

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/22/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255307	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 07/26/2023
NAME OF PROVIDER OR SUPPLIER GOLDEN AGE NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 2901 HIGHWAY 82 EAST GREENWOOD, MS 38930		
(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) COMPLETION DATE	
K 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).	K 000			
K 916 SS=E	Electrical Systems - Essential Electric Syste CFR(s): NFPA 101 Electrical Systems - Essential Electric System Alarm Annunciator A remote annunciator that is storage battery powered is provided to operate outside of the generating room in a location readily observed by operating personnel. The annunciator is hard-wired to indicate alarm conditions of the emergency power source. A centralized computer system (e.g., building information system) is not to be substituted for the alarm annunciator. 6.4.1.1.17, 6.4.1.1.17.5 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on observations, the facility failed to provide all the generator required components as in accordance with NFPA 110 section 5.6.6 and NFPA 99 section 6.4.1.1.17. The deficient practice affected all 74 residents in facility on the day of survey. Findings include: On 7/26/23 at 10:50 AM, observation revealed the C Hall of the facility lacked a constantly	K 916	The Facility will install a Remote Annunciator which will be hard wired with storage battery power. The remote annunciator will be relocated to Green Wing Nursing Station for monitoring of the Emergency Generator. The facility has determined that all residents have the potential to be affected by the remote annunciator location. The facility will monitor the remote annunciator at Green Wing Nurse's Station for any malfunctions of the generator. The monitoring will provide	9/8/23	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

08/10/2023

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 916	Continued From page 1 monitored, generator remote annunciator panel. The present generator annunciator was on the Yellow Hall of the facility, which was currently unoccupied due to low census. The finding was acknowledged by the Maintenance Supervisor verified this observation during the exit interview on 7/26/23.	K 916	proper working equipment in case of an emergency for all residents. The remote annunciator will be permanently monitored by the Green Wing Nurse's station staff. The Maintenance Director will inspect the annunciator monthly to make sure the solution is sustained. The generator contractor will inspect during annual generator inspection for proper function.		