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
	61WG	A. BUILDING: **1A - WISTERIA GARDENS** B. WING _____	**10/16/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WISTERIA GARDENS	**5420 HIGHWAY 80 EAST** **PEARL, MS 39208**

(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
M1245	45.41.1 Date of Construction & Life Safety... Date of Construction and Life Safety Code Compliance. 1. Buildings constructed after the effective date of these regulations shall comply with the edition of the Life Safety Code (NFPA 101) effective on the date of construction. 2. Buildings constructed prior to the effective date of these regulations shall comply with Chapter 13 of the Life Safety Code (NFPA 101), 1985 edition. This Statute is not met as evidenced by: Based on the review of documentation, the facility failed to properly document records of testing the generator annually as directed by NFPA 110 section 8.4.2, NFPA 99 sections 6.4.4.1.1.3 and 6.4.4.2. This deficient practice had potential of affecting the entire facility on the day of facility survey. Findings include: On 10/16/23 at 11:45 AM, the facility could not produce the documentation for all weekly inspection of the generator. The finding was acknowledged by the Administrator and Maintenance Supervisor verified this observation during the exit interview on 10/16/23.	M1245	1) The Administrator immediately in-serviced the Maintenance Supervisor on 10/16/2023, on the requirements to properly document ALL inspections of the generator. 2) All residents have the potential to be affected by this deficient practice. 3) A generator inspection checklist was implemented to ensure that this deficient practice will not recur. This checklist will be kept in the maintenance log book and reviewed by the Administrator weekly. 4) The Administrator will complete audits once a week x 6 weeks to ensure the inspection of the generator is being documented properly. Audits will be reviewed weekly by the QA committee, made up of the Medical Director, Administrator, Director of Nursing and Corporate Nurse, until such time consistant substantial compliance has been achieved as determined by the committee.	11/6/23

Mississippi State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		11/06/23

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	61WG	A. BUILDING: **1A - WISTERIA GARDENS** B. WING _____	**10/16/2023**

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