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
	24LA	A. BUILDING: **01 - MAIN BUILDING 0101** B. WING ______	**04/02/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKEVIEW NURSING CENTER	**16411 ROBINSON ROAD** **GULFPORT, MS 39503**

(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 record review, the facility failed to provide a properly maintained fire alarm system as required by NFPA 72 Table 14.3.1 and section 14.4.5.3.2. This deficiency affected the entire facility on the day of the survey. Findings include: On 4/2/25 at 10:00 AM, observation and record review revealed the facility was unable to provide the current year 2025 documentation of annual and sensitivity inspection of the fire alarm system. The finding was acknowledged by the Administrator and Maintenance Supervisor verified this observation during the exit interview on 4/2/25.	M1245	1.The facility failed to provide a properly maintained fire alarm system as required by NFPA 72 Table 14.3.1 and section 14.4.5.3.2. This deficiency affected the entire facility on the day of the survey 4/2/25. 2. All residents are at risk for this deficient practice. 3. All current staff will receive a directed in-service on fire drill policy beginning on 4/17/25 and will be completed by 4/30/25, by staff development coordinator. Maintenance department was in-serviced on fire drill policy on 4/17/25. 4. The Maintenance Director is responsible for conducting fire drills. E-Fire Southern is responsible for annual inspection and testing of the fire alarm system. Documentation of the fire drills and annual inspection and testing, will be maintained by Quality Assurance (QA) office and filed in the administrator's office.	5/13/25

Mississippi State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		04/21/25

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M1245	Continued From page 1	M1245	To ensure improvements are sustained QA nurse will review fire alarm inspection and maintenance log book biweekly for completion and present for review at the monthly QA meeting starting on 5/13/25 to make recommendations and changes as needed for three (3) months. 5. All corrective actions will be completed by 8/13/25.	