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
	80TC	A. BUILDING: **01 - MAIN BUILDING 01** B. WING _____	**02/23/2022**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOUISVILLE HEALTHCARE LLC	**543 EAST MAIN STREET** **LOUISVILLE, MS 39339**

(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 records review, the facility failed to provide a properly maintained fire alarm system as required by NFPA 72 Table 14.3.1. This deficiency standard deficiency affected entire facility on the day of survey. Findings include: On 2/23/22, at 10:00 AM, observation revealed a trouble signal on the main annunciator panel of the fire alarm system in the facility. Record review also revealed the trouble signal on the annunciator panel were for two (2) smoke detectors and a positive Earth ground of the fire alarm system in the facility. The finding was acknowledged by the Administrator and Maintenance Supervisor verified this observation during the exit interview on 2/23/22.	M1245	Louisville Healthcare Acknowledges Receipt of the Statement of Deficiencies And proposes this Plan of Correction as Required by Federal and State regulations And statutes applicable to long term care Providers. This plan does not constitute An admission of liability on the part of the Facility, and such liability is hereby Specifically denied. The submission of this Plan does not constitute an agreement by the facility that the surveyor's findings or Conclusions are accurate, that the findings Constitute a deficiency, or the scope or Severity regarding any of the deficiencies Cited are correctly applied. m1245 On 3/1/2022, Tyco SimplexGrinnell came to the facility to replace the m1-11 smoke detector. Spare smoke head was also received from the contractor. Johnson Controls has given facility a	3/24/22

Mississippi State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		03/09/22

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M1245	Continued From page 1	M1245	quote to replace the existing 4010 fire alarm panel due to system has an internal earth ground and parts are no longer available for current system. All areas of the building may have Potentially been affected Maintenance Director will test fire system weekly until replaced for proper function. Facility will continue to test and Maintain its fire alarm system in Accordance with an approved Program complying with NFPA 70 And NFPA 72. The maintenance director will report to the Quality Assurance program committee quarterly. All new recommendations will be followed through Completion date: 03/24/2022	