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
	30PL	A. BUILDING: **01 - MAIN BUILDING 01** B. WING _____	**02/23/2021**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLAZA COMMUNITY LIVING CENTER	**4403 HOSPITAL ROAD** **PASCAGOULA, MS 39581**

(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 243	140.01 Date of Construction and Life Safety C 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 maintain a complete manual fire alarm system as directed by NFPA 72 Chapter 10, and NFPA 101 section 9.6. The deficient practice affected all seven (7) smoke compartments and 101 residents in facility on the day of survey. Findings Include: On 2/23/21 at 10:20 AM, observation revealed a "trouble signal" on the fire alarm system panel in the facility. The fire alarm system panel read "unable to detect two (2) malfunctioning smoke detectors" in the facility. The Maintenance Supervisor stated the fire alarm company had been contacted correct the trouble signal issue. The finding was acknowledged by the Administrator and Maintenance Supervisor verified this observation during the exit interview on 2/23/21.	M 243	This plan of correction constitutes a written allegation of compliance for the deficiencies cited. Submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet the requirements established by the State and Federal law. 1. The fire alarm panel system and components, to include the two malfunctioning smoke detectors, in the facility were inspected by Southern Fire on March 9, 2021. As shown on the invoice dated March 22, 2021 from Southern Fire, they replaced the malfunctioning smoke detectors and replaced the module on the heat detector panel to put the fire alarm system panel showing normal operations. 2. All residents in the facility have the	3/22/21

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PLAZA COMMUNITY LIVING CENTER	**4403 HOSPITAL ROAD** **PASCAGOULA, MS 39581**

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M 243	Continued From page 1	M 243	potential to be affected by this practice. 3. The facility used Southern Fire to inspect and repair the fire alarm system panel and smoke detectors. This company will serve as a back up to current company, American Fire, to service the facility's fire alarm panel system and smoke detectors if needed. 4. The Maintenance Director or Administrator will conduct weekly Life Safety rounds of the facility's fire alarm system to monitor compliance and assure that the fire alarm system is functioning at a normal capacity. 5. Weekly Life Safety rounds will begin the week of March 22, 2021. The results of the rounds will be reviewed at the facility's Quality Assurance Performance Improvement meeting monthly to monitor compliance for a period of 12 months to end on March 21, 2022.	