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
	73RR	A. BUILDING: **01 - BUILDING 0101** B. WING _____	**06/26/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW ALBANY HEALTH & REHAB CENTER	**118 SOUTH GLENFIELD ROAD NEW ALBANY, MS 38652**

(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 provide protect the cooking equipment in accordance with NFPA 96 Chapter 11 and NFPA 101 section 18.3.2.5.3 (10), Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, Section 10.6.2. The deficient practice affected all smoke compartments and residents in the facility on the day of survey. Findings Include: On 6/26/25 at 10:45 AM, observation and record review revealed the facility failed to produce the documentation showing the last two cleanings and inspections of the kitchen hood system for the current year 2025. The finding was acknowledged by the Administrator and Maintenance Supervisor verified this observation during the exit interview on 6/26/25.	M1245		7/2/25

Mississippi State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		07/02/25

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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