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
	61WG	A. BUILDING: _____ B. WING _____	04/25/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WISTERIA GARDENS	5420 HIGHWAY 80 EAST PEARL, MS 39208

(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) determined during an annual recertification survey conducted on 4/25/19, the facility was in compliance for State Licensure requirements. No deficiencies were cited.	M 000		

Mississippi State Department of Health

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

Electronically Signed | 05/10/19

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
	61WG	A. BUILDING: **1A - WISTERIA GARDENS** B. WING _____	**04/25/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WISTERIA GARDENS	**5420 HIGHWAY 80 EAST PEARL, MS 39208**

(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 facility failed to provide a generator that transfer power to the facility within 10 seconds in accordance NFPA 110. This deficient practice has the potential to affect the entire facility on day of facility survey. Findings include: While testing the generator on April 25, 2019 at 12:50 PM, observation revealed the generator failed to transfer power to the facility within 10 seconds. The generator transferred power to the facility in 13.13 seconds. The findings were acknowledged by the Administrator and the Maintenance Director verified this observation during the exit interview on 4-25-19.	M1245	1). Taylor Power Systems came to facility to correct the generator time frame from 13.13 to the required 10 seconds on 05/03/19. 2). All residents have the capabilities of being affected by the deficient practice. The time it takes for generator to engage will be documented at least monthly to insure generator engages within the required 10 second time frame. 3). Administrator or designee will review documentation to insure documentation is completed as required. Any incident in which the generator does not meet requirements will be reported to the proper repair professionals for repair as soon as possible. 4). Generator time to meet the 10 second engagement will be made a part of our Quality Assurance Committee that meets quarterly. Any infractions will be reported to the proper repair authorities.	5/15/19

Mississippi State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		05/14/19