

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 78WH	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - BUILDING 0101 B. WING _____	(X3) DATE SURVEY COMPLETED 01/25/2024
NAME OF PROVIDER OR SUPPLIER WEBSTER HEALTH SERVICES NURSING FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE 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) 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 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 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	M1245	∩ 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 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	3/25/24

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

TITLE

(X6) DATE

Electronically Signed

02/15/24

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M1245	Continued From page 1	M1245	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.	