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
	59LM	A. BUILDING: **01 - LANDMARK NURSING AND REHAB CTR** B. WING _____	**12/14/2022**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LANDMARK NURSING AND REHAB CENTER	**100 LAUREN DRIVE** **BOONEVILLE, MS 38829**

(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 and review, the facility failed to annual inspect and test fire door assemblies in accordance with the NFPA 80 (2010 edition) section 5.2 (CMS S&C Letter 17-38). This deficiency affected all smoke compartments and all residents in the facility on the day of survey. Findings include: On 12/13/22 at 11:40 AM, observation and document review revealed the facility was unable to produce documentation for annual inspection of two (2) fire doors surrounding the business occupancy in the front of the facility. The finding was acknowledged by the Administrator and Maintenance Supervisor verified this observation during the exit interview on 12/13/22.	M1245	1. Maintenance Director notified E FIRE Inc. that is in Tupelo MS. Earliest scheduled date was set for December 20, 2022, for them to complete the inspection and testing of the fire doors located on each hall. 2. The facility has determined that residents on each hall that reside past the fire doors have the potential to be affected. 3. Inspection was completed on December 20th with no issues noted. The Maintenance Director added this to his calendar of regulatory things that needed to be completed on an annual basis. A copy of the inspection will be filed in his life safety binder. 4. The Quality Assurance Coordinator will review the Maintenance Director□s monthly inspection logs monthly for 3 consecutive months and then on a quarterly basis. If any issues are identified, they will be brought to with the QA	1/6/23

Mississippi State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		01/06/23

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M1245	Continued From page 1	M1245	committee for review.	