

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 21MM	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/07/2024
NAME OF PROVIDER OR SUPPLIER LEAKESVILLE REHABILITATION AND NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1300 MELODY LANE LEAKESVILLE, MS 39451		
(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 properly document records of testing the fire sprinkler system in accordance with NFPA 101 sections 9.7.5, 9.7.7, 9.7.8, and NFPA 25. This deficient practice had potential of affecting the entire facility (54 residents) on the day of facility survey. Findings include: On 5/7/24 at 1:30 PM, the facility could not produce the documentation for quarterly inspections of the fire sprinkler system for three (3) of four (4) quarters the calendar year 2023. The finding was acknowledged by the Administrator and Maintenance Supervisor verified this observation during the exit interview on 5/7/24.	M1245	Preparation and/or execution of this plan does not constitute admission or agreement by the provider that a deficiency exists. This response is also not to be construed as an admission of fault by the facility, its employees, agents, or other individuals who draft or may be discussed in this response and plan of correction. This plan of correction is submitted as the facility's credible allegation of compliance. 1. The fire sprinkler system was inspected on May 14, 2024. 2. The alleged deficiency could have affected all residents. 3. The maintenance director was in-serviced by the administrator on 5.7.24 on quarterly fire sprinkler system test. 4. We have scheduled in writing, with Southern Fire Co., to complete quarterly fire sprinkler system test. The maintenance director will keep records of each quarter's fire sprinkler system test. The	6/21/24

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

TITLE

(X6) DATE

Electronically Signed

05/31/24

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M1245	Continued From page 1	M1245	quarterly fire sprinkler system test will be reviewed in Quality Assurance Performance Improvement on 6.21.24	