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
	41LM	A. BUILDING: **01 - 0101** B. WING _____	C **02/28/2022**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TUPELO NURSING AND REHABILITATION CENTER	**1901 BRIAR RIDGE ROAD TUPELO, MS 38804**

(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 observations the facility failed to provide the required 30-minute fire resistance rating for smoke barrier walls in accordance with NFPA 101 sections 19.3.7.3, 8.5, 8.5.6. This deficiency affected two (2) of the six (6) compartments and all 93 residents in the facility on day of survey. On February 28, 2022, at 10:10 AM, observation revealed the ceiling in the facility was being used as 30-minute smoke barrier. Observation also revealed no smoke barrier compartmentation and the following deficiencies in smoke barrier ceiling in the facility: 1. A 36" X 30" opening in the smoke barrier ceiling in Room #A-8 of the facility 2. A 12" X 12" square hole cut in the smoke barrier ceiling in Room #C-6 of the facility 3. A 4' X 2' X 1' (feet) in the smoke barrier ceiling in Room #C-6 of the facility 4. The wood beams and plywood were also exposed in Room #C-6 of the facility 5. An 8" X 4" hole in the smoke barrier ceiling in Activity Room of the facility	M1245	Please consider this Plan of Correction as Tupelo Nursing and Rehabilitation Center LLC credible allegation of compliance. This Plan of Correction in response to the statement of deficiencies demonstrates our good faith and desire to continue to improve the quality of care and services rendered to our residents. This plan of correction constitutes a written allegation of substantial compliance under Federal Medicare & Medicaid requirements. 1.The facility contracted services with Serv Pro on 3/2/2022 to do a complete abatement of rooms A8 and C6. Mold abatement was completed on rooms A8 and C6 and closed off to prevent accessibility to rooms until roof replacement completed. Nations Roof scheduled to start roof replacement 4/19/2022. Serv Pro initiated extreme abatement to rooms A8 and C6 3/16/2022, post remediated rooms are not in use.	4/15/22

Mississippi State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		03/23/22

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	41LM	A. BUILDING: **01 - 0101** B. WING _____	C **02/28/2022**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TUPELO NURSING AND REHABILITATION CENTER	**1901 BRIAR RIDGE ROAD TUPELO, MS 38804**

(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	Continued From page 1 The finding was acknowledged by the Administrator and Maintenance Supervisor verified this observation during the exit interview on February 28, 2022.	M1245	Rebuild will be completed after new roof has been completed. All repairs to be completed by 6/30/2022. The 8"x4" hole in the smoke barrier ceiling in Activity Room of the facility was repaired by Maintenance Director on 3/4/2022. 2. All residents residing in the facility have the potential to be affected. 3.Administrator completed education with Maintenance Director on 3/15/2022 on the importance of ensuring that smoke barrier walls are in accordance with NFPA , and any fire wall or ceiling penetrations' will be corrected by maintenance to ensure smoke barriers are intact. 4. Beginning week of 3/7/2022 the Quality Improvement (QI) team will conduct room inspections three times per week times three months to ensure no further breaches in smoke barriers and remediated rooms remain leak free. Any finding will be immediately reported to Maintenance Director for repairs. Results of the audits will be reviewed by the Executive Director weekly and presented to the Quality Assurance committee monthly. The Quality Assurance committee will determine the frequency or discontinue of audits based upon results achieved. Date of compliance: 4/15/2022	