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
	65RA	A. BUILDING: **01 - MAIN BUILDING 01** B. WING _____	**02/12/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MS CARE CENTER OF RALEIGH	**309 MAGNOLIA DR/HIGHWAY 35 SOUTH RALEIGH, MS 39153**

(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 observation and testing the fire alarm system, the facility failed to provide automatic sprinkler system supervisory signals in accordance by NFPA 101 Chapter 9.7.2.1, NFPA 72 Chapter 17.12.2. The deficient practice affected three (3) of three (3) smoke compartments and 113 of 113 residents in facility on the day of survey. Findings Include: During testing on 2-12-19 at 10:15AM, observation revealed the initiate of the fire sprinkler system (via inspector test valve) did not activate the fire alarm system. The fire sprinkler system was incapable of activating the fire alarm system within the minimum requirement of 90 seconds. Two (2) sprinkler inspector valve tests were performed for the time durations of 340 seconds and 235 seconds. The finding was acknowledged by the Administrator and Maintenance Supervisor verified this observation during the exit interview on 2-12-19.	M1245	1. After issues with water pressure from the City of Raleigh and adjusting the new flow valve installed by American Fire and Safety Company, the facility fire sprinkler system is working properly as of 2/15/19. Due to systems continued false alarm readings, fire watches were put in place from 2/14/19 to 2/15/19. 2. All residents have the potential to be affected by deficient practice 3. Maintenance staff will perform monthly test to ensure the fire sprinkler system activates the fire alarm system. Monthly test will be on-going X 4 months, then quarterly. 4. Maintenance Director will present Monthly Sprinkler system check to Safety Committee and QAPI Committee to ensure continued compliance.	2/15/19

Mississippi State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		02/27/19