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
	09SR	A. BUILDING: _____ B. WING _____	07/26/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHEARER-RICHARDSON MEMORIAL NURSIN(	512 ROCKWELL DRIVE / PO BOX 420 OKOLONA, MS 38860

(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 along with complaints, MS #16038, MS# 15807 and MS# 16030 from 7/23/19 to 7/26/19. During the survey, the SA determined that the facility was in compliance with the requirements of participation in the Minimum Standards for the Aged or Infirm. The SA did not substantiate MS #16038 for allegations related to improper discharge. The SA did not substantiate MS #16030 for Residents Rights related to choices. The SA did not substantiate MS # 15807 for abuse and neglect. The census at the time of survey was 66, the facility held a license for 73 beds.	M 000		

Mississippi State Department of Health

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

Electronically Signed | 08/07/19

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	09SR	A. BUILDING: **01 - MAIN BUILDING 01** B. WING _____	**07/22/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHEARER-RICHARDSON MEMORIAL NURSIN(	**512 ROCKWELL DRIVE / PO BOX 420 OKOLONA, MS 38860**

(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 document review, the facility failed to properly test the emergency generator as per NFPA 110 8.4.2. This deficiency affected all 66 residents in the facility on the day or survey. Findings include: On July 23, 2019 at 11:30 AM, the facility was unable to provide adequate documentation of monthly load tests for the generator of the facility: 1. No monthly load test documentation of East generator for months of April 2019 and May 2019 2. No monthly load test documentation of West generator for months of March, April, May, and June 2019.	M1245	Both the East and West Side generators were tested under full load for at least 3o minutes on 7/25/19 to ensure proper working order of both generators. The lack of documentation to validate monthly generator testing could have affected 66 of 66 Residents. Both maintenance personnel were counseled by the Administrator on 7/26/2019 for the need and requirement to conduct monthly generator testing and recorded on the facility's generator testing log. The East Side generator was tested on 7/25/19, 7/31/19 and 8/7/19 under full load to ensure proper working order. The West Side generator was tested on 7/25/19 and 8/3/19. On 7/26/19 the Administrator gave both maintenance personnel a copy of the Fire Safety Survey Report-2012 Life Safety Code for healthcare with emphasis place on tag K918. The Administrator and/or the QA Nurse will review monthly generator testing logs to ensure ongoing compliance with monthly generator testing under full load	8/12/19

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Electronically Signed		08/12/19

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SHEARER-RICHARDSON MEMORIAL NURSIN(	**512 ROCKWELL DRIVE / PO BOX 420** **OKOLONA, MS 38860**

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M1245	Continued From page 1	M1245	for at least 30 minutes has been conducted. If noncompliance is identified by either parties, they will perform the appropriate testing of the generator and be responsible to develop a QAPI focus program to ensure ongoing compliance. The Administrator will be responsible to report any negative findings of the action of not completing monthly generator testing under full load to the Board of Trustees and the Quality Assurance and Assessment Committee at the next scheduled monthly meeting following the noted infraction.	