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
	34JC	A. BUILDING: **01 - MAIN BUILDING 01** B. WING _____	**10/24/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JONES CO REST HOME	**683 COUNTY HOME ROAD ELLISVILLE, MS 39437**

(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 record review and interviews, the facility failed to properly perform fire drills as per NFPA 101 section 19.7.1.2. The deficient practice affected all smoke compartments and 118 residents in facility on the day of survey. Findings Include: On 10/24/23 at 2:15 PM, the facility could not provide complete and proper documentation of fire drills of each shift for the last calendar year (October 2022 to October 2023).	M1245	K712 (1) The Administrator in-serviced the Plant Operations Supervisor on 10/24/23, on the requirement for fire drills being conducted one per shift per quarter. (2) All residents have the potential to be affected by failure to perform fire drills on each shift per quarter. (3) On 11/14/23, the Quality Assurance and Assessment (QAA) Committee met and reviewed the Fire Drill Form and made revisions at that time to include the requirement to conduct one fire drill per shift, per quarter. The shifts were also revised on the Fire Drill Form to include (AM) and (PM) for each shift. The Administrator in-serviced the Plant Operations Supervisor on 11/16/23 to ensure understanding of time requirements for each drill. (4) The Administrator will perform an audit using the Fire Drill Audit Tool monthly, beginning 12/5/23 to ensure compliance	12/5/23

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M1245	Continued From page 1	M1245	with requirements for fire drill. Audit reports will be reviewed by the Quality Assurance Committee monthly, beginning 12/15/23 until such time substantial compliance has been achieved as determined by the committee. The Quality Assurance Committee will make any recommendations or changes if needed to ensure compliance.	