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
	19ME	A. BUILDING: **01 - MAIN BUILDING 01** B. WING _____	**04/23/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEADVILLE CONVALESCENT HOME	**300 HWY 556/ROUTE 2 BOX 66** **MEADVILLE, MS 39653**

(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 record review and interviews, the facility failed to properly perform fire drills as per NFPA 101 section 19.7.1.2. The deficient practice affected all smoke compartments and 52 residents in facility on the day of survey. Findings Include: On 4/23/24 at 11:15 AM, the facility could not provide complete and proper documentation of fire drills for the 1st quarter of 2024 and last three (3) quarters of calendar year 2023. The facility was conducting two (2) fire drills per quarter and not all employees were participating in the fire drills.	M1245	• For all residents who have the potential to be affected, fire drills will be conducted on First, 7a-3p, second, 3p-1 1 p, and third shifts, 1 1 p-7a. These drills will be completed by 05/24/24. Copies of the completed drills will be submitted to the Department of Health and Human Services, Licensure and Certification confirming completion. • A schedule has been established for conducting fire drills within the facility. A copy of the new schedule for fire drills is included. • The Director of Plan Operations was in-service regarding the requirements for fire drills and the new schedule for performing fire drills. The in-service was conducted on 05/14/24, by the Administrator and a copy of the in-service is included. • The required monthly fire drills will be reviewed by the Administrator and IP Nurse to ensure monthly compliance and the documentation will be signed off on by Administrator and QA/IP Nurse.	5/28/24

Mississippi State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		05/16/24