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
	06CH	A. BUILDING: **01 - MAIN BUILDING 01** B. WING _____	**06/28/2022**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLEVELAND NURSING AND REHABILITATION CENTE	**4036 HIGHWAY 8 EAST CLEVELAND, MS 38732**

(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 had potential to effect entire facility on the day of the survey. Findings Include: On 6/28/22 at 9:50 AM, observation revealed a "trouble signal" on the fire alarm system panel in the facility. The Maintenance Supervisor was unable to reset the fire alarm panel to "normal" mode. The fire alarm system will still functional and able to be initiated by all fire alarm system components (pull stations, smoke detectors, sprinkler systems, and etc.). The finding was acknowledged by the Administrator and Maintenance Supervisor verified this observation during the exit interview on 6/28/22.	M1245	1. Facility was immediately placed on Fire Watch on 6/28/22 at 9:45 AM until 6/29/22 at 2:30 PM. The Mississippi State Department of Health was notified of Fire Watch on 6/28/22 at 9:50 AM by Kathy Conrod, Executive Director. Systronic Systems replaced dual zone model in control panel and bypassed part of sprinkler tamper circuit on 6/29/22 and sprinkler system was back functioning. 2. All residents had the potential to be affected. 3. All staff in-serviced on Fire Watch beginning 6/28/22 and ending on 6/30/22 by the Maintenance Director and Staff Development Nurse. 4. Starting 7/14/22, the maintenance director will test sprinkler weekly x 4 weeks, then monthly and test the fire alarm system weekly. Any concerns will be immediately addressed. The results of the audit will be forwarded to the Executive Director beginning on 7/22/22. The Executive Director will forward the results of the audits to the monthly Quality Assurance and Performance Improvement	8/11/22

Mississippi State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		07/21/22

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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M1245	Continued From page 1	M1245	(QAPI) committee on 8/4/22. The monthly QAPI committee will determine the frequency and continuation of the audits based on the results achieved and make recommendations as needed.	