (9) times. "Monitor for side effects of psychotropic meds QD P=Present N=Noneffective notify MD if non-effective" was missed nine (9) times. "Monitor for effectiveness of meds Y=effective N=non-effective notify MD if non-effective" was missed nine (9) times. "Weekly (Wkly) Body Audits check for breakdown / any new skin problems P=Present a=Absent if present notify MD and document in Nurses notes" was missed two (2) times. "Seizure Precautions" was missed 23 times.", "OOB (Out of Bed) to chair w/cushion" missed twenty-three (23) times. "Pt confined to

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 842	Continued From page 236	F 842		

w/c w/stand by assistance w/transfer pending PT" missed five (5) times. "Lantiseptic to buttock Q shift & PRN" missed twenty-five (25) times. "DIABTIC FOOT MONITOR: skin tears, open areas, cracks, injuries? Y=YES N=NO If yes document in NN (nurses notes) and notify MD" was missed 25 times. "Any new callouses, corns, bunions? Y=YES N=NO" was 25 times. "Pedal Pulses: P=Present and strong bil. D=Present, difficult to palpate, U=Unable to palpate" was missed 25 times. "Any new nail problems? Y=YES N=NO. If yes document in NN" 25 times. Nails clipped by nurse today? Y=YES N=NO" was missed twenty-five (25) times. "Apply clean socks and lotion" was missed 25 times. "HOB (Head of Bed) elevated at all Xs (times)" was missed 28 times.

Resident #7

Record review of Physician's Orders dated and updated revealed Resident #7 had orders in place for "MiraLAX Powder Disp as Polyethylene Glycol Powder Mix 17 gram in 6 oz of Juice and give PO Twice a day". "Cos opt Eye drops disp as Dorzol-Timolol Ophthalmic S Instill 1 Drop into Each Eye At Bedtime". "Dulcolax 10 mg suppository disp as Bisacodyl 10 mg suppository insert 1 suppository rectally ab bedtime". "Phenobarbital 30 MG Tablet Take 1 Tablet at Bedtime". "Phenobarbital 60 MG Tablet Take 1 Tablet at Bedtime".

Record review of the Medication Chart for July 2021 revealed the facility failed to document the ordered doses. "Polyethylene Glycol 3350 oral powder 17 gram in liquid and give PO Twice a day" missed one dose. "Dorzol-Timolol Ophthalmic S Comp. to Cos opt Eye Drops Instill

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 842	Continued From page 237	F 842		

1 Drop into Each Eye At Bedtime" missed one dose. "Bisacodyl 10 MG Suppository Insert 1 Suppository Rectally at Bedtime" missed one time. "Phenobarbital 30 MG Tablet Take 1 Tablet PO at Bedtime" missed one time. "Phenobarbital 60 MG Tablet Take 1 Tablet PO at Bedtime" missed one time.

Record review of resident #7's Treatment Chart for July 2021 revealed the facility failed to document the following: "Monitor for dehydration QD (dry mucus membranes, tenting, fever, decreased Output, etc.) Y=YES N=NO If yes, notify MD and document" was missed five (5) times. "Monitor for side effects of psychotropic meds QD P=Present N=Noneffective notify MD if non-effective" was missed five (5) times. "Monitor for effectiveness of meds Y=effective N=non-effective notify MD if non-effective" was missed five (5) times. "Weekly (Wkly) Body Audits check for breakdown / any new skin problems P=Present a=Absent if present notify MD and document in Nurses notes" was missed two (2) times. "Selsun Blue shampoo Q bath day M-W-F (Monday-Wednesday-Friday)" was missed seven (7) times. "Heel pillows at all Xs (times)" was missed 19 times. "TWE (Tap Water Enema) Q M-W-F (Monday, Wednesday, Friday) document result in NN (Nurses Notes)" was missed eight (8) times. "Velcro safety strap w/in chair" was missed 20 times.

Resident #8

Record review of Physician's Orders dated 7/01/21 and updated 7/28/21revealed Resident #8 had orders in place for "Fentanyl 12 mcg/hr (micrograms per hour) Patch. Apply one (1) Patch Topically Q 48 hrs X 28 days". Physician's

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 842	Continued From page 238	F 842		

order dated 3/06/21 and updated 7/21/21 for "Vitamin C 500MG Tablet Take 1 Tablet PO Twice A Day". Physician's orders dated 3/3/25/21 and updated 7/21/21 for "Ferrous Gluc 324MG Tablet Take 1 Tablet PO Twice A Day" and "Meloxicam 7.5 MG Tablet Take 1 Tablet PO Daily". Physician's order dated 4/16/19 and updated 7/21/21 for "Polyethylene Glycol 3350 oral powder 17 gram in liquid and give PO Twice a day".

Record review of the Medication Chart for July 2021 revealed the facility failed to document the ordered doses. ""Polyethylene Glycol 3350 oral powder 17 gram in liquid and give PO Twice a day" missed two doses. "Vitamin C 500MG Tablet Take 1 Tablet PO Twice A Day" was missed two (2) times. "Ferrous Gluc 324MG Tablet Take 1 Tablet PO Twice A Day" was missed two (2) times. "Meloxicam 7.5 MG Tablet Take 1 Tablet PO Daily" was missed one (1) time. "Fentanyl 12 mcg/hr (micrograms per hour) Patch. Apply one (1) Patch Topically Q 48 hrs X 28 days" was missed one (1) time.

Record review of Resident #8's Treatment Chart for July 2021 revealed the facility failed to document the following: "Monitor for dehydration QD (dry mucus membranes, tenting, fever, decreased Output, etc.) Y=YES N=NO If yes, notify MD and document" was missed five (5) times. "Monitor for side effects of psychotropic meds QD P=Present N=Noneffective notify MD if non-effective" was missed five (5) times. "Monitor for effectiveness of meds Y=effective N=non-effective notify MD if non-effective" was missed five (5) times. "Weekly (Wkly) Body Audits check for breakdown / any new skin problems P=Present a=Absent if present notify MD and document in Nurses notes" was missed

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 842	Continued From page 239	F 842		

two (2) times. "Apply Aquaphonr Oint To dry skin daily" was missed nine (9) times. "Heel Protectors to Bilateral heels at all Xs (times)" was missed 18 times. "Position resident Rt (right) to Lt (left) side. Avoid placing resident on back." Was missed 19 times. "LacHydrin Lotion to voth Lower Ext. BID" was missed 15 times. "DIABETIC FOOT MONITOR: skin tears, open areas, cracks, injuries? Y=YES N=NO If yes document in NN (nurses notes) and notify MD" was missed 20 times. "Any new callouses, corns, bunions? Y=YES N=NO" was missed 23 times. "Pedal Pulses: P=Present and strong bil. D=Present, difficult to palpate, U=Unable to palpate" was missed 25 times. "Any new nail problems? Y=YES N=NO. If yes document in NN" 25 times. Nails clipped by nurse today? Y=YES N=NO" was missed 25 times. "Apply clean socks and lotion" was missed 25 times. "HOB (Head of Bed) elevated at all Xs (times)" was missed 25 times. "Clean neb mask after each use: to clean: wash all pieces (except tubing) wigh soap & H2O (water), rinse for 30 sec. allow to air dry/or dry with paper towel. Place mask & tubing in clean Ziplock bag" was missed six (6) times. "Disinfect once daily. Clean neb mask with cavi-wipes, allow to sit for 2 (two) minutes Rinse with warm H2O. ry with paper towel & store in Ziplock bag" was missed eight (8) times. "Change Neb mask/tubing Q 72 hrs." was missed two (2) times.

Resident #9

Record review of Physician's Orders dated 7/1/21 revealed Resident #9 had an order in place for Vimpat 200 mg tablet take 1 tablet po twice daily for 28 days. Physician's orders with an original order date of 7/29/13 and updated 7/21/21 are in place for Dulcolax 10 mg suppository disp as

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 842	Continued From page 240	F 842		

Bisacodyl 10 mg suppository insert 1 suppository rectally ab bedtime" and "Milk of Magnesia Suspensi Give 45 cc po twice daily". A physician's order with an original date of 7/9/18 and updated 7/21/21 revealed an order for "Depakote 500 mg tablet EC (enteric coated) disp as Divalproex Sod 500 MG tab Take 1 tablet po twice a day". Physician's orders with a original order date of 4/1/19 and updated on 7/21/21 are in place for "Risperdal 0.5 mg disp as Risperidone 0.5 mg tablet take 1 tablet po twice daily" and "Risperdal 2 mg tablet disp as Risperidone 2 mg tablet take 1 tablet po twice a day". A physician's order with an original date of 3/12/20 and updated on 7/21/21 is in place for "Gabapentin 300 mg capsule take 1 capsule po 3 times daily". No physician order available for "Prune/fiber juice with AM meds" and "Boost TID and prn if res consumes less than 50% of meals".

Record review of the Medication Chart for July 2021 revealed the facility failed to document the ordered doses. "Vimpat 200 mg tablet take 1 tablet po twice daily for 28 days" as missed one (1) time. Bisacodyl 10 mg suppository Insert 1 suppository rectally at bedtime" was missed one (1) time. "Milk of Magnesia suspension give 45 cc po twice daily" was missed one (1) time. Divalproex Sod 500 MG tablet comp to Depakote 500 mg tab take 1 tablet po twice a day" was missed one (1) time. Risperidone 0.5 mg tablet comp to Risperdal 0.5 mg tab take 1 tablet po twice a day" was missed two (2) times. Risperidone 2 mg tablet comp. to Risperdal 2 mg tablet take 1 tablet po twice a day" was missed two (2) times. Gabapentin 300 mg capsule Take 1 capsule po 3 times daily was missed five (5) times. "Prune/fiber juice with AM meds" was missed one (1) time. "Boost TID & PRN if res

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 842	Continued From page 241	F 842		

consumes less than 50% of meals was missed six (6) times. "Monitor for s/sx of pain (facial signs, moaning, verbal, etc.) Q Shift. Document according to the scale below. If pain is noted, document intervention and outcome in the nurse's notes" was missed nine (9) times.

Record review of the Treatment Chart for July 2021 revealed the facility failed to document the following: "TWE (Tap Water Enema) Q M-W-F (Monday, Wednesday, Friday) document result in NN (Nurses Notes)" was missed eight (8) times. "Monitor for dehydration QD (dry mucus membranes, tenting, fever, decreased Output, etc.) Y=Yes N=No If yes, notify MD and document" was missed five (5) times. "Monitor for side effects of psychotropic meds QD P=Present N=Noneffective notify MD if non-effective" was missed five (5) times. "Monitor for effectiveness of meds Y=effective N=Non-effective notify MD if non-effective" was missed five (5) times. "Weekly (Wkly) Body Audits check for breakdown / any new skin problems P=Present a=Absent if present notify MD and document in Nurses notes" was missed two (2) times.

Resident #10

Record review of Physician's Orders with an original date of 9/30/20 and updated 7/21/21 revealed Resident #10 had orders in place for the following medications: Eliquis 5 mg (milligram) Tablet Take 1 tablet PO (by mouth) twice a day, Omeprazole 20 mg capsule take 1 capsule po twice daily, Pravastatin 40 mg tablet take 1 table po at bedtime. Carafate 1 gm/10 ml (1 gram equals 10 milliliters) susp (suspension) disp as Sucralfate give 10 cc (cubic centimeters) po twice

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 842	Continued From page 242	F 842		

daily, Abilify 30 mg tablet disp (dispense) as Aripiprazole 30 mg tablet take 1 tablet po at bedtime. Resident #10 also had a physician's order dated 7/1/21 to "wash feet Q day with warm soap and water pat dry and apply lachydrin 12 % lotion Dx Xerosis".

Record review of the Medication Chart for July 2021 revealed the facility failed to document the ordered doses. "Eliquis 5 mg (milligram) Tablet Take 1 tablet PO (by mouth) twice a day was missed one (1) time. "Omeprazole 20 mg capsule take 1 capsule po twice daily was missed two (2) times. "Pravastatin 40 mg tablet take 1 table po at bedtime was missed one (1) time. Sucralfate 1 gm/10 ml (1 gram equals 10 milliliters) susp (suspension) comp (compare) to Carafate 1 gm/10 ml give 10 cc (cubic centimeters) po twice daily" was missed two (2) times, "Aripiprazole 30 mg table comp to ability 30 mg tablet take 1 tablet po at bedtime" was missed one (1) time. "Monitor for s/sx of pain (facial signs, moaning, verbal, etc.) Q Shift. Document according to the scale below. If pain is noted, document intervention and outcome in the nurse's notes" was missed nine (9) times.

Record review of the Treatment Chart for July 2021 revealed the facility failed to document the following "Monitor for dehydration QD (dry mucus membranes, tenting, fever, decreased Output, etc.) Y=Yes N=No If yes, notify MD and document" was missed six (6) times. "Monitor for side effects of psychotropic meds QD P=Present N=Noneffective notify MD if non-effective" was missed six (6) times. "Monitor for effectiveness of meds Y=effective N=Non-effective notify MD if non-effective" was missed six (6) times. "Weekly (Wkly) Body Audits check for breakdown / any

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 842	Continued From page 243	F 842		

new skin problems P=Present a=Absent if present notify MD and document in Nurses notes" was missed two (2) times. "Clean neb mask after each use: to clean: wash all pieces (except tubing) w/soap and H2O (water), rinse for 30 sec. (seconds), allow to air dry/or dry w/ paper towel. Place mask and tubing in clean Ziplock bag" was missed four (4) times. "Disinfect once daily. Clean neb mask w / cavi-wipes, allow to sit for 3 min" was missed four (4) times. "Rinse w/ warm H2O. dry w/ paper towel and store in ziplock bag" was missed four (4) times. "Change Neb mask/tubing q (every) 72 hrs" was missed one (1) time. "Diabetic Foot Monitor: skin tears, open areas, cracks, injuries? Y=Yes N=No If yes document in NN (nurses notes) and notify MD" was missed 26 times. "Any new callouses, corns, bunions? Y-Yes N=No" was missed 26 times. "Pedal pulses: P=Present and strong bil (bilateral)D=Present, difficult to palpate U=Unable to palpate" was missed 26 times. "Any new nail problems? Y=Yes N=No. If yes, document in NN" was missed 26 times. "Nails clipped by nurse today? Y=Yes N=No" was missed 26 times. "Apply clean socks and lotion" was missed 26 times. "Wash feet q day with warm soap and water, apply lachydrin lotion 12%" was missed seven (7) times.

Resident #11

Record review of Physician's Orders with an original date of 2/5/20 and updated 7/21/21 revealed Resident #10 had orders in place for "Dilantin 50 MG Infatab Disp as Phenytoin 50 MG Infatab Take 2 tablets PO twice daily" A physician order with an original date of 3/9/21 and updated 7/21/21 revealed "Boost pudding PO TID btwn meals, Boost PO TID btwn(between) meals and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 842	Continued From page 244	F 842		

prn (as needed) if consumes less than 50 % of meals. Benecalorie 1 pack to food TID".

Record review of the Medication Chart for July 2021 revealed the facility failed to document the ordered doses. "Phenytoin 50 mg Infatab Comp to Dilantin 50 mg infat Take 2 tablets po twice daily" was missed one (1) time. "1 Pack of Benecalorie to food TID" was missed one (1) time. "Pudding thickened liquids (every shift)" was missed one (1) time. "Boost TID bet (between) meals if res consumes less than 50% meals" was missed one (1) time. "Monitor for s/sx of pain (facial signs, moaning, verbal, etc.) Q Shift. Document according to the scale below. If pain is noted, document intervention and outcome in the nurse's notes" was missed 19 times.

Record review of the Treatment Chart for July 2021 revealed the facility failed to document the following "Monitor for dehydration QD (dry mucus membranes, tenting, fever, decreased Output, etc.) Y=Yes N=No If yes, notify MD and document" was missed 8 (eight) times. "Monitor for side effects of psychotropic meds QD P=Present N=Noneffective notify MD if non-effective" was missed eight (8) times. "Monitor for effectiveness of meds Y=effective N=Non-effective notify MD if non-effective" was missed eight (8) times. "Hand roll to Lt hand Q shift" was missed 19 times. "Heel pillows at all X's (times) (every shift)" was missed 18 times. "Heel protectos to elbows while in w/c (wheelchair) (every shift)" was missed 17 times. "Out of bed to w/c w/gel cushion Q day" was missed 19 times. "Seat belt at all Xs w/ in chair (every shift)" was missed 19 times. "Side-lying wedge for positioning (every shift)" was missed

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 842	Continued From page 245	F 842		

20 times. "Rt (Right) Trochanter: Place Telfa after daily skin audit. Notify MD of Acute changes" was missed five (5) times.

Resident #12

Record review of Physician Orders dated 6/17/21 revealed there are orders in place for Ferrous Sulf 220 mg/5 ml elix give five (5) (220mg) po three (3) times a day, Miralax powder disp as Polyethylene glycol powder dissolve in 17 grams in liquid and give po daily, Hydroco/Apap 5/325 mg take one (1) ablet po two (2) times a day (30-45 minutes prior to wound care) for 28 days, Carvedilol 6.25 mg tablet take one (1) tablet po twice a day, and Santyl ointment one (1) application BID for Stage 3 pressure injury of right heel. A record review of physician orders dated 7/31/21 revealed orders to supplement Boost Glucose Control one (1) container PO TID; orn consumes less than 50% of meals, FSG (Fasting Glucose) 6 AM and 4 PM w/ regular insulin sliding scale, to bed alternating air mattress, and heel protectors/float right heel. A physician order dated 6/24/21 revealed an order to wash lesion on upper back and warm soap and water apply Bactroban ointment q 12h with gauze and Alldress.

Record review of the "Medication Chart" for the month of July revealed "Ferrous sulfate 220 mg/5 ml Elix Give 5 ml (220 mg) po 3 times a day" was missed two (2) times. "Hydroco/APAP 5/325 mg Take 1 tablet po 2 times day (30-45 minutes prior to wound care) for 28 days" was missed one (1) time. Carvedilol 6.25 mg tablet take 1 tablet po twice a day" was missed one (1) time. "Boost glucose control po TID and PRN consumes less than 50 % of meal" was missed two (2) times.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 842	Continued From page 246	F 842		

"Alt air mattress to bed (every shift)" was missed 14 times. "Regular insulin Sliding scale" was missed three (3) times.

Record review of the "Treatment Chart" for the month of July 2021 revealed "Heel protectors at all times (every shift)" was missed 16 times. "Float Rt heel (every shift)" was missed ten 17 times. "Rt Heel clean with NS, pat dry apply Santyl BID and cover with gauze dressing" was missed 15 times. "Wkly Body Audits check for breakdown/any new skin problems P=Present A=Absent if present notify MD and document in Nurses notes" was missed one (1) time out of four (4). "Monitor for dehydration QD (dry mucus membranes, tenting, fever, decreased Output, etc.) Y=Yes N=No If yes, notify MD and document" was missed ten (10) times. "Monitor for side effects of psychotropic meds QD P=Present N=Noneffective notify MD if non-effective" was missed ten (10) times. "Monitor for effectiveness of meds Y=effective N=Non-effective notify MD if non-effective" was missed eight (8) times. "Toenails and fingernails trimmed (daily)" was missed 24 times. "Elevate HOB 35-45 degrees (every shift) was missed 20 times. "Wash lesion on upper back w/ warm soap and water. Apply Bactroban oint Q 12 hr, cover w/gauze and Alldress" was missed five (5) times.

On 8/27/21 at 10:00 AM, an interview with Medical Director (MD #1), he stated he was not surprised that the Medication Chart and the Treatment Chart had blank spaces where medications and treatments had not been documented, but that fell under the purview of nursing supervision.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 842	Continued From page 247	F 842		

In an interview with the Infection Preventionist on 8/27/21 at 9:45 AM, she stated she does not reviews treatment records for omissions and accuracy during infection investigations and stated "the Service Analytics Department reviews documentation for the buildings if there is a problem that is brought to their attention."

In an interview with the Director of Nursing on 8/27/21 at 11:30 AM,she stated she is in the process of setting up responsibilities to complete 24-hour chart checks more thoroughly to include nursing documentation instead of only reviewing orders that were written within the past 24 hours and making sure those orders were transcribed. SA asked if the Service Analytics Department reviews the Medication Charts, Treatment Charts, and wound documentation and the DON stated that prior to COVID, the Service Analytics did come to the buildings on campus and provided Quality Assurance (QA) regarding documentation and other regulatory compliance issues, but they have not come into the building since COVID began. The DON stated she hopes to have a full time Registered Nurse (RN) who will follow up on body audits and documentation and will also go through the Medication and Treatment Charts weekly to ensure there are no "holes" in documentation.

In an interview with Licensed Practical Nurse (LPN) #3 on 8/28/21 at 11:45 AM, revealed she stated if a nurse did not initial the Medication Chart or Treatment Chart, "If you don't sign it, it's not done or forgot".

In an interview with LPN #6, on 8/28/21 at 12:25 PM, she stated if a nurse did not initial the Medication Chart or Treatment Chart, "It wasn't

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 842	Continued From page 248 done". In an interview with LPN #5, on 8/28/21 at 12:45 PM, she stated if a nurse did not initial the Medication Chart or Treatment Chart, "They didn't do it".	F 842		
F 865 SS=L	QAPI Prgm/Plan, Disclosure/Good Faith Attmpt CFR(s): 483.75(a)(2)(h)(i) §483.75(a) Quality assurance and performance improvement (QAPI) program. §483.75(a)(2) Present its QAPI plan to the State Survey Agency no later than 1 year after the promulgation of this regulation; §483.75(h) Disclosure of information. A State or the Secretary may not require disclosure of the records of such committee except in so far as such disclosure is related to the compliance of such committee with the requirements of this section. §483.75(i) Sanctions. Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions. This REQUIREMENT is not met as evidenced by: Based on staff interview, record review, and facility policy review, the facility failed to provide documented evidence the facility's Quality Assurance and Performance Improvement (QAPI) program identified and prioritized problems and opportunities that reflected organizational process, functions, and services provided to residents based on performance indicator data, resident and staff input, and other	F 865	1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice. On 09/02/2021, the facility Quality Assurance Performance Improvement Committee met to discuss and identified the facility was not following the Wounds Policy and Procedures, Wound	10/22/21

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 865	Continued From page 249 information. The facility failed to provide documented evidence the facility 's QAPI Program reviewed and analyzed data for concerns related to pressure ulcer documentation, missed treatments, and skin assessments prior to the State Agency (SA) entering the facility on 8/26/21, for the Extended Survey. This had the potential to affect 40 of 40 residents in the facility. The failure of the facility to utilize the QAPI program to determine the root cause of failure to monitor treatments and care for Pressure Ulcers and identify deficient practices was likely to cause serious injury, harm, impairment, or death. This situation was determined to be an Immediate Jeopardy (IJ) on 9/7/21, which began on 6/16/21, when the facility's QAPI Committee failed to meet, review, and analyze data to develop corrective actions to prevent the failure to monitor treatments and care for Pressure Ulcers. The facility Administrator was notified of the IJ on 9/7/21 at 5:00 PM and was presented with the IJ template. The facility submitted a credible Removal Plan on 9/8/21, in which the facility alleged all correcctive actions were comopleted to remove the IJ on 9/7/21 and the IJ was removed on 9/8/21, prior to exit. The SA validated the facility's Removal Plan on 9/10/21 and determined that the IJ was removed on 9/8/21,therefore, the scope and severity for CFR(s) 483.75(f)(4) - Quality Assurance and Performance Improvement Program, was lowered from a "L" level scope and severity to a "F" level, while the facility develops a plan of	F 865	Documentation and using the facility Nursing Home Pressure and Non-pressure Wound Report (JNH 117). The committee discussed that physician orders need to be followed as written and identify if the injury was acquired internally or externally. The committee discussed issues that may have led to the breakdown of missing documentation, such as a high percentage of contract/agency/pull licensed nurse staff not being fully aware of what is required of them with documentation and the expectation of nurses and the role of the Quality Assurance Performance Improvement Committee. The committee recommended actions were to in-service licensed nurse staff on Wound Policy and Procedures, documentation on the Medication Administration Record and Treatment Chart, and form JNH 117 to ensure wound progression is documented and monitored weekly by the Director of Nursing. 2. How the facility will identify other residents having the potential to be affected by the same deficient practice. On 09/07/2021, the Registered Nurse reviewed the census for Jaquith Inn, review of records identified forty residents were at risk for impaired skin integrity. 3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur. On 08/08/2021 thru 08/14/2021 and 09/22/2021, Jaquith Nursing Home (JNH) Nurse Administrator in-serviced all licensed nursing staff on JNH policy (210-104) Medication Administration with	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 865	Continued From page 250 correction to monitor the effectiveness of the systemic changes to ensure the facility sustains compliance with regulatory requirements. Findings include: A record review of the facility ' s "Quality Assurance and Performance Improvement" policy, dated February 2021, revealed ... "B. The committee must maintain documentation and demonstrate evidence of its ongoing QAPI program containing at least the following elements: systems and reports demonstrating systematic identification, reporting, investigation, analysis, and prevention of adverse events; and documentation demonstrating the development, implementation, and evaluation of corrective action or performance improvement activities ...4.PROCEDURE A. The unit ' s general QAPI program will involve assessing the unit ' s quality of care and performance data for indicators. The committee will seek to identify opportunities and need to improve quality of care and performance based on the data measures ...B. The committee may implement a focused QAPI action or corrective plan to improve outcomes of one or more indicators ..." On 8/31/2021 at 12:20 PM, in an interview with the Nurse Administrator, she stated she is aware there is a problem with missing weekly wound assessments and measurements. She also stated that in April (2021), she had made the previous Administrator, previous Minimum Data Set (MDS) Nurse, and the current Director of Nursing (DON) aware of missed documentation of weekly wound measurements, supporting devices, changes in wound conditions, and staging as part of standards of practice as well as	F 865	emphasis on Health and Safety and protocol for checking the Medication Administration Record and Treatment Administration Record for accuracy and omission. On 09/02/2021, the facility Quality Assurance Performance Improvement Committee met to discuss and identified the facility was not following the Wounds Policy and Procedures, Wound Documentation and using the facility Nursing Home Pressure and Non-pressure Wound Report (JNH 117). The committee discussed that physician orders need to be followed as written and identify if the injury was acquired internally or externally. The committee discussed issues that may have led to the breakdown of missing documentation, such as a high percentage of contract/agency/pull licensed nurse staff not being fully aware of what is required of them with documentation and the expectation of nurses and the role of the Quality Assurance Performance Improvement Committee. The committee recommended actions were to in-service licensed nurse staff on Wound Policy and Procedures, documentation on the Medication Administration Record and Treatment Chart, and form JNH 117 to ensure wound progression is documented and monitored weekly by the Director of Nursing. The Quality Assurance Performance Improvement Committee reviewed Policy JNH 117; no changes were needed. On 09/02/2021 thru 09/06/2021, Jaquith Nursing Home (JNH) Nurse Administrator in-serviced all nursing staff on Jaquith	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 865	Continued From page 251 the regulatory requirements concerning wounds. On 9/01/21 at 3:40 PM, in an interview with the Nurse Administrator, she stated "I recognized in April (2021) that the documentation wasn ' t there. I met with the DON, MDS Nurse, and the Administrator, the doctor wasn ' t there. I went over it with them and told them we were going to have to QAPI (Quality Assurance and Performance Improvement) this." A record review of the QAPI sign-in sheets and topics of discussion for QAPI meetings held on March 25, 2020; June 25, 2020; September 25, 2020; September 28, 2020; December 22, 2020; March 31, 2021; and June 16, 2021, revealed pressure ulcer documentation, missed treatments and skin assessments was not discussed during these meetings. On 9/07/21 at 1:45 PM, an interview with the Nursing Home Director revealed each nursing home building on campus had its own QAPI committee and had its own QAPI meeting every three (3) months and as needed when issues arise. He stated the building administrator was in charge of the QAPI committee and meetings. He stated all the nursing home buildings on the campus had a "big" QAPI meeting "about two (2) years ago, and all of the QAPI committees got together for one big meeting, but normally each building has its own". He stated "The Administrator in collaboration with the DON" determines what is discussed in each meeting. When asked, he reported the facility had not had any "as needed" QAPI meetings over the last twelve (12) months. He verified no issues had warranted an "as needed" QAPI meeting over the last twelve (12) months.	F 865	Nursing Policy (210-358) Skin/Wound Care to provide guidelines which prevent, identify, treat and document wounds. On 09/02/2021 thru 09/06/2021, Jaquith Nursing Home (JNH) Nurse Administrator educated nurses on Jaquith Nursing Home Wound Documentation Form 117 to ensure physician orders are carried out for wound treatments as ordered, pressure ulcers/injuries are measured and staged (by a Registered Nurse) on a weekly basis, and to measure the progression of the wound healing. On 09/07/2021, the Physician reviewed treatment orders for all residents with skin issues; and there were no changes needed. On 09/08/2021, the facility Quality Assurance Performance Improvement committee met to discuss Wounds and Wound Documentation. The meeting was conducted with the facility Hospital Director, the facility Nursing Home Director, Chief Medical Doctor, the facility Nursing Home Administrator, the facility Hospital Nurse Executive, the facility Nurse Administrator, Director of Nursing, Minimum Data Set (MDS) Nurse, Service Outcome Director, Infection Prevention Nurse, Licensed Social Worker, Behavior Health Specialist, Certified Nurse Aid, and Recreation staff to discuss and determine corrective actions to prevent further incidents. Corrective actions discussed were to perform body audits on all residents and document findings, to use the CASPER and Infection Prevention monthly reports to track and trend wounds.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 865	Continued From page 252 On 9/07/21 at 2:50 PM, an interview with the Administrator revealed she was the facility Interim Administrator. She stated each building has its own QAPI committee and holds its own QAPI meetings every three (3) months and as needed. She stated if an urgent problem was identified, then that would trigger an emergency QAPI meeting. She stated at each QAPI meeting, each discipline does a report for the QAPI committee and highlights any areas of concern. She stated the committee used the Certification and Survey Provider Enhanced Reports (CASPER) report in the QAPI meetings and "looked at any quality indicators that are greater than seventy-five percent (75%) of comparison to national". She stated the QAPI committee reviewed the CASPER and brought any problem areas to that discipline and interventions were put in place. When asked how the committee determined the effectiveness of interventions in resolving problems, she stated "When we come back quarterly that is when results would be discussed unless something happens that makes it more urgent". She stated specific means of measuring the effectiveness of interventions would depend on the problem. She stated any staff member can report quality concerns to the QAPI committee. She stated, "We teach the CNA ' s and nurses ' see something, say something ' , and tell the administrator or they can call the switchboard operator and be connected to the Administrator on Call. When asked how the committee decided which issue to work on, she stated "The top three (3) quality indicators that are in the ninety ' s (90 ' s). That ' s what we pick to focus on.". When asked how the committee can be sure the corrective action has been implemented, she stated "In-Services and sign in sheets and focus	F 865	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 09/08/2021, the Nurse Administrator and the Director of Nursing will monitor and review three (3) Medication Administration Report, the Treatment Charts, Body Audit Documentation, Weekly Wound Report for pressure injuries, surgical and skin tears, and ensure treatments are being provided as noted in physician orders two times weekly for 60 days, then weekly for 60 days. The Nurse Administrator will discuss any deficient practices with Jaquith Inn Nursing Home Administrator. Beginning monthly on 10/06/2021, Jaquith Inn Nursing Home Administrator will report the audit findings to the Jaquith Inn Nursing Home Quality Assurance Performance Improvement Committee for three months to ensure substantial compliance has been achieved as determined by the committee. The Jaquith Inn Nursing Home Quality Assurance Performance Improvement Committee will use the CASPER and Infection Prevention monthly reports to track and trend wounds status for three months. Should systemic changes not be effective the Quality Assurance	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 865	Continued From page 253 on outcome". When asked how the committee knows when important issues occur, she responded "The quarterly meeting and when the numbers are trending down". When asked how long the committee will follow identified issues or problems, the Administrator stated "Most for sixty (60) to ninety (90) days. To see if the problem is corrected, and if no improvement is seen we know that didn ' t work and we have to do something else. Plan of corrections go sixty (60) to ninety (90) days, maybe six (6) months. We try to see if we can get something corrected quickly". When asked specifically about the QAPI meeting held on 6/16/21, The Administrator stated she did not remember much about that meeting because the previous Administrator had just left and "I had just started work in the building. I was trying to get use to how things were done in the building." On 9/07/21 at 3:50 PM, an interview with DON #3 revealed she remembered attending the 6/16/21 QAPI meeting. She stated the committee "didn ' t discuss individual wounds" but instead "we discussed the prospect of starting back up the wound meetings or making them part of ' Treatment Team ' or ' Stand Up ' . She explained the facility held ' Treatment Team ' meetings every week. "But then everyone started quitting". She stated the reason the QAPI committee had discussed re-instituting ' Wound Meetings ' was not due to issues identified with wounds or body audits or documentation, but in an effort to make "things" more uniform among the buildings, especially in light of the prevalence of the employment of agency and contract staff. When asked if the issue with lack of documentation of treatments, lack of documentation of body audits and lack of documentation of wounds and wound measurements should have been brought to the	F 865	Performance Improvement committee will investigate and determine further action(s) needed based on findings.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 865	Continued From page 254	F 865		

attention of the QAPI committee, she stated "Yes".

The facility submitted an acceptable Removal Plan on 9/8/21 for the Immediate Jeopardy (IJ) and Substandard Quality of Care. Review of the facility 's Removal Plan revealed the facility took the following corrective actions to remove the IJ:

Removal Plan

Review of the facility's Removal Plan revealed the facility took the following corrective actions to remove the IJ prior to exit:

On September 7, 2021, at 5:15p.m. the Administrator was notified of the Immediate Jeopardy related to Pressure Wounds and Quality Assurance and Performance Improvement (QAPI). The facility failed to ensure residents who were admitted to the facility without pressure ulcers, did not acquire pressure ulcers, pressure ulcers did not worsen or pressure ulcers did not become infected. This affected Residents #1, Resident #3, and Resident #12. The facility failed to provide documented evidence that through the Quality Assurance and Performance Improvement (QAPI) Program, data had been reviewed and analyzed related to identified concerns of pressure ulcer documentation, missed treatments and skin assessments.

The following corrective actions were taken to remove the immediacy of the identified concerns:

1. On September 2, 2021, at 11:00 a.m. the facility QAPI Committee met to discuss and identified the facility was not following the Wounds Policy and Procedures, Wound

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 865	Continued From page 255	F 865		

Documentation and using the facility Nursing Home Pressure and Nonpressure Wound Report (JNH 117). The committee discussed that physician orders need to be followed as written and identify if the injury was acquired internally or externally. The committee discussed issues that may have led to the breakdown of missing documentation, such as a high percentage of contract/agency/pull licensed nurse staff not being fully aware of what is required of them with documentation and the expectation of nurses and the role of the QAPI Committee. The committee discussed in-servicing licensed nurse staff on Wound Policy and Procedures, documentation on the Medication Administration Record and Treatment Chart, and form JNH 117 to ensure wound progression is documented and monitored weekly by the Director of Nursing. The QAPI Committee reviewed Policy JNH 117; no changes were needed.

2. On September 2, 2021, at 3:00 p.m. the facility Nurse Administrator began to in-service licensed nurses on Wound Care Policy and Procedures and using Form 117 to ensure the physician orders are carried out for wound treatments and ensure the pressure ulcers/injuries are measured and staged (by a RN) on a weekly basis to measure the progression of wound healing. Treatments are to be provided by a licensed nurse as ordered; dressings are to be labeled with nurses ' initials and date; and treatments documented on the Treatment Chart. No staff will be allowed to work until in-serviced.

3. On September 7, 2021, at 9:00a.m. the facility Licensed Practical Nurse#3 and Licensed Practical Nurse#5 began performing body audits on all residents and documented the findings on

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 865	Continued From page 256	F 865		

the Treatment Chart. A review of records identified thirty-nine residents were at risk for impaired skin integrity. On September 7, 2021, the body audit revealed identification a stage II on Resident #5 that was acquired in the facility. The facility building Physician staged the wound. The Physician wrote new treatment orders for Stage II Pressure Injury on Right Buttock. Physician reviewed treatment orders for all residents with skin issues; and there were no changes needed.

4. On September 7, 2021, at 6:30p.m. the facility Nursing Home Nurse Administrator in-serviced the Director of Nursing on reviewing pressure ulcer documentation, body audit documentation, and reviewing resident ' s charts weekly.

5. On September 7, 2021, at 6:45p.m. the Nurse Administrator and Director of Nursing began in-servicing all licensed nurses and certified nurse aides on Skin, Wound Care and Reporting skin issues to ensure staff is aware to immediately report any signs of skin irritation and breakdowns. The Nurse Administrator discussed QAPI and the function of QAPI addressing any concerns that require special attention in improving the quality of care for the residents. No staff will be allowed to work until in-serviced.

6. On September 8, 2021, at 10:30 a.m., the facility Quality Assurance Performance Improvement (QAPI) committee met to discuss Wounds and Wound Documentation. The meeting was conducted with the facility Hospital Director, the facility Nursing Home Director, Chief Medical Doctor, the facility Nursing Home Administrator, the facility Hospital Nurse Executive, the facility Nurse Administrator, Director of Nursing, Minimum Data Set (MDS)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 865	Continued From page 257	F 865		

Nurse, Service Outcome Director, Infection Prevention Nurse, Licensed Social Worker, Behavior Health Specialist, Certified Nurse Aid, and Recreation staff to discuss and determine corrective actions to prevent further incidents. Corrective actions discussed were to perform body audits on all residents and document findings, to use the CASPER and Infection Prevention monthly reports to track and trend wounds.

7. Beginning September 8, 2021, at 11:30a.m. the Nurse Administrator and the Director of Nursing will monitor and review the Medication Administration Report the Treatment Charts, Body Audit Documentation, Weekly Wound Report for pressure injuries, surgical and skin tears, and ensure treatments are provided.

Validation

On /21, the SA validated the facilities removal plan on 9/10/21 and verified the facility had implemented the following measures to remove the IJ:

1. The SA validated through staff interviews and record review of the QAPI sign in sheet the facility discussed the Wounds Policy and Procedures and missing documentation at a QAPI meeting on 9/2/21.

2. The SA validated through record review of sign in sheets and staff interviews the Nurse Administrator initiated an in-service beginning 9/2/21 regarding the facility ' s Wound Care Policy and Procedures and the use of Form 117 for wound assessments, measurements, and treatments. No staff was allowed to work until

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 865	Continued From page 258	F 865		

in-serviced.

3. The SA validated through record review of resident Treatment Charts, Nurses Notes, Physician Orders and Progress Notes that on 9/7/21 all residents had a body audit which revealed one resident with a pressure injury in which the MD assessed and wrote new orders and furthermore, the MD assessed all residents ' wounds and reviewed treatment orders with no changes needed.

4. The SA validated through record review of the in-service sign in sheet and staff interviews the Nurse Administrator provided an in-service to the DON regarding pressure ulcer documentation, body audit documentation, and reviewing resident ' s charts weekly.

5. The SA validated through record review of the in-service sign in sheets and staff interviews that on 9/7/21 the Nurse Administrator and the DON initiated in-servicing for licensed nurses and certified nurses aides on Skin, Wound Care, and Reporting skin issues and the function of QAPI and quality of care for residents. No staff was allowed to work until in-serviced.

6. The SA validated through staff interviews and record review of the QAPI sign in sheet the facility discussed the wound documentation, Policy and Procedures and missing documentation and use of monthly reports for tracking and trending purposes at a QAPI meeting on 9/8/21.

7. The SA verified through staff interviews the Nurse Administrator and DON are monitoring and reviewing the Medication Administration Reports, Treatment Charts, Body Audit Documentation,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A197	A. BUILDING _____ B. WING _____	C 09/10/2021

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 865	Continued From page 259 and Weekly Wound Reports. The SA validated that all corrective actions to remove the IJ had been completed as of 9/7/21, and the IJ was removed on 9/8/21, prior to exit.	F 865		