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
	61JE	A. BUILDING: _____ B. WING _____	C 08/24/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY 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 a Complaint Investigation (CI MS #18756, CI MS #18755 and CI MS #18636) at the facility from 8/22/22 through 8/24/22. During the survey, the SA determined the facility was not in compliance with the Mississippi Regulations for Minimum Standards for Institutions for the Aged or Infirm, state licensure requirements. The SA substantiated the complaint, CI MS #18636 for Resident Abuse and cited M500. The SA did not substantiate CI MS #18756 for sexual abuse or CI MS #18636 for quality of care/treatment.	M 000		
M 500	45.17.2 Residents' Rights Residents' Rights. The residents' rights policies and procedures ensure that each resident admitted to the facility: 1. is fully informed, as evidenced by the resident's written acknowledgment, prior to or at the time of admission and during stay, of these rights and is given a statement of the facility's rules and regulations and an explanation of the resident's responsibility to obey all reasonable regulations of the facility and to respect the personal rights and private property of other residents; 2. is fully informed, and is given a written statement prior to or at time of admission and during stay, of services available in the facility, and of related charges including any charges for services covered by the facility's basic per diem rate; 3. is assured of adequate and appropriate medical care, is fully informed by a physician or nurse practitioner/physician assistant of his medical conditions unless medically	M 500		10/14/22

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	61JE	A. BUILDING: _____ B. WING _____	C 08/24/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY 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 500	Continued From page 1	M 500		

contraindicated (as documented by a physician or nurse practitioner/physician assistant in his medical record), is afforded the opportunity to participate in the planning of his medical treatment, to not be limited in his/her choice of a pharmacy or pharmacist provider in accordance with state law, as referenced in House Bill 1439, which states that the facility shall not limit a resident ' s choice of pharmacy or pharmacy provider if that provider meets the same standards of dispensing guidelines required of long term care facilities, to refuse to participate in experimental research, and to refuse medication and treatment after fully informed of and understanding the consequences of such action;

4. is transferred or discharged only for medical reasons, or for his welfare or that of other residents, or for nonpayment for his stay (except as prohibited by sources of third-party payment), and is given a two weeks advance notice in writing to ensure orderly transfer or discharge. A copy of this notice is maintained in his medical record;

5. is encouraged and assisted, throughout his period of stay, to exercise his rights as a resident and as a citizen, and to this end may voice grievances, has a right of action for damages or other relief for deprivations or infringements of his right to adequate and proper treatment and care established by an applicable statute, rule, regulation or contract, and to recommend changes in policies and services to facility staff and/or to outside representatives of his choice, free from restraint, interference, coercion, discrimination, or reprisal;

6. may manage his personal financial affairs, or is

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	61JE	A. BUILDING: _____ B. WING _____	C 08/24/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY 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 500	Continued From page 2	M 500		

given at least a quarterly accounting of financial transactions made on his behalf should the facility accept his written delegation of this responsibility to the facility for any period of time in conformance with State law;

7. is free from mental and physical abuse;
8. is free from restraint except by order of a physician or nurse practitioner/physician assistant, or unless it is determined that the resident is a threat to himself or to others. Physical and chemical restraints shall be used for medical conditions that warrant the use of a restraint. Restraint is not to be used for discipline or staff convenience. The facility must have policies and procedures addressing the use and monitoring of restraint. A physician order for restraint must be countersigned within 24 hours of the emergency application of the restraint;
9. is assured security in storing personal possessions and confidential treatment of his personal and medical records, and may approve or refuse their release to any individual outside the facility, except, in the case of his transfer to another health care institution, or as required by law of third-party payment contract;

10. is treated with consideration, respect, and full recognition of his dignity and individuality, including privacy in treatment and in care for his personal needs;

11. is not required to perform services for the facility that are not included for therapeutic purposes in his plan of care;

12. may associate and communicate privately with persons of his choice, may join with other residents or individuals within or outside of the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	61JE	A. BUILDING: _____ B. WING _____	C 08/24/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY 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 500	Continued From page 3 facility to work for improvements in resident care, and send and receive his personal mail unopened, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 13. may meet with, and participate in activities of, social, religious and community groups at his discretion, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 14. may retain and use his personal clothing and possessions as space permits, unless to do so would infringe upon rights of other residents, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 15. if married, is assured privacy for visits by his/her spouse; if both are inpatients in the facility, they are permitted to share a room, unless medically contraindicated (as documented by the attending physician or nurse practitioner/physician assistant in the medical record); and 16. is assured of exercising his civil and religious liberties including the right to independent personal decisions and knowledge of available choice. The facility shall encourage and assist in the fullest exercise of these rights. This Statute is not met as evidenced by: Based on interviews, record reviews, and facility policy review, the facility failed to protect a resident's right to be free from abuse for one (1) of five (5) residents sampled for abuse. Resident	M 500	1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	61JE	A. BUILDING: _____ B. WING _____	C 08/24/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY 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 500	Continued From page 4 #1 Findings include: Review of the facility's policy titled "INJURIES, ABUSE, NEGLECT, MISTREATMENT, MISAPPROPRIATION OF RESIDENT PROPERTY OR EXPLOITATION OF RESIDENTS", dated July 2021, revealed ... "(Proper name of facility) residents have a right to be free from abuse ...Physical abuse includes hitting, slapping, pinching, and kicking ..." Record review of a document listing the facility's incidents and accidents, revealed an entry dated 2/17/22 at 3:30 PM, for Resident #1 with the description of the event/incident as "It was reported that Resident (#1) was sitting in his wheelchair in the male dayroom when Certified Nurse Aide (CNA) #1 approached him. They began having a conversation when Resident (#1) began cursing. Staff heard CNA (#1) asking Resident (#1) "What the (expletive) did I do to you?" Resident #1 began to leave the dayroom when it was alleged that CNA (#1) kicked the back of his wheelchair. Staff was removed off the building, later placed on administrative leave until the conclusion of the investigation ..." Review of "Investigative Findings" dated 2/23/22, revealed that the Department of Safety & Investigative Services was advised of the possible physical abuse of Resident #1 on 2/17/22, at 3:20 PM. The four (4) employees that witnessed the incident were interviewed and although only two (2) of the witnesses were able to hear CNA #1 curse at the resident, all four (4) witnesses confirmed that they saw CNA #1 hit the back of his wheelchair with her foot with enough force to propel the wheelchair forward. The report	M 500	Immediate action(s) taken for the resident(s) found to have been affected include: Resident # 1 was immediately assessed by Registered Nurse 02/17/2022, and found no negative outcomes. Certified Nursing Assistant (CNA)#1 was immediately removed off the building by the Nursing Home Administrator and was sent home on 02/17/2022 pending the outcome of the investigation. The facility□s Safety and Investigative Services findings were that Physical Abuse was substantiated against CNA #1. CNA #1 was terminated on 03/10/2022. 2. How the facility will identify other residents having the potential to be affected by the same deficient practice? The facility has determined that 75 residents had the potential to be affected, resident #1 was affected. 3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur? On 02/17/2022, CNA#1 was immediately verbally counseled by the Nursing Home Administrator on Abuse and Neglect. On 02/17/2022, the Director of Nurses in-serviced all staff on the suspicion of abuse, neglect, and exploitation and reporting and investigating incidents. On 03/13/2022, the RN Nurse Supervisor in-serviced all staff of suspicion of abuse, neglect and residents□ injuries of unknown causes. On 08/24/2022, the	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	61JE	A. BUILDING: _____ B. WING _____	C 08/24/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY 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 500	Continued From page 5 revealed "Finding: PHYSICAL ABUSE - SUBSTANTIATED." Upon completion of the investigation, the matter was referred to the Administrator and Human Resources Department for disposition. On 8/22/22 at 4:30 PM, an interview with the Administrator revealed she was aware of the allegation of abuse of Resident #1 by (CNA) #1. She stated a complete investigation was conducted and the allegation of abuse was confirmed. Immediately following the report of abuse to the nurse on 2/17/22, the CNA #1 was removed from resident care to ensure the protection of residents, pending the outcome of the investigation, and terminated upon completion. She confirmed she had reported the incident to the State Agency (SA) and the Attorney General's Office (AGO). On 8/23/22 at 10:30 AM, an interview with CNA #2 revealed was she working on 2/17/22 and witnessed CNA #1 enter the male day room and engage in conversation with Resident #1. CNA #2 said she heard Resident #1 "getting loud and cursing" and she verbalized a warning to CNA #1 to leave Resident #1 and let him calm down, but she said Resident #1 was so loud she did not think CNA #1 could hear her. She stated she did not see Resident #1 strike out at CNA #1, but she saw CNA #1 back away from Resident #1 abruptly and heard CNA #1 say to Resident #1 "What the (expletive) did I do to you?" She stated CNA #1 walked behind Resident #1, "lifted her foot and kicked the back of Resident #1's wheelchair and it just took off across the room". CNA #2 said she immediately got up and went and reported the incident to RN #1. CNA #2 confirmed that CNA #1 was immediately removed from resident care and left the facility. CNA #2	M 500	Director of Nursing in-serviced all staff addressing the importance of reporting abuse and neglect incidents. Newly hired nursing staff will be in-serviced upon hire, quarterly, and as needed by the Director of Nursing on Abuse and Neglect which includes Residents□ Rights and Dignity. Beginning 08/31/2022, an in-service video on abuse and neglect was conducted with all staff by the Criminal Investigator with the Attorney General□s office. 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 in to the quality assurance system. Beginning on 09/2/2022, the Director of Nursing will interview 5 residents to address the issues and understanding of abuse, neglect, dignity, resident□s rights, and importance of reporting abuse weekly for one month, then monthly for one month, using the Abuse and Neglect Interview Questionnaire/Audit. Beginning 09/09/2022, the Social Worker will discuss with residents at Resident Council□s meeting abuse, neglect, dignity, resident□s rights, and importance of reporting those incidents. Beginning 09/09/2022 the Nursing Home Administrator will review audit documentation weekly for 30 days. Beginning on 10/05/2022, the Nursing Home Administrator will report all audit	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	61JE	A. BUILDING: _____ B. WING _____	C 08/24/2022

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY 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 500	Continued From page 6 confirmed she had participated in an investigation and completed a written witness statement. On 8/23/22 at 11:20 AM, an interview with CNA #3 revealed on 2/17/22, she heard Resident #1 yelling at CNA #1 and witnessed Resident #1 "swing at" CNA #1. She stated that she witnessed CNA #1 "kick the back of Resident #1's wheelchair and the force of the kick sent Resident #1's wheelchair rolling across the room and his right knee bumped into the wall. Record review of the Identification and Summary Sheet for Resident #1 revealed he was admitted by the facility on 3/26/21. He had diagnoses including Lewy body Dementia, Depression, and Mood Disorder. Record review of the Quarterly Minimum Data Set (MDS) with reference date (ARD) 6/30/22, revealed Resident #1 had a Brief Interview for Mental Status (BIMS) score of 3 out of 15. Record review of the employee file for CNA #1 revealed "License/Certification/Registration Renewal Verification," dated 5/20/21, confirmed CNA held current certification as a "Certified Nurse Aide." Review of the Nurse Aide Registry Verification dated 4/21/21 confirmed CNA #1 was originally certified on 3/30/21, as a Nurse Aide.	M 500	findings to the Quality Assurance Performance Improvement (QAPI) committee monthly for action until consistent substantial compliance has been achieved as determined by the committee. Should systemic changes not be effective QAPI will investigate and will determine if further action(s) need to be implemented. The actions from QAPI meeting will be reported to the facility's Executive Committee.	