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
	13DM	A. BUILDING: **01 - MAIN BUILDING** B. WING _____	**07/12/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DUGAN MEMORIAL HOME	**26894 EAST MAIN STREET** **WEST POINT, MS 39773**

(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
M 000	Initial Comments 42 CFR 483.70(a) The facility must meet the applicable provisions of the 2012 (existing) Edition of the Life Safety Code (LSC) of the National Fire Protection Association (NFPA).	M 000		
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 observation, the facility failed to provide electrical equipment in accordance with NFPA 99 Chapter 10. This standard deficiency affected two (2) of three (3) smoke compartments on the facility on the day of Survey. Findings Include: On 7/12/23 at 10:30 AM, observation revealed microwaves plugged and used in the electrical outlets in the following residents ' rooms of the facility: Resident Room # 6A	M1245	•Microwaves were unplugged and removed by maintenance staff from resident rooms #6, #9, #12, #23B, #32A on 07/12/2023. •All residents that had microwaves have the potential to be affected. •All residents and families of those with microwaves were contacted and updated on the removal and prohibition of microwaves by Social Services. Admission packet updated on 7/12/2023 to include microwaves on the prohibited item list. The interdisciplinary team was educated on the removal of microwaves and the update to the prohibited item list by the Administrator. •Quality Assurance Committee will meet	8/15/23

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M1245	Continued From page 1 Resident Room # 9A Resident Room # 12A Resident Room # 23B Resident Room # 32A The finding was acknowledged by the Administrator and Maintenance Supervisor verified this observation during the exit interview on 7/12/23.	M1245	monthly beginning 08/15/2022 and will assure no microwaves have entered into an resident's room.	