STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A389	A. BUILDING **01 - BUILDING 0101** B. WING _____	**01/25/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WEBSTER HEALTH SERVICES NURSING FACILTY	**70 MEDICAL PLAZA** **EUPORA, MS 39744**

(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) COMPLETION DATE
K 000	INITIAL COMMENTS 42 CFR 483.70(b) The facility must meet the applicable provisions of the 2012 (existing) Edition of the Life Safety Code (LSC) of the National Fire Protection Association (NFPA).	K 000		
K 916 SS=F	Electrical Systems - Essential Electric Syste CFR(s): NFPA 101 Electrical Systems - Essential Electric System Alarm Annunciator A remote annunciator that is storage battery powered is provided to operate outside of the generating room in a location readily observed by operating personnel. The annunciator is hard-wired to indicate alarm conditions of the emergency power source. A centralized computer system (e.g., building information system) is not to be substituted for the alarm annunciator. 6.4.1.1.17, 6.4.1.1.17.5 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on observations, the facility failed to provide all the generator required components as in accordance with NFPA 110 section 5.6.6 and NFPA 99 section 6.4.1.1.17. The deficient practice affected all 34 residents in the facility on the day of survey. Findings include: On 1/25/24 at 3:00 PM, observation revealed nonfunctioning/ nonoperational generator	K 916	¿ Facility arranged for generator enunciator alarm modifications to be completed for compliance with National Fire Protection Association Standards. ¿ All residents have the potential to be affected. ¿ On January 26, 2024, the Facility contacted a repair man to evaluate the non-functioning alarm light on the	3/25/24

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 02/15/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A389	A. BUILDING **01 - BUILDING 0101** B. WING _____	**01/25/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WEBSTER HEALTH SERVICES NURSING FACILTY	**70 MEDICAL PLAZA** **EUPORA, MS 39744**

(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) COMPLETION DATE
K 916	Continued From page 1 annunciator panel in a constantly monitored location of the facility. The generator was tested and functionally, but no message or signal was sent to the generator annunciator panel	K 916	annunciator panel monitor. Repair man was unable to repair the panel. On 02/07/2024, Facility Operations reached out to the vendor to arrange an on-site service for repair. On 2/9/224 vendor came and identified the issue with existing wiring. On 2/9/23 North Mississippi Health Services System Vice President of Facilities Management discussed the current situation and proposed solutions with the life safety surveyor for clarification. On 2/15/24 facility received quote from vendor for upgrade to existing components totaling $12,730.67, that will ensure compliance with National Fire Protection Association Standards. Vendor was notified the same day to proceed with the upgrade. The equipment lead time for delivery and installation is 8 to 10 weeks. Project is expected to be complete by May 31, 2024. ¿ After upgrade is installed, facility will monitor the enunciator panel alarm lights monthly and will use the internal work order system to for automatic scheduling and tracking of this monthly check. Any deficiencies will be addressed by Facility Operations and reported to Quality Assurance and Performance Improvement Committee.	