Mississippi State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(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
M0000	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, the SA determined the facility was not in compliance with the Minimum Standards for Institutions for the Aged or Infirm, state licensure requirements. CI MS #3193488 and CI MS #3174097 were 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 M1570 was cited related to this CI.	M0000		
M1570	48.58.1 Infection Control The following infection control standards shall be met: 1. The facility must maintain and document an effective infection control program that protects patients, families, visitors, and facility personnel by preventing and controlling infections and communicable diseases. 2. The facility must have an active surveillance program that includes specific measures for prevention, early detection, control, education, and investigation of infections and communicable diseases in the facility. There must be a mechanism to evaluate the effectiveness of the program(s) and take corrective action when necessary. The program must include implementation of nationally recognized systems of infection control guidelines to avoid sources and transmission of infections and communicable diseases. 3. The facility must follow accepted standards of practice to prevent the transmission of infections and communicable diseases, including the use of standard precautions. This LICENSURE REQUIREMENT is NOT MET as evidenced by:	M1570		

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

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M1570	Continued from page 1 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	M1570		

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M1570	Continued from page 2 have removed her gloves and performed hand 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.	M1570		