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
	25CI	A. BUILDING: **01 - MAIN BUILDING 01** B. WING _____	**07/14/2022**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODLANDS REHABILITATION AND HEALTHCARE C	**102 WOODCHASE PARK DRIVE CLINTON, MS 39056**

(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 7/12/22 at 10:50 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 7/12/22.	M1245	1.Southeastern Sprinkler was notified of the trouble shooting on 7/12/2022 and repairs were initiated to ensure the trouble signal was corrected. 2.Each of the 132 residents in the facility on July 12, 2022 had the potential to be affected. 3.Inservice was completed on 7/15/2022 by the Administrator for all staff in regards to reporting abnormal lights or sound coming from alarm panel to the Maintenance Director and Administrator. 4.Maintenance Director will make daily rounds on panel for the first 4 weeks and then weekly for three months.	8/15/22

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 07/29/22