

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 31JC	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 12/12/2019
NAME OF PROVIDER OR SUPPLIER JASPER CO NH		STREET ADDRESS, CITY, STATE, ZIP CODE 15 A SOUTH SIXTH STREET BAY SPRINGS, MS 39422			
(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
M 000	Initial Comments The State Agency (SA) conducted an annual recertification survey in the facility from 12/09/2019 to 12/12/2019. During the survey the SA determined the facility was in compliance with The Minimum Standards for the Institute for the Aged and Infirm. No deficiencies cited. At the time of the survey, the facility had a census of 106. The facility has a license for 110 beds.	M 000			

Mississippi State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

01/13/20

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 31JC	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 12/12/2019
NAME OF PROVIDER OR SUPPLIER JASPER CO NH		STREET ADDRESS, CITY, STATE, ZIP CODE 15 A SOUTH SIXTH STREET BAY SPRINGS, MS 39422		
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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 document review, the facility failed to properly test the emergency generator as per NFPA 110 section 8.4.2. The deficient practice affected all 116 residents in the facility on day of survey. Findings include: During document review on December 12, 2019 at 11:50 AM, the facility could not provide documentation showing the monthly load tests of the generator during the last calendar year of 2019.	M1245	1-6-2020 No residents were found to be affected by the deficient practice. All 110 residents have the potential to be affected by the deficient practice. Load test conducted and documented on 12-11-2019 and 1-6-2020 by the maintenance director. Load test will be completed and documented on a monthly basis by maintenance personnel. Maintenance personnel in-serviced on this policy. Generator load test will be reported to the QA team until compliance is achieved. Supporting documentation attached.	1/8/20

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01/08/20