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
	16AL	A. BUILDING: **01 - ARRINGTON LIVING CENTER** B. WING _____	**09/13/2022**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARRINGTON LIVING CENTER	**701 SOUTH HOLLY STREET** **COLLINS, MS 39428**

(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 provide 20-minute fire resistance rating smoke barrier door in accordance with NFPA 101 sections 19.3.7.6, 19.3.7.8, and 19.3.7.9. This standard deficiency affected entire facility on day of survey. On 9/13/2022 at 10:30 AM, observation revealed the 100 Hall smoke barrier wall doors of the facility did not properly close and latch upon activation of the fire alarm and sprinkler systems. The finding was acknowledged by the Administrator and verified by the Maintenance Supervisor during the exit interview.	M1245	1. Immediate Action Taken for the Residents found to have been affected " Arrington Living Center contacted B & E Communications on Tuesday, September 13, the day of Life Safety survey, to repair issue with 100 Hall smoke barrier wall doors. Repairs were completed on Tuesday, September 13. The door release relay had malfunctioned and was replaced. 2. Identification of other residents having the potential to be affected was accomplished by: " All residents had the potential to be affected by the smoke barrier wall doors of 100 Hall not closing properly. 3. Actions taken/systems put into place to reduce the risk of future occurrence include: " The Fire Drill evaluation form was updated on September 29, 2022, to include verification of smoke barrier doors release. (see attached) " The Fire Doors Inspection form was	9/14/22

Mississippi State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		09/29/22

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M1245	Continued From page 1	M1245	updated on September 29, 2022, to include verification of release and hold of smoke barrier doors. (see attached) 4. How corrective action will be monitored to ensure the practice will not occur. Monitoring of the smoke barrier wall doors was added to the fire drill reports. Facility will continue to monitor the fire doors monthly to ensure proper function and report on the Fire Door Inspection form. 5. Indicate the date(s) the corrective action(s) will be completed. The corrective action was completed on September 14, 2022.	