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
	06CI	A. BUILDING: **01 - MAIN BUILDING 01** B. WING _____	**11/16/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DELTA REHABILITATION AND HEALTHCARE CENTER	**200 DR MARTIN LUTHER KING JR DRIVE CLEVELAND, MS 38732**

(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 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 11/16/23 at 10:30 AM, the facility could not produce documentation showing the current 2023 annual testing and service of the generator. The facility ' s last annual test of the generator was documented and performed February 4, 2021. The finding was acknowledged by the Administrator and Maintenance Supervisor during the exit interview on 11/16/23.	M1245	1.) On 11/16/23 the Maintenance Director conducted a monthly generator check underload for two hours; no negative issues identified. On 12/4/23 Taylor Generator performed an annual inspection on the generator; no negative issues were identified. 2.) All residents that reside in the nursing home have the potential to be affected. 3.) On 11/16/23 Administrator educated the Maintenance Director on ensuring annual generator checks are scheduled timely. 4.) Beginning the week of 11/20/2023, the Maintenance Director will conduct three (3) generator checks weekly to ensure proper functioning for four (4) weeks and monthly thereafter. A report will be submitted to the Quality Performance Improvement Committee for three (3) months by the Maintenance Director for review and further recommendations. The Administrator is responsible for ongoing	12/8/23

Mississippi State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		12/05/23

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M1245	Continued From page 1	M1245	monitoring and overall compliance.	