

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 67CI	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/10/2022
NAME OF PROVIDER OR SUPPLIER INDIANOLA REHABILITATION AND HEALTHCARE CEI		STREET ADDRESS, CITY, STATE, ZIP CODE 401 HIGHWAY 82 WEST INDIANOLA, MS 38751		
(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 the review of documentation, the facility failed to properly document records of testing the generator annually as directed by NFPA 99 sections 6.4.4.1.1.3 and 6.4.4.2. This deficient practice had potential of affecting the entire facility on the day of the survey. Findings Include: On 5/10/22 at 10:30 AM, observation and documentation review revealed that the facility failed to provide documentation showing the current 2022 annual testing of the generator in the facility. The finding was acknowledged by the Administrator and Maintenance Supervisor verified this observation during the exit interview on 5/10/22.	M1245	K918 1. On May 10, 2022, Taylor Power was contacted by the Administrator to schedule the annual load bank test for year 2022. On May 16, 2022, Taylor Power technician arrived and completed the annual load bank test. 2. An audit of the Life Safety Compliance binder was completed by the Maintenance Director on May 17, 2022, to ensure all supporting documentation for monthly and annual load bank test for facility compliance. No issues identified. 3. Maintenance Director was in-serviced 1:1 by the Administrator on May 13, 2022 to ensure that monthly and annual generator test and inspections are performed timely and documentation received to ensure the facility is in compliance. 4. Maintenance Director will set a calendar reminder to self for annual inspections due	5/17/22

Mississippi State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

06/07/22

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NAME OF PROVIDER OR SUPPLIER INDIANOLA REHABILITATION AND HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 401 HIGHWAY 82 WEST INDIANOLA, MS 38751		
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M1245	Continued From page 1	M1245	dates. Maintenance Director will follow up with vendor weekly once inspection is scheduled with vendor to ensure the inspection is preformed timely and supporting documentation is received at facility level once inspection is complete. Findings will be reported to the Quality Assurance Committee for further interventions. The ADM is responsible for ongoing monitoring and overall compliance. Date of Compliance 5/17/2022	