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
	30RC	A. BUILDING: **01 - RIVER CHASE VILLAGE** B. WING _____	**02/05/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVER CHASE VILLAGE	**5090 GAUTIER VANCLEAVE ROAD** **GAUTIER, MS 39553**

(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 Table 2-1 and section 2-2.6 This deficient practice had potential of affecting the entire facility (54 residents) on the day of facility survey. Findings include: On 2/5/25 at 9:45 AM, the facility could not produce documentation for showing the correction of yellow findings from last year annual sprinkler inspection by the fire sprinkler company.	M1245	The following plan of correction is not intended to be an admission of guilt or used for any purpose other than the purpose stated herein. 1. On 2/6/2025, the Maintenance Director contacted S&S Sprinkler Company and Southern Fire for quotes on the correction of the yellow tags. 2. All residents may have the potential to be affected by the deficient practice. 3. On 2/6/2025, the Maintenance Director conducted an inspection of the sprinkler system to ensure that it continued to be fully operational. Upon the inspection, the sprinkler system was found to be working properly. On 2/7/2025, an in-service was conducted by the Administrator with the Maintenance Director on the proper routine testing and maintaining the sprinkler system. 4. The Maintenance Director will monitor the sprinkler system gauges weekly times four weeks then monthly times three months to ensure that the system remains fully operational. After the	2/24/25

Mississippi State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		02/24/25

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M1245	Continued From page 1	M1245	completion of the correction of the yellow tags, the Maintenance Director will ensure annual inspections are performed on system and corrections addressed immediately. Results of the Quality Assessment and Performance Improvement will be taken to Quality Assessment and Assurance Committee monthly times three months beginning 2/27/2025 ending 5/30/2025 for review and any systemic changes made as needed. The Quality Assessment and Assurance Committee meets at least quarterly or more often as needed. The revisions will be developed and approved by the Quality Assessment and Assurance Committee to ensure the Plan of Correction is achieved and sustained. A Quality Assurance meeting will be held on 2/27/2025. The next Quality Assurance meeting is tentatively scheduled for 5/29/2025. The Quality Assurance Committee includes but not limited to the Medical Director, Administrator, Director of Nursing, Infection Preventionist, and at least two members of the facility staff.	