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
	44TH	A. BUILDING: **01 - MAIN BUILDING 01** B. WING _____	**03/08/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRINITY HEALTHCARE CENTER	**230 AIRLINE ROAD** **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 the review of documentation, the facility failed to properly document records of testing the generator annually as directed by NFPA 99 sections 6.4.4.1.1.3 and 6.4.4.2. This deficient practice had potential of affecting the entire facility on the day of facility survey. Findings include: On 3/8/23 at 11:30 AM, the facility could not produce documentation showing the current 2023 annual testing and service of the generator. The facility ' s last annual test of the generator was documented and performed January of 2022. The finding was acknowledged by the Administrator and Maintenance Supervisor during the exit interview on 3/8/23.	M1245	1. On March 8, 2023, the smoke barrier at 200 hall was sealed. 2. All residents of Trinity Healthcare Center were found to potentially be affected by the deficient practice. 3. As future practice, any new change such as moving cable lines will be checked by Maintenance Personnel at the completion of the work to ensure that the smoke barrier wall has no unsealed penetration. Any penetration found will be sealed immediately. Director of Maintenance checked smoke barrier walls throughout the building and found them to be sealed. 4. Director of Maintenance will add checking smoke barrier walls to his quarterly checklist to be completed in TELS. Results will be reported to Quality Assurance Committee.	3/22/23

Mississippi State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		03/24/23