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
	11CC	A. BUILDING: **01** B. WING _____	**06/18/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLAIBORNE COUNTY SENIOR CARE	**2124 OLD HWY 61 SOUTH** **PORT GIBSON, MS 39150**

(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 observation, the facility failed to provide half hour rating in the smoke barrier wall in accordance with NFPA 101 sections 19.3.7.3 and 8.5.6.2. This standard deficiency affected six (6) of seven (7) smoke compartments and 41 of 66 residents in the facility on the day of Survey. Findings Include: On 6/18/25 at 8:40 AM, observation revealed unsealed holes around blue data cables at the following smoke barrier walls of the facility: A Hall Smoke Barrier Wall C Hall Smoke Barrier Wall D Hall Smoke Barrier Wall These smoke barrier walls were incapable of resisting the passage of smoke throughout the facility.	M1245	On June 19, 2025, the Maintenance Supervisor sealed the holes around blue data cables on A Hall, C Hall, and D Hall smoke barrier walls to prevent the passage of smoke throughout the facility. All residents on A Hall, B Hall and C Hall have the potential to affected by this deficit practice. The Maintenance Director was in-serviced on the importance of ensuring that penetrations in smoke barrier walls were protected by a material capable of restricting the transfer of smoke on June 19, 2025 by the Administrator. The Maintenance Director will conduct a complete audit of all smoke barrier walls to ensure	7/27/25

Mississippi State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		07/09/25

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M1245	Continued From page 1 The findings were acknowledged by the Administrator and Maintenance Supervisor verified this observation during the exit interview on 6/18/25.	M1245	all penetration barriers remain intact monthly times three months to ensure that the facility remains in compliance beginning June 19, 2025. The Maintenance Director will report all findings to the Quality Assurance Committee monthly for three months beginning July 25, 2025.	