

MSDH - Health Facilities Licensure and Certification

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>82MC</b>                | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: <b>02 - MARTHA COKER GREEN HOUSE<br/>HOME</b><br>B. WING _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (X3) DATE SURVEY<br>COMPLETED<br><br><b>09/26/2024</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>MARTHA COKER GREEN HOUSE HOME</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2041 GRAND AVE<br/>YAZOO CITY, MS 39194</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                        |
| (X4) ID<br>PREFIX<br>TAG                                                 | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ID<br>PREFIX<br>TAG                                                                     | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (X5)<br>COMPLETE<br>DATE                               |
| M1245                                                                    | <p>45.41.1 Date of Construction &amp; Life Safety...</p> <p>Date of Construction and Life Safety Code Compliance.</p> <p>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.</p> <p>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.</p> <p>This Statute is not met as evidenced by:<br/>Based on observation and interview, the facility failed to provide a remote manual stop station for generator in accordance with NFPA 110 section 5.6.5.6. This deficiency affected all residents in the facility on the day of survey.</p> <p>Findings Include:</p> <p>At 9:30 AM, observation revealed during the building inspection tour on 9/26/24 revealed facility did not have a remote, distant manual stop for the neither of the two (2) generators.</p> <p>NFPA 110 5.6.5.6: All installations shall have a remote manual stop station of a type to prevent inadvertent or unintentional operation located outside the room housing the prime mover, where so installed, or elsewhere on the premises where the prime mover is located outside the building.</p> <p>The finding was acknowledged by the Administrator and Maintenance Supervisor</p> | M1245                                                                                   | <p>1. The Maintenance Director was in-serviced related to the regulation requirements for a remote stop at a location distant from the generators on September 26, 2024. The contractor providing maintenance and repair services for the generators was contacted on September 26, 2024 regarding the installation of a remote stop for the generators.</p> <p>2. All elders have the potential to be affected by this deficient practice.</p> <p>3. The Maintenance Director and the contractor providing maintenance and repair services for the generators will perform a test of the required remote stop function immediately following installation. The Maintenance Director will continue to test the remote stops monthly for the duration of the 4th quarter. They will be tested on a quarterly basis thereafter.</p> <p>4. A QAPI committee meeting will be held on October 18, 2024, to review and revise POC if additional concerns are identified. The POC will be reviewed at each monthly QA meeting thereafter until the close of</p> | 11/29/24                                               |

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

TITLE

(X6) DATE

Electronically Signed

10/10/24

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>MARTHA COKER GREEN HOUSE HOME</b> |                                                                                                                              | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2041 GRAND AVE<br/>YAZOO CITY, MS 39194</b> |                                                                                                                          |                                                        |
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| M1245                                                                    | Continued From page 1<br><br>verified this observation during the exit interview<br>on 9/26/24.                              | M1245                                                                                   | the 4th quarter.                                                                                                         |                                                        |