

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34NH	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 10/17/2023
NAME OF PROVIDER OR SUPPLIER LAURELWOOD COMMUNITY LIVING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1036 WEST DRIVE LAUREL, MS 39440		
(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 10/17/23 at 11:45 AM, the facility could not produce the documentation for all monthly load tests of the generator. The finding was acknowledged by the Administrator and Maintenance Supervisor verified this observation during the exit interview on 10/17/23.	M1245	* Monthly Full load test was performed on both generators by Maintenance Supervisor for 30 minutes on 11/02/23. * The entire facility has the potential to be affected by this deficient practice. * The Maintenance Supervisor was in-serviced by the Administrator on 11/01/23 regarding documentation of testing the generator as directed by NFPA 110 section 8.4.2, NFPA 99 sections 6.4.4.2 *The Generator log will be checked by Administrator every month for three months then quarterly for 2 quarters to assure test is being done and recorded properly. Any deficient practice will be brought to Quality Assessment Performance Improvement for corrective action if necessary.	11/22/23

Mississippi State Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

11/10/23