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
	43SC	A. BUILDING: **01 - MAIN BUILDING 01** B. WING _____	**05/15/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SILVER CROSS HEALTH & REHAB	**503 SILVER CROSS DRIVE BROOKHAVEN, MS 39601**

(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 generator annually as directed by NFPA 99 sections 6.4.4.1.1.3 and 6.4.4.2. This deficient practice had potential of affecting the entire facility on the day of facility survey. Findings include: On 5/15/24 at 10:00 AM, the facility could not produce documentation showing the current 2024 annual testing and service of the generator. The facility ' s last annual test of the generator was documented and performed 2/17/23. The finding was acknowledged by the Administrator and Maintenance Supervisor during the exit interview on 5/15/24.	M1245	On 05/17/24 a preventive maintenance annual testing and service was conducted on the generator for Silver Cross Health and Rehab. This was conducted by Taylor Generator. Silver Cross Health and Rehab. Has a contractual agreement with Taylor Generator, which includes bi-annual testing and servicing on the generator for Silver Cross Health and Rehab. The Director of Plat Operations will contact Taylor Generator the month prior of the bi-annual testing and service due dates, to ensure compliance. Appropriate documentation will be retained on file, in the LSC binder, on site for Silver Cross Health and Rehab.	6/29/24

Mississippi State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		06/05/24