STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A404	A. Building B. Wing	10/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Jnh-Madison Inn	3550 Highway 468 West Whitfield, MS 39193

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and facility policy review, the facility failed to ensure the safe storage and labeling of food and beverages in accordance with accepted food safety practices and the facility policy for one (1) of three (3) days of survey. Findings include: A review of the facility's Food Storage policy, dated June 2025 revealed: .2. When drink mix has been prepared, a label will be on jug/container and date opened will be used for date prepared.4. Document name of product on label if it has been removed from its original package. On 10/27/2025 at 10:26 AM, during a tour of the pantry in Building #28, the State Agency observed the following: Pitchers containing Kool-Aid and Lemonade were not labeled with a preparation date or discard date. Tuna salad was stored in Styrofoam cups covered with plastic wrap and did not have a preparation or discard date.On 10/29/2025 at 8:30 AM, the Administrator acknowledged that discard dates are required on all drink pitchers and food containers to prevent the growth of pathogens and avoid potential illness among residents.On 10/29/2025 at 10:45 AM, the Infection Preventionist stated during an interview that failure to label food with discard dates can result in contamination and resident illness. She confirmed that pantry staff receive monthly and as-needed training on food handling and storage protocols.On 10/29/2025 at 11:43 AM, the Pantry Supervisor acknowledged she had prepared the Kool-Aid, lemonade, and tuna salad on Sunday for resident snacks. She stated that she had failed to label the items with discard dates and admitted it was an oversight. She further confirmed that labeling food items is necessary to prevent contamination and illness.

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 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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, interview, and record review, the facility failed to implement infection prevention practices during medication administration for one (1) of three (3) observed residents (Resident #42) as evidenced by the Licensed Practical Nurse (LPN) #1 failed to use a barrier when placing resident medications on an unclean surface, and failed to disinfect the medications before returning them to the medication cart.Findings include:On 10/29/25 at 8:25 AM, observed LPN #1 remove eye drops and inhaled medication (Albuterol) from the medication cart and placed both items directly onto Resident #42's bedside dresser without the use of a protective barrier. The medications were administered, and afterwards, LPN #1 returned the medications to the cart without disinfecting them before placing them in the drawer alongside medications for other residents.In an interview at 8:28 AM, on 10/29/25, LPN #1 acknowledged that she should have placed a barrier between the resident's dresser and the medications. She further stated that she had no idea what type of fluids or contaminants might be present on the resident's dresser and recognized the risk for cross-contamination.On 10/29/25 At 8:48 AM, during an interview the Director of Nursing (DON) confirmed that the resident's dresser top could harbor infectious organisms, and that the facility's recommendation is for nurses to use a barrier when placing medication items on resident furniture to prevent cross-contamination with items returned to the medication cart.On 10/29/25 at 10:13 AM, during an interview the Infection Preventionist Nurse confirmed that nurses are trained that any object that touches surfaces in a resident's room should either remain in the room or be disinfected prior to being returned to shared areas such as the medication cart. The nurse explained that, at a minimum, a disinfectant wipe should be used to clean the surface before placing items on the surface.A record review of the facility's procedure guide indicated that medications such as eye drops should be placed on a clean, dry surface prior to administration.A record review of Resident #42's Identification and Summary Sheet revealed an admission date of 6/4/15 with diagnoses including Schizophrenia.A record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 9/5/25 revealed a Brief Interview for Mental Status (BIMS) score of 15, indicating the resident was cognitively intact.Record review of physician orders for Resident #42 included: Thera eye drops 0.25%, one drop in each eye three times daily, with a start date of 2/10/23. Albuterol 90 MCG inhaler, 2 puffs by mouth twice daily, with a start date of 8/15/25.