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
	17LD	A. BUILDING: **01 - MAIN BUILDING 01** B. WING _____	**05/05/2022**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LANDMARK OF DESOTO	**3068 NAIL ROAD WEST** **HORN LAKE, MS 38637**

(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 maintain a complete manual fire alarm system as directed by NFPA 72 Chapter 10, and NFPA 101 section 9.6. The deficient practice affected all smoke compartments and all 47 residents in facility on the day of survey. Findings Include: On 5/5/22 at 9:20 AM, observation revealed a "trouble signal" for tamper switch on the fire alarm system panel in the facility. The Maintenance Supervisor was unable to reset the fire alarm panel to "normal" mode. The finding was acknowledged by the Administrator and Maintenance Supervisor verified this observation during the exit interview on 5/5/22.	M1245	Fire alarm panel was reset to normal mode on 05/05/22 by facility sprinkler repair contractor after schedule repairs were completed. All residents have the potential to be affected by the this deficient practice. On 05/05/2022 facility sprinkler repair contractor and Maintenance Supervisor conducted facility rounds to ensure that fire panel was in proper condition and showing normal mode. Maintenance supervisor was in-serviced on 05/05/2022 by Administrator and Facility Sprinkler repair contractor regarding fire panel. Beginning 05/16/2022 the Administrator or Maintenance supervisor will visually observe facility fire panel 5 times a week for two weeks then weekly for one month to ensure panel is showing normal mode. Any issues identified will be reported to Quality Assessment and Assurance Committee Meeting beginning May 26, 2022. Concerns identified regarding	6/2/22

Mississippi State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		05/18/22

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
	17LD	A. BUILDING: **01 - MAIN BUILDING 01** B. WING _____	**05/05/2022**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LANDMARK OF DESOTO	**3068 NAIL ROAD WEST** **HORN LAKE, MS 38637**

(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	M1245	K-341 will be addressed and the corrective action plan revised if needed.	