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 _____	01/26/2023

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 Amended 2/6/23 The State Survey Agency (SSA) conducted an annual re-certification survey at the facility from 01/23/2023 through 01/26/2023. During the survey, the SSA determined that the facility was not in compliance with the Minimum Standards for Institutions for the Aged or Infirm, with deficiencies cited at M780 and M815.	M 000		
M 815	45.29.1 Safe Food Handling Procedures Safe Food Handling Procedures. Food shall be prepared, held, and served according to current Mississippi State Department of Health Food Code Regulations. This Statute is not met as evidenced by: Level II Based on observations, interviews, record review, and facility policy review, the facility failed to ensure the resident's meals maintained a palatable temperature. This had the potential to affect 34 of the 34 residents receiving meals in building 31. Findings include: Review of the facility's policy, "Isolation Meals, Food Storage and Service," dated June 2021, revealed ... "This policy establishes procedures for the safe handling of meals during isolation and during food storage and service. It applies to all Jaquith Nursing Home (JNH) employees ... Food delivered for meal service: ...Length of time, rather than temperature levels, will be used to control, ready-to eat food from the resident pantries ... Immediately on receipt of hot food in	M 815	1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice On 01/24/2023, immediate action(s) taken for the resident(s) #38 and #44 found to have been affected include: the Food Services Contractor was notified of the deficient temperature of the individual Styrofoam plated food. The Food Services Contractor notified the facility that the next meals will be delivered first drop off on the route and plated on Oliver trays that can maintain heat longer than Styrofoam plates. The Pantry Construction Contractor halted work to allow partial use of pantry steam tables to heat the Oliver trays. On 01/24/2023, the Director of Nurses observed residents during lunch meal and noted no negative	3/3/23

Mississippi State Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 02/09/23

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M 815	Continued From page 1 resident care buildings the temperature will be taken using the bimetallic stem thermometer and recorded on the MSH Food Temperature Log (MSH 51). The food will be placed in the pre-heated stem table to maintain a palatable temperature. The temperature should be at or above 135 degrees F. If the food is received below 135 degrees, reheat in microwave to 165 degrees F for 15 seconds or contact the Food Services Contractor to request additional food ..." An observation on 1/23/23 at 12:51 PM, revealed residents eating lunch that was served in individual Styrofoam plates. The SA was informed that the food was being transported on a cart from the main campus. The residents were served sloppy joe's, potato chips, squash casserole, coleslaw, and marble cake. During interviews with Resident #44 and Resident #38 on 1/23/23, at 12:53 PM, both residents complained that their food was cold. The residents revealed that their food had been cold for the last six (6) days. During an observation with the Director of Nursing (DON) on 1/24/23, at 12:54 PM, the food was observed being brought in from the main campus on individual Styrofoam plates. The residents were received popcorn shrimp, oven fried crinkle cut fries, capri vegetables, corn salad, rolls, and lemon shortbread bars. During an interview with residents in the dining room on 01/24/23, at 12:54 PM, they confirmed the food was cold when served. The Director of Nursing (DON) was present during the interviews. Resident # 38 gave the State Agency (SA) and the DON a piece of zucchini to touch. The zucchini felt cold to the touch.	M 815	outcomes related to the deficient practice. Pantry staff immediately began checking individual Oliver trays for palatable temperature during the next meal service. 2. How the facility will identify other residents having the potential to be affected by the same deficient practice. The facility has determined by the census that 71 residents had the potential to be affected. 3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur. On 01/27/2023, the Coordinator of Unit Operations was verbally counseled by the Nursing Home Administrator on serving food at a palatable temperature, monitoring food temperatures and ensuring residents enjoy their meals. On 01/31/2023, the Coordinator of Unit Operations in-serviced all pantry staff on providing meals that are attractive and at a safe and appetizing temperature. On 02/06/2023, the Coordinator of Unit Operations in-serviced all pantry staff on serving food at an appetizing temperature and using the Plated Temperature Monitoring Log. Newly hired pantry staff will be in-serviced upon hire, quarterly, and as needed by the Coordinator of Unit Operations on proper food service and temperature monitoring. 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	

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M 815	Continued From page 2 During an interview on 1/24/23, at 2:00 PM, with the DON and the Clinical Nursing Administrator, the DON confirmed the lunch was cold. The Clinical Nursing Administrator said maintenance was working on the pantry in this building (Building #31), which probably required the foods to be served in Styrofoam plates. The Clinical Nursing Administrator stated she was going to notify the Administrators. During an interview on 1/24/23, at 2:30 PM, with the Pantry Food Service Tech she stated did not know the food was cold. The Pantry Tech said she doesn't temp the food when it's sent to the building in individual Styrofoam trays. The Pantry Tech said it's the responsibility of the Certified Nursing Assistants (CNAs) to let her know the residents complained of cold food. During an interview on 1/24/23, at 3:00 PM, with the Administrator and the Director of the Nursing Home Administrator, they revealed the maintenance Department has been working on the pantry for the last 2 weeks. The Administrator said the resident's food is normally sent in steam pans and served by the pantry workers on regular plates. The Administrator stated that she was unaware the food was being served cold and will have the pantry workers warm the resident's food in the microwave until the pantry maintenance is completed. During an interview on 01/25/23, at 3:55 PM, CNA #1 confirmed the residents have complained about the food being cold and that she had previously reported the complaints to the pantry worker. Record review of the facility's "Identification	M 815	evaluated for its effectiveness. The plan of correction is integrated in to the quality assurance system. Beginning on 02/10/2023, the Coordinator of Unit Operations will monitor the pantry staff to address the issues and understanding of serving meals at an appetizing temperature and importance of reporting when temperatures continues to fall below the recommend degrees two (2) times a week for one month, then 1 time a month for one month, using the Plated Temperature Log/Audit. Beginning 02/06/2023, the Social Worker will discuss with residents at Resident Council□s meeting meal services, appealing food temperatures and importance of reporting concerns of meals. Beginning 02/13/2023 the Nursing Home Administrator will review audit documentation weekly for 30 days. Beginning on 03/01/2023, the Nursing Home Administrator will report all audit 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 JNH Executive Committee.	

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M 815	Continued From page 3 Summary Sheet," revealed, the facility admitted Resident #38 to the facility on 3/18/2021, with diagnoses that included Benign prostatic Hyperplasia, Arthritis and Hypothyroidism. Review of the Quarterly Minimum Data Set (MDS) with the Assessment Reference Date (ARD) of 11/10/22, for Resident #38 revealed, a Brief Interview of Mental Status (BIMS) score of 15, which indicated Resident #38 was cognitively intact. Review of the facility's "Identification Summary Sheet," revealed, the facility admitted Resident #44 to the facility on 3/18/2021, with diagnoses that included Diabetes Mellitus, Dementia and Hypertension. A record review of the Quarterly Minimum Data Set (MDS), with the Assessment Reference Date (ARD) of 11/03/22, revealed Resident #44 had a Brief Interview of Mental Status (BIMS) score of 11, which indicated Resident #44 had moderate cognitive impairment.	M 815		