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
	06OG	A. BUILDING: **01 - MAIN BUILDING 01** B. WING _____	**04/11/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAK GROVE RETIREMENT HOME	**209 OAK CIRCLE** **DUNCAN, MS 38740**

(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 a complete manual fire alarm system as directed by NFPA 72 Chapter 10, and NFPA 101 section 9.6. The deficient practice affected all smoke compartments and all 57 residents in facility on the day of survey. Findings Include: On 4/11/23 at 9:30 AM, observation revealed a "trouble signal" on the fire alarm system panel in the facility. The Maintenance Supervisor was unable to reset the fire alarm panel to "normal" mode. The finding was acknowledged by the Administrator and Maintenance Supervisor verified this observation during the exit interview on 4/11/23.	M1245	M 1245. Date of Construction & Life Safety 1. Correction action accomplished for alleged deficient practice: On 4/11/2023, a fire drill was conducted during annual survey and on the alarm, panel reveal trouble signal, the fire alarm panel was unable to be reset. Immediately on 4/11/2023, Johnson Control was notified, and a repair ticket placed for 911 on the fire panel and doors. On 4/11/2023, the facility was placed under Fire Watch monitoring with assigned staff members requiring every 30 minutes documentation. Johnson Control arrived 4/11/2023 with two repairmen to troubleshoot and repair Fire Alarm Panel troubles. Batteries in the Simplex 4007ES panel was replaced. The panel box continued to show trouble signal and the Johnson Control rep to return in the am with assistance. Johnson Control arrived 4/12/2023 and stated the doors installed by Stanley/Securitas Systems was the potential issue related to the door inability	5/25/23

Mississippi State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		05/09/23

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M1245	Continued From page 1	M1245	to release during activating and testing of the fire alarm and sprinkler systems On 4/12/2023, a 911 call was placed into Stanley/Securitas System for potential door repair causing fire alarm panel issues. On 4/14/2023 Stanley/Securitas System arrived and stated he was changing the relay switch, but Johnson Control must come back and reset the fire panel. On 4/14/2023 Johnson Control was called for an additional visit related to Securitas visit findings, fire panel continue to show trouble signal, and facility remaining under fire watch. On 4/17/2023 Johnson Control arrived and troubleshooting of south door, traced wiring to verify wiring configuration, programmed relay on card 4 (IO3), wired to added relay and performed a fire drill to test the system for proper operation. On 4/17/2023 The fire panel was clear of any trouble signals, fire drill performed, and doors released as required during fire drill and sprinkler system check. On 4/27/2023, facility contacted Life Safety and was instructed Fire Watch could be stopped. 2. All residents have potential to be affected by this deficient practice. 3. Measure put in place to ensure the alleged deficient practice does not reoccur. On 4/11/2023 and in-service of all staff was completed by the Administrator/Maintenance on fire panel not resetting, potential for alarms to go off, and thus the facility has been placed on Fire Watch until the doors are repaired. On 4/11/2023, Maintenance/staff was in	

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M1245	Continued From page 2	M1245	serviced by the Administrator on Fire Drills and notification of Administrator on any issues with the fire panel. All fire drills will be completed by the Maintenance Director to include the monitoring of the fire panel alarms. The Maintenance Director will report to the Administrator of any issues found during Fire Drill and Sprinkler system check will be repair immediately 4. The Maintenance Director will be responsible and ensure the deficient practice beginning 4/11/2023 has been corrected by having weekly x2, and then monthly fire drill and sprinkler system completed. The Administrator will review activation and testing of Fire Drill and Sprinkler system documentation and checking the fire panel for issues. All deficient findings will be followed up with the corporate office for proper planning toward repairs. The Administrator will report findings to the Quality Assurance Committee monthly that includes all the facility department leaders of the MD, ADM, DON, ADON, IP, MDS, MTN, SSD, DM, BOM, Rehab, and ACT on a monthly and quarterly basis in person/telephone. Quality Assurance will review findings and make recommendations for changes and/or revisions as needed.	