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 |
|---|---|---|---|
| | 67RH | A. BUILDING: **01 - MAIN BUILDING 01**<br>B. WING _____ | **07/12/2022** |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **RULEVILLE NURSING AND REHABILITATION CENTEI** | **800 STANSEL DR**<br>**RULEVILLE, MS 38771** |

| (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...<br><br>Date of Construction and Life Safety Code Compliance.<br><br>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.<br><br>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.<br><br>This Statute is not met as evidenced by:<br>Based on the observation and document review, the facility failed to provide the Fire Alarm in accordance with NFPA 72 Table 14.4.3.2 (27). This standard deficiency affected entire facility on the day of the survey.<br><br>Findings include:<br><br>On 7/12/22 at 11:30 AM, observation revealed the facility failed to provide an annual inspection and sensitivity testing documentation for fire alarm system for last calendar year of 2021.<br><br>The finding was acknowledged by the Administrator and Maintenance Supervisor verified this observation during the exit interview on 7/12/22. | M1245 | 1. Systronic Systems conducted an annual fire alarm inspection and sensitivity testing on 07/29/2022. A certificate of compliance was issued to the facility on 07/29/2022 as evidence of compliance to verify the fire alarm panel was working properly and the sensitivity test was completed.<br><br>2. All residents have the potential to be affected.<br><br>3. All Maintenance staff was in-serviced on preventive maintenance by the Executive Director on 07/27/2022 ending on 07/27/2022.<br><br>4. The Maintenance Director scheduled an annual fire alarm inspection and sensitivity test with Systronic Systems to be completed. The next annual fire alarm inspection and will be scheduled on 07/29/2023. Any concerns with the fire alarm system will be immediately addressed by the Maintenance Director. The Executive Director will forward concerns and corrections to the next | 8/2/22 |

Mississippi State Department of Health

| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
|---|---|---|
| Electronically Signed | | 08/02/22 |

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|---|---|---|---|---|
| M1245 | Continued From page 1 | M1245 | Quality Assurance Committee meeting for further recommendations as needed. The next Quality Assurance Committee meeting will be held on 08/19/2022. | |