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
	24LA	A. BUILDING: **01 - MAIN BUILDING 0101** B. WING _____	**09/16/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKEVIEW NURSING CENTER	**16411 ROBINSON ROAD GULFPORT, MS 39503**

(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 the review of documentation, the facility failed to properly document records of testing the generator annually as directed by NFPA 99 sections 6.4.4.1.1.3 and 6.4.4.2. This deficient practice had potential of affecting the entire facility on the day of facility survey. Findings include: On 9/16/19 at 9:15 AM, the facility could not produce most the documentation for monthly load test and weekly inspection of the generator with the last calendar year of 2018 and 2019. The finding was acknowledged by the Administrator verified this observation during the exit interview on 9/16/19. The Administrator stated most the documentation for monthly load test and weekly inspection of the generator were disposed and thrown away.	M1245	* Maintenance was in-serviced on 09/30/19 on document retention. Maintenance has been instructed to turn all current and future paperwork pertaining to the generator testing in to the Administrator for proper record keeping. In-service is attached. ** All residents have the potential to be affected by this same deficient practice. *** The Maintenance Record Book will be kept in the Administrators office. No paperwork will be disposed of or thrown away without the express approval of the Administrator. The Administrator and Maintenance personnel will review the book monthly for accuracy of paperwork. **** QA will monitor the Maintenance Record Book monthly for 6 months for correct documentation of weekly and monthly load tests of the generator and bring their findings to the QA monthly meeting for review and recommendations.	10/2/19

Mississippi State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		10/17/19