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
	21MM	A. BUILDING: **01 - MAIN BUILDING 01** B. WING _____	**10/23/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEAKESVILLE REHABILITATION AND NURSIN	**1300 MELODY LANE/PO BOX 640 LEAKESVILLE, MS 39451**

(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 record review and interviews, the facility failed to properly perform fire drills as per NFPA 101 section 19.7.1.2. This deficiency affected all residents in the facility on the day of survey. Findings include: On October 23, 2019 at 10:20 AM, observation revealed the facility could not provide documentation of a fire drill conducted for any shift in the following yearly quarters: 1. 4th quarter of 2018 2. 1st quarter of 2019 3. 2nd quarter of 2019 Fire drills shall be conducted one per shift per quarter of the last calendar/ current year.	M1245	1. On 10/23/19 the missing fire drills were identified and it was noted that the facility had made corrective measures and 3rd quarter Fire Drill of 2019 had been completed. 2. On 10/23/19 an in-service was conducted by the Administrator for all Maintenance Employees on Fire Drills and Timing of Fire Drills. 3. The Maintenance Director will conduct Quarterly Fire Drills. The Maintenance Director will report and submit each Quarterly Fire Drill to the Administrator to ensure compliance. 4. The Administrator will report each Quarterly Fire Drill to the Quality Assurance Committee on a quarterly basis for review for compliance and to make any needed up dates or needed changes.	11/15/19

Mississippi State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		11/15/19