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
	64HH	A. BUILDING: **01 - MAIN BUILDING 01** B. WING _____	**04/15/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HILLCREST NURSING CENTER	**1401 FIRST AVENUE NORTHEAST** **MAGEE, MS 39111**

(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, the facility failed to have properly installed fire alarm control panel and system as per NFPA 101 section 9.6.6. The deficient practice affected all 89 residents in the facility on the day of the survey. Findings include: On 4/15/25 at 11:25 AM, observation revealed the fire alarm system was renovated and upgraded with a new panel. The fire alarm system did not meet the current NFPA 72 guidelines. Observation also revealed pull stations that were too far from the exit doors and missing smoke detectors at the smoke barrier doors of the facility. The fire alarm panel is a major component of the fire alarm system, so all the other components such as pull stations, and smoke detectors should have been upgraded.	M1245	Administrator contacted local vendor on 4/15/25, to get quote to properly install fire alarm control panel and system to meet NFPA 101 Section 9.6.6. Work completed on 4/28/25. All residents who reside in the facility have the potential to be affected. On 4/15/25, the Administrator in serviced the maintenance director regarding pull stations and smoke detectors not in close proximity to the exit doors and smoke barrier doors. On 4/30/25, A Quality Assessment (QA) was held to discuss findings from survey exit and systemic changes needed to ensure deficient practice does not reoccur. Beginning 4/28/25, the Maintenance Director will perform an audit weekly for 4 weeks and then monthly times 2 months to ensure fire alarm control panel and system is installed and functioning correctly. The QA Committee will review the audits on a monthly basis for 3 months	5/19/25

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M1245	Continued From page 1	M1245	to ensure ongoing compliance with F tag 761 beginning on May 19, 2025.	