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
	20GE	A. BUILDING: **01 - GEORGE REGIONAL HEALTH AND REHABILITATION** B. WING _____	**09/15/2021**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GEORGE REGIONAL HEALTH & REHAB CENTER	**859 WINTER ST** **LUCEDALE, MS 39452**

(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 Based on the observation and document review, the facility failed to meet Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection System components as required by NFPA 25, section 5.2.1. The deficient practice had potential to affect the entire facility on the day of survey. Findings Include: On 9/15/21 at 1:15 AM, observation and documentation revealed the facility was unable to provide the documentation of the annual and quarterly tests for the fire sprinkler system for the present year (2021). The finding was acknowledged by the Administrator and Maintenance Supervisor verified this observation during the exit interview on 9/15/21	M 000		

Mississippi State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 12/15/21