STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 25A402	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JNH-JEFFERSON INN	3550 HWY 468 WEST P O BOX 207 BLDG 33, WHITFIELD, Mississippi, 39193

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0000	INITIAL COMMENTS The State Agency (SA) conducted four (4) Complaint Investigations (CI MS #3193488, CI MS #3174097, CI MS #3174142, and CI MS #3111084) at the facility from 9/9/26 through 9/10/26. During the survey, SA determined the facility was not in compliance with the requirements of participation in Medicare and Medicaid.CI MS #3193488 and CI MS #3174097 was investigated for abuse. CI MS #3111084 was investigated for medication administration and storage. There were no citations related to these CIs. CI MS #3174142 was investigated for neglect, pressure ulcers, and incontinent care and F880 was cited related to this CI. The facility had a census of 42 and a license for 59 beds.	F0000		
F0880 SS = D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.71 and following accepted national standards;	F0880		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

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F0880 SS = D	Continued from page 1 §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is NOT MET as evidenced by:	F0880		

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F0880 SS = D	Continued from page 2 Based on observation, interview, record review, and facility policy review, the facility failed to follow infection prevention and control practices during incontinent care for one (1) of five (5) sampled residents. Resident #3. Findings Include: Record review of the facility policy “Incontinence Perineal Care" dated May 2025 revealed “…Procedure…G. If gloves become contaminated with feces, etc. , gloves should be changed before continuing…N. Perform hand hygiene before continuing to the next task/area…" On 09/09/26 at 1:30 PM, Resident #3 was observed receiving incontinent care provided by Certified Nursing Assistant (CNA) #1. CNA #1 used incontinent wipes to cleanse urine from the resident after removing a urine-soaked brief. CNA #1then removed a dry wipe from the package and walked to the sink. She then used her urine-contaminated gloved hands to turn on the sink and moisten the wipe. CNA #1 then returned to Resident #3 and completed the incontinent care while wearing the same gloves. CNA #1 did not remove the contaminated gloves or perform hand hygiene before touching the sink handle or returning to resident care. CNA #1 wore one pair of gloves throughout the incontinent care observation. During an interview on 09/09/26 at 1:35 PM, CNA #1 stated she should have removed her contaminated gloves and performed hand hygiene before touching the metal sink handle. CNA #1 acknowledged that touching surfaces with contaminated gloves could cause cross-contamination and increase residents’ risk of infection. During an interview on 09/10/26 at 10:34 AM, the Infection Preventionist, Licensed Practical Nurse (LPN) #1, stated staff should remove contaminated gloves and perform hand hygiene with soap and water or an alcohol-based hand sanitizer before touching frequently used objects in a resident’s room. LPN #1 confirmed that by touching the sink handle with urine contaminated gloves, CNA #1 created the risk that another resident or staff member could touch the contaminated surface and spread infectious organisms to other residents. During an interview on 09/10/26 at 12:50 PM, the Director of Nursing (DON) stated CNA #1 should have removed her gloves and performed hand	F0880		

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F0880 SS = D	Continued from page 3 hygiene before touching another surface. The DON confirmed that touching surfaces with urine contaminated gloves could cause cross-contamination and spread bacteria from the urinary tract to another person who touched the sink handle. The DON stated she expected staff to follow infection prevention practices while providing resident care. A record review of Resident #3's "Identification and Summary Sheet" revealed the resident was admitted to the facility on 01/07/26 with diagnoses that included that included schizoaffective disorder. A record review of Resident #3's Minimum Data Set (MDS) with an Assessment Reference Date of 06/25/26, revealed a Brief Interview for Mental Status (BIMS) score of 7, indicating severe cognitive impairment.	F0880		