

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/26/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255270	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 07/23/2024
NAME OF PROVIDER OR SUPPLIER PONTOTOC HEALTH & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 278 WEST EIGHTH 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) COMPLETION DATE	
K 000	INITIAL COMMENTS 42 CFR 483.70(a) The facility must meet the applicable provisions of the 2012 (existing) Edition of the Life Safety Code (LSC) of the National Fire Protection Association (NFPA).	K 000			
K 916 SS=F	Electrical Systems - Essential Electric Syste CFR(s): NFPA 101 Electrical Systems - Essential Electric System Alarm Annunciator A remote annunciator that is storage battery powered is provided to operate outside of the generating room in a location readily observed by operating personnel. The annunciator is hard-wired to indicate alarm conditions of the emergency power source. A centralized computer system (e.g., building information system) is not to be substituted for the alarm annunciator. 6.4.1.1.17, 6.4.1.1.17.5 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on observations, the facility failed to properly protect all the generator ' s required components as directed by NFPA 110 5.6.6 and NFPA 99 6.4.1.1.17. This deficiency affected all residents in the facility on the day of survey. Findings Include: On July 23, 2024, at 10:30 AM, observation revealed the annunciator did not monitor all the required components of the generator. While the	K 916	1. On 7/23/2024 the generator was checked by maintenance to ensure it was operating properly. Generator will be monitored two times weekly to ensure working properly until new generator can be installed. 2. All residents have the potential to be affected by this practice. 3. Quotes were received from Timmons Electric Co (attachment #1) and TBS Electric (attachment #2) to replace the old generator with a larger generator with appropriate annunciator panel. The	9/2/24	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

08/05/2024

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 916	Continued From page 1 generator was in the off position, no signal or warning was sent to the generator annunciator of the facility.	K 916	decision was made to replace the generator to provide more coverage in case of power out. The generator will be installed as soon as received with approximate date of 9/22/2024. On 8/19/2024 Generator Watch was initiated by Maintenance Manager to increase monitoring of generator from 1 time per week to 2 times per week to ensure generator operating properly. 4. Any problems or concerns will be brought to the administrator to present to the Quality Assurance Committee monthly for review and recommendations.		