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
	31JC	A. BUILDING: **01** B. WING _____	**11/05/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JASPER COUNTY NH	**15 A SOUTH SIXTH STREET** **BAY SPRINGS, MS 39422**

(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 the potential of affecting the entire facility (54 residents) on the day of the facility survey. Findings include: On 11/5/24 at 9:45 AM, the facility could not produce the documentation for quarterly inspections of the fire sprinkler system for three (3) of four (4) quarters the calendar year 2024.	M1245	M1245 1. On 11/5/24, during the survey process it was identified that the facility failed to properly document a record of testing the fire sprinkler system in accordance with NFPA 101 sections 9.7.5, 9.7.7, 9.7.8 and NFPA 25. On 11/5/24 the DON/QAPI Nurse and Nursing Home Administrator inspected all resident□s rooms to ensure that no residents were affected by this deficient practice. On 11/20/24, Pye-Barker Fire and Safety was contacted and scheduled a quarterly fire sprinkler system inspection to be completed the week of 12/2/24. 2. All residents have the potential to be affected by this cited deficient practice. All residents on the facility census have the potential to be affected by this cited deficient practice 3. On 11/5/24, the Maintenance Director added the fire sprinkler system inspections to his quarterly task list to	12/26/24

Mississippi State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		11/26/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	31JC	A. BUILDING: **01** B. WING _____	**11/05/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JASPER COUNTY NH	**15 A SOUTH SIXTH STREET** **BAY SPRINGS, MS 39422**

(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	check to ensure the facility is compliant with the deficient practice. On 11/20/24, Pye Barker Fire and Safety, the company used for our fire and safety inspections, was notified to add quarterly fire sprinkler system inspections to the inspections already scheduled for this facility. 4. On Monday morning each week, the Maintenance Director will review his schedule to see if any inspections, regarding sprinklers, fire extinguishers, local fire department, etc., are due to be completed in that week so he can follow-up to ensure the inspections will be completed in a timely manner. The Maintenance Director will provide the DON/QAPI Nurse a written report to be submitted to the Quality Assurance Committee monthly and will include a list of Life Safety Code related items coming due for the next thirty days. The Quality Assurance Committee will monitor for negative findings monthly at least three months or until compliance for this deficient practice is achieved and maintained. Any negative findings will be reported and handled by the Nursing Home Administrator.	