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
	02WH	A. BUILDING: _____ B. WING _____	07/02/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WHITFIELD NURSING HOME	2101 EAST PROPER STREET CORINTH, MS 38834

(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 Survey at the facility from 06/30/19 to 07/02/19. During the survey, the SA determined the facility was in compliance with the requirements of participation for the Minimum Standards for the Aged or Infirm. No health deficiencies were cited. The facility was licensed for 44 beds, and had a census of 27 at the time of the survey.	M 000		

Mississippi State Department of Health

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

Electronically Signed | 08/05/19

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
	02WH	A. BUILDING: **01 - MAIN BUILDING 01** B. WING _____	**07/01/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WHITFIELD NURSING HOME	**2101 EAST PROPER STREET CORINTH, MS 38834**

(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: Level II Based on record review and interviews, the facility failed to properly insure the operability of the sprinkler system as required by NFPA 25 table 5.1.1.2 and Table 2-1. This deficient practice affected all residents in the facility at the time of survey. Findings include: On 7/1/19 at 11:30 AM, observation and record review revealed the facility could not provide a current annual inspection documentation for fire sprinkler system. The finding was acknowledged by the Administrator and Maintenance Supervisor during the exit interview on 7/1/19.	M1245	a) On 7/1/19 the administrator notified State Systems of need for annual sprinkler inspection. State Systems came and completed annual sprinkler inspection on 7/2/19. b) All resident's have the potential to be affected by not having current sprinkler inspection. c) State Systems conducted an annual sprinkler inspection on 7/2/19. Annual Fire Systems inspection log generated with all fire systems to show last annual or semi-annual inspection date to include next due date. Annual Fire System log will be maintained by the Administrator for quick reference for annual due dates for follow up with inspection agencies. d) Administrator will report on upcoming and completed fire systems inspections to the Quality Assurance (QA) committee. The QA committee will review reports and make recommendations as needed.	8/5/19