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
	53TC	A. BUILDING: **01 - THE CARRINGTON** B. WING _____	**01/17/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARRINGTON, LLC D/B/A THE CARRINGTON	**307 REED RD** **STARKVILLE, MS 39759**

(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 maintain the proper interior finish of the ceilings in accordance with NFPA 101 sections 19.3.3.1 and 19.3.3.2. This deficiency affected all 54 residents in the facility on the day of survey. Findings Include: During the building inspection on 1/17/23 at 1:30 PM, observation revealed the gypsum ceiling on the hallway near Room 301 and in Room 302, 211, and 103 of the facility had been replaced with non-fire rated oriented strand board (or OSB board). The OSB board was not fire retardant and there were holes and gaps in the ceiling. The Hallway near Room 301 and Rooms 302, 211, and 103 was incapable of resisting the passage of smoke throughout the facility. The facility maintenance supervisor stated the gypsum ceiling had been heavily damaged by leaks that were the result of frozen sprinkler pipes in the attic in 12/24/22. The unusual incident report was reported to MSDH on 12/24/22.	M1245	1. The facility now has proper interior finish of the ceilings in accordance with NFPA 101 sections 19.3.3.1 and 19.3.3.2. The facility contracted with Byrd & Cook Contrcators on January 18, 2023 to replace the non-fire rated board with fire rated sheetrock in the affected areas. This work was completed on January 30, 2023. 2. All residents were potentially affected by this deficient practice. 3. The facility contracted Byrd & Cook Contractors to removed non-fire rated ceiling in the damaged area and replace with fire rated sheetrock, finifsh, prime, and paint areas on January 18, 2023. The work was completed on January 30, 2023. 4. The Administrator and/or Maintenance Supervisor will make rounds once a week for three months and then monthly for six months to ensure that proper interior finishes of ceiling are maintained throughout the facility. This will begin on February 01, 2023 and ongoing through	2/10/23

Mississippi State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		01/31/23

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M1245	Continued From page 1	M1245	July 01, 2023. Any issues will be immediately addressed and will be brought to the Quality Assurance Committee.	