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
	44TH	A. BUILDING: _____ B. WING _____	03/21/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRINITY HEALTHCARE CENTER	230 AIRLINE ROAD COLUMBUS, MS 39702

(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
M 000	Initial Comments The State Agency (SA) conducted an annual recertification survey at the facility from 3/19/19 to 3/19/19. During the survey, the SA determined the facility was in compliance with the Minimum Standards for the Aged or Infirmed. No health deficiencies were cited. At the time of survey, the census was 56, and the facility held a license for 60 beds.	M 000		

Mississippi State Department of Health

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

Electronically Signed | 04/12/19

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	44TH	A. BUILDING: **01 - MAIN BUILDING 01** B. WING _____	**03/20/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRINITY HEALTHCARE CENTER	**230 AIRLINE ROAD COLUMBUS, MS 39702**

(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 observation and testing the fire alarm system, the facility failed to provide automatic sprinkler system supervisory signals in accordance by NFPA 101 Chapter 9.7.2.1, NFPA 72 Chapter 17.12.2. The deficient practice affected three (3) of three (3) smoke compartments and all residents in facility on the day of survey. Findings include: During testing on 3/20/19 at 10:45 AM, observation revealed the initiate of the fire sprinkler system (via inspector test valve) did not activate the fire alarm system. The fire sprinkler system was incapable of activating the fire alarm system within the minimum requirement of 90 seconds. The sprinkler inspector valve test was performed for the time duration of 149 seconds. The finding was acknowledged by the Administrator and Maintenance Supervisor verified this observation during the exit interview on 3/20/19.	M1245	This plan of correction in response to the Statement of Deficiencies demonstrates our good Faith and desire to continue to improve the quality of care and services rendered to our elders. However, the answers do not constitute an admission that the citations are accurate in any respect The Plan of Correction constitutes a written allegation of substantial compliance with Federal Medicare and Medicaid requirements K 352 The facility will meet the applicable provisions of the 2012 Edition of the Life Safety Code (LSC) of the National Fire Protection Association (NFPA) 1. The facility contacted the vendor (P&M Automatic Fire Protection) on 03/21/2019 and requested service for the sprinkler system to determine the cause of the delay to the fire alarm system. P&M came to the facility and observed there were dirt dauber nest in the outside drain	4/12/19

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	44TH	A. BUILDING: **01 - MAIN BUILDING 01** B. WING _____	**03/20/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRINITY HEALTHCARE CENTER	**230 AIRLINE ROAD** **COLUMBUS, MS 39702**

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M1245	Continued From page 1	M1245	fittings on the inspectors test valve. The nest were removed and the system was checked 4 times to ensure proper function. The alarm delay time did not exceed 39.2 seconds. 2. All Elders have the potential to be affected by this deficient practice. 3. The facility Maintenance Director will monitor the inspectors test valve, weekly for 4 weeks to ensure proper function and the fire alarm engages in less than 90 seconds. The system will then be checked monthly to ensure that the fire alarm engages in less than 90 seconds. The sensor will be checked visually to ensure there are no insect next present. This plan of correction is integrated into the quality assurance system. QA committee will monitor at the next QA meeting for continued compliance. Completion Date: April 12, 2019 Responsible person: Maintenance Director	