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
	06OG	A. BUILDING: **01 - MAIN BUILDING 01** B. WING _____	**07/29/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAK GROVE RETIREMENT HOME	**209 OAK CIRCLE** **DUNCAN, MS 38740**

(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 document review, the facility failed to properly maintain the emergency generator as per NFPA 110 section 8.4.1. This deficiency affected all residents in the facility on the day of survey. Findings include: On July 29, 2024, at 12:45 PM, observation revealed the generator was in manual mode, not automatic mode. The generator was incapable of automatically transferring power to the facility within 10 seconds.	M1245	1.On 7/29/2024 administrator on notification immediately contacted the generator contractor for the only generator for all residents to ensure the generator was capable of automatically transferring power to the facility within 10 seconds. On 07/29/2024 administrator supervised the repair of the only generator by the generator contractor. On 7/29/2024 administrator supervised the initiation of fire watch for all residents until generator was repaired on 7/29/2024. 2. All residents had the potential to be affected that reside in the facility. On 7/29/2024 administrator visually observed the repair of the only generator for residents with the potential to be affected to ensure the generator is capable of automatically transferring power to the facility within 10 seconds, with no further negative findings. 3.On 7/29/2024 administrator re-educated maintenance assistant to ensure the generator was capable of automatically transferring power to the facility within 10 seconds.	8/27/24

Mississippi State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		08/21/24

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M1245	Continued From page 1	M1245	4.Administrator/designee using a monitoring log will visually observe generator to ensure the generator is capable of automatically transferring power to the facility within 10 seconds weekly x 8 weeks or until compliance is achieved, making corrections as necessary and reporting negative findings to the administrator. 5.Administrator/designee will report negative findings to the QAPI committee monthly for review and recommendations.	