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
	41NM	A. BUILDING: **01 - MAIN BUILDING 01** B. WING _____	**01/06/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NMMC BALDWYN NURSING FACILITY	**739 4TH STREET SOUTH** **BALDWYN, MS 38824**

(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 observations and record review, the facility failed to meet Standard for the Inspection, Testing and Maintenance of the Water-Based Fire Protection System components as required by NFPA 25, 5.2.1. The deficient practice had the potential to affect the entire facility on the day of survey. Findings Include: On 1/6/25 at 12:30 PM, observation and record review revealed the facility failed to provide the Annual inspection of the fire sprinkler system of the last year of 2024 and/or current year of 2025. The last known date was red tag on the sprinkler riser on 3/31/23. The finding was acknowledged by the Administrator and Maintenance Supervisor verified this observation during the exit interview on 1/6/25.	M1245	1.Corrective action was initiated on 1/6/2025 at which time the Facility's Operation Manager contacted Fireline. Fireline scheduled a facility sprinkler system inspection to be completed on 1/8/2025. 2.The facility identifies all residents as having the potential to be affected. 3.The Facility Operations Manager scheduled annual sprinkler system inspections to occur annually. The Facility Operations Manager also placed a scheduled electronic work order reminder in the facility's electronic work order system. 4.The results based from verbal exit from the State Survey Team will be reported to the Quality Assurance and Performance Improvement (QAPI) Committee on 1/28/2025. These rounds/results along with the written statement of deficiencies report (CMS-2567) were up for review at our QAPI follow-up meeting on 1/28/2025. Recommendations from this committee were implemented as required and will be monitored until compliance is achieved	2/15/25

Mississippi State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		01/20/25

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M1245	Continued From page 1	M1245	and will be reviewed on-going.	