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
	30RC	A. BUILDING: **01 - RIVER CHASE VILLAGE** B. WING _____	**06/22/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVER CHASE VILLAGE	**5090 GAUTIER VANCLEAVE ROAD** **GAUTIER, MS 39553**

(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 observation and testing, the facility failed to maintain a generator in accordance NFPA 110. This deficient practice has the potential to affect the entire facility (all 59 residents) on day of facility survey. Findings include: While testing the generator on 6/22/23 at 11:15 AM, observation revealed "trouble signal" on the generator panel. The generator was still functionally and capable of transferring power to the facility within 10 seconds.	M1245	The following plan of correction is not intended to be an admission of guilt or used for any purpose other than the purpose stated herein. 1. On 6/22/2023 the Maintenance Director contacted generator company to service the backup generator. On 6/22/2023 it was determined that the “trouble signal” on the generator panel was due to the emergency shut down switch. On 6/23/2023 generator company was notified to order replacement emergency shut down switch. 2. All residents may have the potential to be affected by the deficient practice. 3. On 6/22/2023 an inspection of the emergency generator and backup generator was conducted by the Maintenance Director. On 6/26/2023 the Maintenance Director inspected generator and exercised under load 30 minutes successfully. On 6/27/2023 and in-service was conducted by Administrator on maintaining a generator. 4. The Maintenance Director will inspect the backup generator weekly beginning	7/20/23

Mississippi State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		07/11/23

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M1245	Continued From page 1	M1245	6/22/2023 and weekly thereafter. Results of Quality Assessment and Performance Improvement will be taken to Quality Assessment Assurance monthly times three months beginning 7/20/2023 ending 10/23/2023 for review and any systemic changes made as needed. The Quality Assessment and Assurance Committee meets as least quarterly or and more often as needed. The revisions will be developed and approved by the quality assessment and Assurance Committee to ensure the Plan of Correction is achieved and sustained. A quality Assurance meeting will be held 7/21/2023. The next Quality Assurance meeting is tentatively scheduled for 10/23/2023. The Quality Assurance Committee includes but is not limited to the Medical Director, Administrator, Director of Nursing, Infection Preventionist, and at least 2 members of the facility staff.	