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
	56PH	A. BUILDING: **01 - MAIN BUILDING 01** B. WING _____	**05/06/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PERRY COUNTY NURSING CENTER	**202 BAY AVENUE WEST** **RICHTON, MS 39476**

(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 a generator required components as in accordance to NFPA 110 section 5.6.6 and NFPA 99 section 6.4.1.1.17. The deficient practice affected the entire facility on the day of the survey. Findings include: On 5/6/25 at 1:45 PM, observation revealed the generator lacked a hard-wired, remote annunciator panel in a constantly monitored location of the facility (ex. Nurses station or receptionist desk ...). Also, during the survey, it was mentioned that the centralized computer system cannot substitute or suffice as hard-wired generator annunciator panel.	M1245	*On May 13, 2025, Taylor Power Systems conducted an inspection of the facility's generator. Immediate steps were taken to order a hard-wired, remote annunciator panel for existing generator to be placed and installed outside the generator room in a location that is continuously observed by facility staff, which is located at the Nursing station. The annunciator is hard-wired to monitor all required conditions of the essential electrical system per NFPA 1105.6.6. *All residents have the potential to be affected by this deficient practice. *On May 8, 2025, the facility's Maintenance Supervisor was in-serviced by the facility Administrator on CMS guidelines regarding National Fire Protection Association(NFPA) 110 section 5.6.6 and (NFPA) 99 section 6.4.1.1.17. *Starting May 30, 2025, the facility Maintenance Supervisor will verify and assess the annunciator's visibility,	5/31/25

Mississippi State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		05/20/25

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M1245	Continued From page 1	M1245	location, and functionality three times a week for four weeks and then weekly for two months to ensure ongoing compliance with tag M1245. The QA & A meeting will be held on May 30, 2025.	