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
	24GG	A. BUILDING: **01 - GULFPORT CARE CENTER** B. WING _____	**01/30/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GULFPORT CARE CENTER	**11240 CANAL ROAD** **GULFPORT, MS 39503**

(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 provide the generator 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: Observations on January 30, 2024, at 3:15 PM revealed the following: Generator controls were in the "off" position and the generator was incapable of automatically transferring power to the facility in the event of a power failure. The generator was put in "automatic" position by the maintenance person and will continue to run until the transfer switch issue is addressed.	M1245	* On January 30th, 2024 the generator was put in □automatic□ position by the maintenance director, which activated the generator. *All residents have the potential to be affected by this practice. *The facilities maintenance director and Administrator were in-serviced by the regional supervisor on 2/19/24 regarding Essential Electric System Maintenance and Testing. On 2/1/24, a local provider repaired the generator to allow the Life safety system component to operate when there is loss of power to the facility. * Beginning 2/19/24, the facility maintenance director will monitor the Essential Electric system weekly for 12 weeks and then monthly for 3 months to ensure ongoing compliance with M tag 1245 nd will report to the Quality Assessment and Assurance Committee for 3 months. The first Quality Assessment and Assurance Committee meeting will be held on 3/12/24.	3/13/24

Mississippi State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		02/19/24

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	24GG	A. BUILDING: **01 - GULFPORT CARE CENTER** B. WING _____	**01/30/2024**

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M1245	Continued From page 1 Interview on 1/30/24 at 3:15 PM with maintenance person revealed the following: The generator was incapable of turning off automatically, so the generator was put in manual "off" position. The finding was acknowledged by the Administrator and Maintenance Supervisor verified this observation during the exit interview on 1/30/24.	M1245		