

PRINTED: 06/04/2015
FORM APPROVED

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 61A1	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/21/2015
NAME OF PROVIDER OR SUPPLIER JNH-JAQUITH INN		STREET ADDRESS, CITY, STATE, ZIP CODE 3550 HIGHWAY 468 WEST- PO BOX207/BLDGS 60 AND WHITFIELD, MS 38193		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
M 000	Initial Comments The State Agency (SA) conducted an annual recertification survey at the facility 5/19/15 to 5/21/15. During the survey, the SA determined the facility was not in compliance with Medicare and Medicaid requirements for participation, and cited regulatory statutes at F253. The census at the time of the survey was 75. The facility is certified for 87 beds.	M 000	a. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? On 05/22/15, the Men's Restrooms on Building 69 (115& 138) were deep cleaned. This included the removal of the grime and slimy substance from around the round metal floor drains, removal of the heavy build-up of grime on the metal plate behind the restroom door knobs, and the removal of the heavy accumulation of dirt and grime was removed from corners of the floor.	06/11/15
M1010	45.33.1 Housekeeping Facilities and Services Housekeeping Facilities and Services. 1. The physical plant shall be kept in good repair, neat, and attractive. The safety and comfort of the resident shall be the first consideration. 2. Janitor closets shall be provided with a mop-cleaning sink and be large enough in area to store house cleaning supplies and equipment. A separate janitor closet area and equipment should be provided for the food service area. This Statute is not met as evidenced by: Level II/Pattern Based on observation, staff interview, and facility policy review, the facility failed to ensure the common Men's Restrooms was free from excess dirt and grime. This affected two (2) of four (4) common Men's Restrooms in the facility. Review of the facility's policy entitled, "Housekeeping" (dated 05/2013), revealed the	M1010	b. How you will identify other residents having the potential to be affected by the same deficient practice, and what corrective action will be taken. All Residents have the potential to be affected. c. What measures will be put into place, or what systemic changes you will put into place or make to ensure that the deficient practice does not recur. The CUO and housekeeping staff were in-serviced on June 5, 2015, concerning the monitoring and deep	

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

TITLE

(X6) DATE

STATE FORM

6809

UDRU11

If continuation sheet 1 of 3

PRINTED: 06/04/2015
FORM APPROVED

MSD-H - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 61AI	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/21/2015
---	--	--	--

NAME OF PROVIDER OR SUPPLIER

JNH-JAQUITH INN

STREET ADDRESS, CITY, STATE, ZIP CODE

3550 HIGHWAY 488 WEST- PO BOX207/BLDGS 69 AND
WHITFIELD, MS 39193

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
M1010	Continued From page 1 purpose of the policy was to maintain clean and sanitized areas, control bacteria, germs, odor and provide acceptable aesthetic conditions for all patients, staff and visitors. An observation of the Men's Restroom (138) and the Men's Restroom (115) in Building 69 was conducted during the Initial tour of the facility on 5/19/15 from 10:37 AM to 11:15 AM. The following environmental concerns were identified: 1. Men's Restroom (138): A heavy build-up of grime and slimy substance on the round metal floor drain grate in the commode stall. The metal plate behind the restroom door knob had a heavy build-up of grime. The restroom floor corners had a heavy accumulation of dirt and grime. 2. Men's Restroom (115): A heavy build-up of grime and slimy substance on the round metal drain grate in the floor of the commode stall. The floor of the restroom had a heavy accumulation of dirt and grime at the corners. Observations on 5/21/15 at 12:05 PM with the facility's Administrator and Coordinator of Unit Operations (CUO) revealed the identified concerns of the Men's Restrooms #138 and # 115 on the Initial tour 5/19/15. A Q-tip applicator was used at this time to extract slime and grime from the bathroom floor grate. Review of the job description for the CUO stamped "Received 3/16/12" with the CUO's signature at the bottom of the page, revealed the CUO was responsible for assuring housekeeping.	M1010	c. (continued) cleaning of the round metal floor drains, metal plates behind the door knobs and accumulation of dirt and grime in the floor corners located in the Men's Restroom (138) and Men's Restroom (115) in Building 69. The CUO and/or Administrator will conduct periodic rounds to ensure that the Housekeeping Staff are deep cleaning the restrooms weekly and completing daily checks of the restrooms every two hours during day shift. d. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place. The CUO and/or Administrator will provide scheduled on-going in-service training concerning Cleaning schedules and daily two-hour checks of the Men's Restrooms (138) and (115) on Building 69. Areas of concern will be brought to the Quality Assessment and Improvement Committee for Review. Additional training and/or disciplinary action will be considered as warranted.	

PRINTED: 06/04/2015
FORM APPROVED

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 61A1	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/21/2015
NAME OF PROVIDER OR SUPPLIER JNH-JAQUITH INN		STREET ADDRESS, CITY, STATE, ZIP CODE 3550 HIGHWAY 468 WEST- PO BOX207/BLDGS 69 AND WHITFIELD, MS 39193		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
M1010	Continued From page 2 pantry, and laundry services are completed as required, physically inspect units, and hold staff accountable for their jobs. The CUO was responsible for ensuring a safe, secure and clean environment, and was to complete rounds on assigned units, and maintain documentation of rounds. An interview with the CUO on 5/21/15 at 12:15 PM, revealed he stated his position consisted of supervising various services in the facility which included; Housekeeping Services, Pantry, Laundry, and Building Safety. The CUO verified the restrooms were to be cleaned daily by the Housekeeping staff. The Housekeeping staff were to check the restrooms every two (2) hours on the day shift and ensure toilets, shower stalls, doors and floors were clean, and perform a deep cleaning every Wednesday. When asked why the floor drain grates, door plates and floor corners had not been cleaned, the CUO said, they had been neglected, and it was his responsibility to oversee the Housekeeper's work. The CUO stated it was important to keep the restrooms clean to decrease germs, and potential for infection.	M1010		