

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 44AA	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 11/08/2022
NAME OF PROVIDER OR SUPPLIER AURORA HEALTH AND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP CODE 310 EMERALD DRIVE 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 observations, the facility failed to protect hazardous area in accordance with NFPA 101 sections 19.3.2.1. This deficiency affected all smoke compartments in the building at the time of survey. Findings include: On 11/8/22 at 1:20 PM, observation revealed open holes in the walls and ceilings in the following hazardous areas of the facility: Hot Water Heater Room for Halls 1 and 2 Hot Water Heater Room for Halls 2 and 3 Hot Water Heater Room Hall 4 and Kitchen Hot Water Heater Room for Halls 5 and 6	M1245	1.The hole in the walls and ceilings in Hot Water Heater Room for Halls 1 and 2, Hot Water Heater Room for Halls 2 and 3, and Hot Water Heater Room for Hall 4 and Kitchen were repaired on 11/10/2022 by the Plant Operations Manager. The hole in the walls and ceiling in Hot Water Heater Room for Halls 5 and 6, will be repaired by a contractor by 12/21/2022. 2. All other Hot Water Heater Rooms were inspected by the POM on 11/14/2022 and found to be in compliance. 3. The Plant Operations Manager or Plant Operations Assistant will inspect all Hot Water Heater rooms monthly for open holes in the walls and ceiling. Any negative findings will be repaired immediately. 4. The Administrator will conduct 100% quality assurance audits to validate that the Hot Water Heater Rooms do not reveal any open holes in the walls or	12/21/22

Mississippi State Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

12/01/22

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 44AA	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 11/08/2022
NAME OF PROVIDER OR SUPPLIER AURORA HEALTH AND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP CODE 310 EMERALD DRIVE 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	Continued From page 1 These hazardous areas were incapable of resisting the passage of smoke throughout the facility. The finding was acknowledged by the Administrator and Maintenance Supervisor verified this observation during the exit interview on 11/8/22.	M1245	ceiling. Audits began on 11/14/2022 and will continue for the next 6 weeks or until the stated deficient practice has been resolved and/or until 100% compliance is achieved. Negative findings will be addressed immediately. Beginning 12/13/2022 and for the next 3 months, the Administrator will review the data obtained from the quality assurance audits, analyzing for patterns/trends and report monthly in the Quality Assurance/Performance Improvement meeting. The Quality Assurance/Performance Improvement Committee will make recommendations as needed.	