

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 17SH	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 10/30/2023
NAME OF PROVIDER OR SUPPLIER DIVERSICARE OF SOUTHAVEN		STREET ADDRESS, CITY, STATE, ZIP CODE 1730 DORCHESTER DR SOUTHAVEN, MS 38671		
(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 observations, the facility failed to maintain a complete manual fire alarm system as directed by NFPA 72 Chapter 10, and NFPA 101 section 9.6. The deficient practice affected all smoke compartments and all residents in facility on the day of survey. Findings Include: On 10/30/23 at 3:30 PM, observation revealed a "trouble signal" on the fire alarm system panel in the facility. The Maintenance Supervisor was unable to reset the fire alarm panel to "normal" mode. The finding was acknowledged by the Administrator and Maintenance Supervisor verified this observation during the exit interview on 10/30/23.	M1245	K341 NFPA 101 Fire Alarm System- Installation SS=F 1. On 10/30/2023, the Maintenance Director did a complete manual fire alarm panel reset to normal. 2. All residents have the potential to be affected by this deficient practice. On 11/9/2023, the fire alarm system was inspected by the fire alarm company to detect proper transmission. Fire alarm company is scheduled to have repairs completed as of 12/1/2023. 3. On 10/31/2023, the Administrator educated the Maintenance Director and Maintenance Assistant on the importance of ensuring the fire alarm panel is transmitting normally and immediate need for repair if not functioning properly. 4. To monitor the performance our corrective action and to ensure to sustain ability. The Administrator or the Maintenance Director will complete the required weekly inspection one time a week for four weeks then one time a month for three months. Findings of audits	12/13/23

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

TITLE

(X6) DATE

Electronically Signed

11/22/23

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M1245	Continued From page 1	M1245	will be addressed in Quality Assurance and Performance Improvement Committee meeting for a minimum of three months by the Nursing Home Administrator for review and interventions as necessary beginning with December's Quality Assurance Performance Improvement Committee Meeting on December 11, 2023.	