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
	MS45SI	A. BUILDING: **01 - ST. CATHERINE S VILLAGE SIENA CENTER** B. WING _____	**05/02/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST CATHERINE'S VLG/SIENA CTR	**200 DOMINICAN DRIVE** **MADISON, MS 39110**

(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 facility must meet the applicable provisions of the 2000 (existing) Edition of the Life Safety Code (LSC) of the National Fire Protection Association (NFPA) ...	M 000		
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: Part I Based on observation, the facility failed to properly maintain exit egress as per NFPA 101 section 19.2.2.2.6. This deficiency affected one (1) of 11 exits in the Sienna Building on the day of survey. Findings include: Observations on May 2, 2018 at 12:40 PM revealed a fence blocking and obstructing the means of egress from the exit near Room S116 of the facility. Part II Based on record review and interviews with staff, the facility failed to properly insure the operability of the sprinkler system as required by NFPA 25	M1245		

Mississippi State Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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M1245	Continued From page 1 Table 2-1 and NFPA 25 section 2-2.6. This deficiency affected the entire Sienna Building and Hughes Center on the day of survey. Findings include: On May 2, 2018 at 1:10 AM, the facility could not provide quarterly inspections documentation for the fire sprinkler systems in the Sienna Building and Hughes Center.	M1245		