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
	18CR	A. BUILDING: **02 - BUILDING 02** B. WING _____	**10/23/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEDFORD CARE CENTER OF HATTIESBURG	**10 MEDICAL BOULEVARD HATTIESBURG, MS 39401**

(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 10/23/23 at 10:30 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 10/23/24.	M1245	1. The Maintenance Director contacted vendor on 10/23 to come and assess the current generator in order to have a remote manual stop station for the generator installed. The vendor will have this completed by 11/15/24. 2. All residents have the potential to be affected by this. 3. The Maintenance Director will monitor that this remote manual stop station is functioning properly beginning on 11/15/24 and continue for 3 months. 4. The Maintenance Director will begin the monitoring of this remote manual stop station and that it is functioning properly on 11/15/24 and continue monitoring for 3 months. The results of this monitoring will be presented to the Quality Assessment & Assurance Committee beginning on	11/21/24

Mississippi State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		11/08/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	18CR	A. BUILDING: **02 - BUILDING 02** B. WING _____	**10/23/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEDFORD CARE CENTER OF HATTIESBURG	**10 MEDICAL BOULEVARD HATTIESBURG, MS 39401**

(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	Continued From page 1	M1245	11/20/24 and continue for 3 months. The Quality Assesment & Assurance Committee will review, discuss and revise if needed. This will continue to be presented for 3 months.	