

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 44WP	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 10/10/2024
NAME OF PROVIDER OR SUPPLIER THE WINDSOR PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 81 WINDSOR BOULEVARD COLUMBUS, MS 39702		
(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 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 the survey. Findings Include: On 10/10/24 at 10:45 AM, observation revealed the facility did not have a remote manual stop for the generator. 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 The finding was acknowledged by the Administrator and Maintenance Supervisor verified this observation during the exit interview on 10/10/24.	M1245	October 10, 2024, upon exit conference with State Agent, the Maintenance Director contacted a certified generator company and certified electrician regarding scheduling the installation of a remote exterior shut off switch for the facility generator. The remote shut off switch was scheduled for and installed on October 23, 2024. All residents have the potential to be affected by this practice. October 15, 2024, the Administrator initiated and completed an in-service with the maintenance staff on the importance and the requirement for the facility generator to have an outside remote shut off switch. Remote shut off switch was installed by certified generator company and certified electrician on October 23, 2024. Beginning October 23, 2024, and going forward indefinitely, Maintenance Director will test the remote shut off switch weekly during weekly routine generator inspections.	11/6/24

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

TITLE

(X6) DATE

Electronically Signed

10/29/24

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M1245	Continued From page 1	M1245	Beginning October 23, 2024, the Maintenance Director will conduct audits of the remote shut off switch, being present and working properly by testing its ability to shut the generator off, three (3) times per week for four (4) weeks, two (2) times per week for four (4) weeks, one (1) time per week for four (4) weeks, and two (2) times per month for one (1) month. Findings will be reported to the Quality Assurance Performance Improvement Committee beginning November 6, 2024, and continue for the next three (3) months and as needed for any recommendations, revisions, and/or resolutions.	