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
	09FD	A. BUILDING: **01 - MAIN BUILDING 01** B. WING _____	**03/19/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRACE EXTENDED CARE & REHABILITATION	**1000 EAST MADISON STREET HOUSTON, MS 38851**

(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 observation, the facility failed to provide half hour rating in the smoke barrier wall in accordance with NFPA 101 sections 19.3.7.3 and 8.5.6.2. This standard deficiency affected two (2) of three (3) smoke compartments in the facility on the day of Survey. Findings include: On 3/19/24 at 10:10 AM, observation revealed unsealed holes around red and blue data cables at West Hall smoke barrier wall of the facility and an unsealed hole around black piping in the smoke barrier of the Exit smoke wall leading into the Hospital near room #442 of the facility. These smoke barrier walls are incapable of resisting the passage of smoke throughout the facility. The finding was acknowledged by the Administrator and Maintenance Supervisor verified this observation during the exit interview on 3/19/24.	M1245	The Maintenance Supervisor was in-serviced on 3/29/2024 on smoke barrier wall penetrations requirements by Administrator. Maintenance staff repaired penetrations on 3/26/2024. The facility determined that 33 residents had the potential to be affected by this deficiency. Smoke barrier penetrations were repaired on 3/26/2024 per the maintenance staff. The maintenance supervisor will monitor smoke barrier walls two (2) times per month for three (3) months and monthly thereafter, any problems noted will be reported to administrator and immediate repairs will be made. Monitoring and inspection documentation will be reviewed by the administrator to ensure repairs have been made immediately. The administrator will report findings to the Quality Assurance (QA) Committee monthly for review and recommendations to ensure substantial compliance	4/5/24

Mississippi State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		04/01/24

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M1245	Continued From page 1	M1245	Immediate QA meeting was held on 3/22/24 with first monthly QA meeting to be held on 4/5/2024.	