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
	38BH	A. BUILDING: **01** B. WING _____	**05/19/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF MERIDIAN	**4728 HIGHWAY 39 NORTH** **MERIDIAN, MS 39301**

(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 and interviews, the facility failed to properly perform fire drills as per NFPA 101 section 19.7.1.2. The deficient practice affected all smoke compartments and residents in the facility on the day of the survey. Findings Include: On 5/19/25 at 11:30 AM, the facility could not provide complete and proper documentation of fire drills for the last calendar year 2024 and the 1st & 2nd quarters of 2025.	M1245	On 5/19/25 100 % audit done on documentation for fire drills for the last calendar year of 2024, and 1st and 2nd quarters of 2025 by Maintenance Manager. A fire drill was conducted on each shift between 5/29/25 and 5/30/25. 2) All residents of the facility have the potential to be affected by this deficient practice. 3) The Administrator in-serviced the Maintenance Director on 5/19/2025 on Fire Drill Policy, frequency of drills and proper documentation of drills. 4) To monitor the performance of our corrective actions and to ensure the sustainability, the Maintenance Director will conduct fire drills monthly on alternating shifts to ensure the drills are conducted quartedrly on all shifts and documentions will be provided for 3 months beginning ion 5/19/2025. Any negative findings will be brought to the QAPI meeting monthly for a minimum of three months, 6/23/2025 beginning for review and revision as necessary. The QAPI Committee will review the findings	6/23/25

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M1245	Continued From page 1	M1245	and determine if there is a need to alter our corrective action.	