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
	53TC	A. BUILDING: _____ B. WING _____	11/14/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARRINGTON, LLC D/B/A THE CARRINGTON	307 REED RD STARKVILLE, MS 39759

(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 State Agency (SA) conducted an annual recertification along with complaints, MS #15923 and MS #15979 from 11/12/19 to 11/14/19. During the survey, the SA determined that the facility was in compliance with the Mississippi Regulations for Minimum Standards for Institutions for Aged or Infirm. The SA did not substantiate MS #15923 for abuse and neglect and did not substantiate MS #15979 related to accidents with injury. The Census at the time of the survey was 55, with a bed capacity of 60.	M 000		

Mississippi State Department of Health

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

Electronically Signed | 12/04/19

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	53TC	A. BUILDING: **01 - THE CARRINGTON** B. WING _____	**11/21/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARRINGTON, LLC D/B/A THE CARRINGTON	**307 REED RD STARKVILLE, MS 39759**

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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 observations, the facility failed to properly protect all the generator required components as directed by NFPA 110 section 5.6.6 and NFPA 99 section 6.4.1.1.17. This deficiency had the potential to affect all residents in the facility at the time of survey. Findings include: On November 21, 2019 at 10:50 AM, observation revealed the annunciator panel was incapable and inoperable of sending signals and warning to the generator operating in the facility. The annunciator panel was in a continuous supervised location of the facility.	M1245	I. What correction action will be accomplished to protect all the generator required components found to have been affected by the alleged deficient practice? On November 21, 2019, the facility notified TAYLOR Power Systems of the failure of the remote annunciator to send signals and warning to the generator operating in the facility. The remote annunciator panel replaced 11/27/2019 by TAYLOR Power Systems. II. Steps taken to identify other residents having the potential to be affected by the same alleged deficient practice. Every resident in the facility has the potential to be affected by this alleged deficiency. III. What Measures will be put into place or systemic changes made to ensure that the deficient practice will not recur? Maintenance Director in-serviced by Mark	12/13/19

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	53TC	A. BUILDING: **01 - THE CARRINGTON** B. WING _____	**11/21/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARRINGTON, LLC D/B/A THE CARRINGTON	**307 REED RD** **STARKVILLE, MS 39759**

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M1245	Continued From page 1	M1245	Jett from Taylor Power Systems on November 27, 2019 of the procedure in order to test the remote annunciator for proper functioning. Maintenance Director will perform and document weekly test for three months to ensure the annunciator is capable and operable of sending signals and warning to the generator operating in the facility starting 11/27/2019. IV. Monitoring the corrective actions through the Quality Assurance Program to ensure that the alleged deficient practice does not recur. Nursing Home Administrator will audit test findings for four weeks, then monthly for two months beginning December 6, 2019. Test findings will be presented monthly to the Quality Assurance Committee for three months for further review and recommendations to ensure ongoing compliance beginning December, 2019. Quality Assurance Committee to determine need for further review thereafter.	