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
	59AL	A. BUILDING: **01 - MAIN BUILDING 01** B. WING _____	**08/21/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LONGWOOD COMM LIVING CENTER	**200 LONG STREET** **BOONEVILLE, MS 38829**

(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 observation and interviews, the facility failed to properly maintain exit egress as per NFPA 101 section 7.1.10.1. This standard deficiency affected two (2) of three (3) smoke compartments and 46 residents in the facility on the day of survey. Findings include: On 8/21/24 at 1:55 PM, observation revealed master style lock with latches (hasps) on the following corridor doors (exit egress doors) in the facility: DON ' s Office Boiler Room Business Office	M1245	1. On 8/ 26/ 2024 the pad locks were removed, and the door locks were replaced on the Director of Nursing office, the Boiler room, the Business office and the Medication Room on A Hall by the Maintenance Director 2. All residents have the potential to be affected. 3. Director of Maintenance was in-serviced by Administrator on 8/21/24 on maintaining proper locks on all entrances and exits. 4. Audits will continue monthly by the Director of Nursing or Administrator to ensure door locks are in working order beginning 8/21/24 x 3 months. The Administrator will report the results of the audit to Quality Assurance Performance Improvement Committee (QAPI) monthly x three months starting 9/11/24 and as needed for review and/or revision.	9/11/24

Mississippi State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		09/09/24

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M1245	Continued From page 1 Med Room S/S = F	M1245		