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
	43HH	A. BUILDING: **01 - MAIN BUILDING 01** B. WING _____	**10/30/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAVEN HALL HEALTH CARE CENTER	**101 MILLS STREET** **BROOKHAVEN, MS 39601**

(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 observation, the facility failed to provide half hour rating in the smoke barrier wall in accordance with NFPA 101 sections 19.3.7.3 and 8.5.6.2. This standard deficiency affected four (4) of five (5) smoke compartments in the facility on the day of the Survey. Findings Include: On 10/30/24 at 9:30 AM, observation revealed unsealed holes around grey data cables at the following Smoke Walls: Main Hall Smoke Barrier Wall near Social Services Room East Wing Smoke Barrier Wall South Wing Smoke Barrier Wall These Smoke Barrier Walls were incapable of resisting the passage of smoke throughout the	M1245	Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth or the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provision of Federal and State Law. This plan of correction constitutes the facilities credible allegation of compliance. *No resident suffered any adverse effects from this deficient practice. *All residents have the potential to be affected by this deficient practice. *On November 1, 2024, facility maintenance director sealed all holes around grey data cables at smoke walls at the main hall smoke barrier near Social Services Room, East Wing Smoke Barrier Wall, and South Wing Smoke Barrier Wall.	12/5/24

Mississippi State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		11/14/24

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	43HH	A. BUILDING: **01 - MAIN BUILDING 01** B. WING _____	**10/30/2024**

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M1245	Continued From page 1 facility.	M1245	On November 13, 2024, Corporate Maintenance Director inspected all smoke barrier walls to ensure there are no unsealed holes. *On November 1, 2024, facility maintenance director the Administrator was educated by the Administrator on ensuring there are no unsealed holes at smoke walls related to NFPA 101 Subdivision of Building Spaces-Smoke Barrier (LSC 2012 Health Existing). *Beginning December 1, 2024, facility maintenance director will inspect smoke barrier walls monthly x 3 months to ensure there are no unsealed holes. Any adverse findings will be presented to the Quality Assurance and Performance Improvement Committee On November 19, 2024 for review and action, if indicated x 8 weeks.	