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
	58GR	A. BUILDING: **01 - MAIN BUILDING 01** B. WING _____	**07/23/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PONTOTOC HEALTH & REHAB CENTER	**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) 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 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 generator was in the off position, no signal or warning was sent to the generator annunciator of the facility.	M1245	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 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.	9/2/24

Mississippi State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		08/05/24

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M1245	Continued From page 1	M1245	4. Any problems or concerns will be brought to the administrator to present to the Quality Assurance Committee monthly for review and recommendations.	