STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255276	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**04/08/2022**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE MADISON HEALTH AND REHAB	**111 KELLY BLVD** **MADISON, MS 39110**

(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) COMPLETION DATE
K 000	INITIAL COMMENTS 42 CFR 483.70(a) This facility was surveyed under the Centers for Medicare Medicaid Services (CMS) COVID-19 Emergency Declaration Blanket 1135 Waivers for Health Care Provider. The facility must meet the applicable provisions of the 2012 (existing) Edition of the Life Safety Code (LSC) of the National Fire Protection Association (NFPA) ...	K 000		
K 918 SS=F	Electrical Systems - Essential Electric Syste CFR(s): NFPA 101 Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of	K 918		4/8/22

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		04/29/2022

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255276	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**04/08/2022**

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THE MADISON HEALTH AND REHAB	**111 KELLY BLVD** **MADISON, MS 39110**

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K 918	Continued From page 1 maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70) This REQUIREMENT is not met as evidenced by: Based on the observation and document review, the facility failed to provide the generator in accordance with NFPA 110 section 4.1. This standard deficiency affected entire facility on the day of the survey. Findings include: While testing the generator on 4/6/22 at 10:45 AM, observation revealed the generator failed to transfer power to the facility within 10 seconds. On 4/6/22 at 11:00 AM, the facility contacted a generator contractor and scheduled an appointment for 4/7/22 to fix the generator. Another observation and testing conducted on 4/8/22 at 11:00 revealed the generator was able to transfer power to the facility in 8 seconds. The finding was acknowledged by the Administrator and Maintenance Supervisor verified this observation during the exit interview on 4/6/22 and 4/8/22.	K 918	On April 6, 2022, the Maintenance Supervisor contacted Caterpillar to schedule repairs to generator. On April 6, 2022, a service technician made needed repairs to generator to allow transfer power from generator to facility within 10 seconds. All residents residing in facility had the potential to be affected. The generator will be ran and checked weekly, on Mondays, by the Maintenance Supervisor to ensure that the generator transfers powers to the facility within 10 seconds. The Maintenance Supervisor will continue to run and check generator every Monday to ensure that the generator transfers powers to the facility within 10 seconds. Any issues with the generator will be addressed immediately by the Maintenance Supervisor. The Maintenance Supervisor will schedule any maintenance or repairs immediately as necessary to allow transfer power from generator to facility within 10 seconds.	

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THE MADISON HEALTH AND REHAB	**111 KELLY BLVD** **MADISON, MS 39110**

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K 918	Continued From page 2	K 918	Any issues will be brought by the Maintenance Supervisor to the weekly Quality Assurance Committee for recommendations and oversight.	