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
	41LM	A. BUILDING: **01 - 0101** B. WING _____	**09/10/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TUPELO NURSING AND REHABILITATION CENTER	**1901 BRIAR RIDGE ROAD TUPELO, MS 38804**

(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 the review of documentation, the facility failed to properly document records of testing the fire sprinkler system in accordance with NFPA 101 sections 9.7.5, 9.7.7, 9.7.8, and NFPA 25. This deficient practice had potential of affecting the entire facility on the day of facility survey. Findings include: On 9/10/24 at 11:45 AM, the facility could not produce the documentation for quarterly inspections of the fire sprinkler system for three (3) of four (4) quarters within the last calendar year.	M1245	Please consider this Plan of Correction as Tupelo Nursing and Rehabilitation Center LLC credible allegation of compliance. This Plan of Correction in response to the statement of deficiencies demonstrates our good faith and desire to continue to improve the quality of care and services rendered to our residents. This plan of correction constitutes a written allegation of substantial compliance under Federal Medicare & Medicaid requirements. 1.On September 10, 2024 an outside contractor was contacted regarding Quarterly Inspections of the Sprinkler System separate from Annual Inspections. The Quarterly Inspection was completed September 12, 2024 with the next service date scheduled December 1,2024. 2. All Residents residing in the facility have the potential to be affected.	9/12/24

Mississippi State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		09/25/24

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M1245	Continued From page 1	M1245	3. On September 16, 2024 the Executive Director in-serviced Maintenance Director and Maintenance Assistant on required Quarterly inspections of the fire sprinkler system, and properly documenting records of inspecting and testing in accordance with NFPA 101 sections 9.7.5, 9.7.7, 9.7.8, and NFPA 25. 4. The Maintenance Director will keep track of scheduled services, and upload documentation to the TELs system. The Executive Director will review TELs weekly for accuracy and compliance.	