

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 58PC	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/25/2024
NAME OF PROVIDER OR SUPPLIER PONTOTOC NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 176 SOUTH MAIN STREET PONTOTOC, MS 38863		
(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, the facility failed to properly ensure the operability of the sprinkler system as required by NFPA 25 table 5.1.1.2 and Table 2-1. This deficiency condition affected all 44 residents in the facility at the time of the survey. Findings Include: On 4/25/24 at 9:40 AM, the facility could not provide documentation of annual inspection of the fire sprinkler system for the calendar 2023. The last annual inspection of the fire sprinkler system was conducted in the calendar year 2022.	M1245	1. Corrective action was initiated on 4/25/2024 at which time the Facility's Operation Manager contacted Fireline. Fireline scheduled a facility sprinkler system inspection to be completed on Monday, May 20, 2024. 2. The facility identifies all residents as having the potential to be affected. 3. The Facility Operations Manager scheduled annual sprinkler system inspections to occur in May annually. The Facility Operations Manager also placed a scheduled electronic work order reminder in the facility's electronic work order system. 4. The Administrator will report the sprinkler inspection completion date to the Quality Assurance and Performance Improvement Committee.	5/25/24

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

TITLE

(X6) DATE

Electronically Signed

05/15/24