MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	61AD	A. BUILDING: **48 - BUILDING 48** B. WING _____	**06/27/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JNH-ADAMS INN	**3550 HIGHWAY 468 WEST PO BOX 207, BUILDING 31 & WHITFIELD, MS 39193**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY 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
M1245	45.41.1 Date of Construction & Life Safety... Date of Construction and Life Safety Code Compliance. 1. Buildings constructed after the effective date of these regulations shall comply with the edition of the Life Safety Code (NFPA 101) effective on the date of construction. 2. Buildings constructed prior to the effective date of these regulations shall comply with Chapter 13 of the Life Safety Code (NFPA 101), 1985 edition. This Statute is not met as evidenced by: Based on observations and interviews, the facility failed to properly maintain exit doors as per NFPA 101 section 19.2.2.5.2. This deficiency had the potential to affect all exits and all 78 residents in the facility on the day of survey. Findings include: On June 27, 2017 at 10:55 AM, observation and interview revealed the temporary staff (agency nurses) were not provided with keys to the locks on the exit doors of the facility. The Facility Administrator and Maintenance Director stated keys to the exits are not issued to temporary staff.	M1245	A. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? On 6/27/17, all temporary staff (agency nurses) were provided keys to the exit doors of the facility. B. How will you identify other residents having the potential to be affected by same deficient practice, and what corrective action will be taken? Seventy-eight residents had the potential to be affected by this deficient practice. None were affected. Beginning 8/7/17, The Adams Inn Key and Fire Door Checklist and Key Log Binder will be used to ensure that temporary staff (agency nurses) are provided with keys to the locks on the exit doors of the facility. Deficiencies will be reported to Adams Inn's Coordinator of Operations (CUO) for corrective action(s).	8/18/17

FIRE SAFETY Received SEP 1 2017 MSDH-HFLC CONSTRUCTION

9-6-17 Accepted Per Tina(CMS) Revisit

Mississippi State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		08/31/17

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M1245	Continued From page 1	M1245	C. What measures will be put into place, or what systematic changes you will make to ensure that the deficient practice does not occur? On 6/27/17, Adams Inn's Nursing Home Administrator, CUO, and Director of Nursing begin inservicing Adams Inn's Nursing Staff, Pantry Staff, Certified Nursing Assistants (CNAs), Housekeeping Staff, Psychology staff, Laundry staff, Recreation staff, Social Worker, Staffing Coordinator, Medical Record staff, and Temporary (agency nurses and CNAs) on Policy JNH J-530-20 Fire Plan. Inservice will end 8/12/17. On 8/2/17, Mississippi State Hospital Fire Marshals inserviced Adams Inn staff on the facility Fire Safety policy. Beginning 8/7/17, Adams Inn Charge Nurses will used the Adams Inn Key and Fire Door Checklist to conduct one random key check each shift (A Shift-7 am to 3:30 pm, B-Shift 3 pm to 11:30 pm, C-Shift 11 pm to 7:30 am) per week for 90 days, and once a month afterwards. Any deficiencies will be reported immediately to Adams Inn CUO for corrective actions. If there are no deficiencies during the random check, the Adams Inns CUO will check the Adams Inn Key and Fire Door Checklist weekly for deficiencies. The Adams Inn Key and Fire Door Checklist will be located at the nurses station in the Key Log Binder. D. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance will be put into place?	

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M1245	Continued From page 2	M1245	Beginning 08/07/17, Adams Inn CUO will report any deficiencies to the Adams Inn Nursing Home Administrator. The Adams Inn NHA will report the deficiencies of the systemic changes to the quarterly JNH Quality Assurance Performance Improvement Committee (QAPI) and the monthly Jaquith Nursing Home Executive Committee to determine further corrective actions to implement. Completion Date: 8/18/17	