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
	24LA	A. BUILDING: **01 - MAIN BUILDING 0101** B. WING _____	**07/18/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKEVIEW NURSING CENTER	**16411 ROBINSON ROAD GULFPORT, MS 39503**

(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 record review, the facility failed to provide a properly maintained fire alarm system as required by NFPA 72 Table 14.3.1. This deficiency affected all 82 residents in the facility at the time of survey. Findings include: On 7/18/23 at 1:40 PM, observation and record review revealed a yellow tag on the master alarm panel of the fire alarm system. The facility was unable to provide the current year (2023) documentation of annual inspection of the fire alarm system. The finding was acknowledged by the Administrator and Maintenance Supervisor verified this observation during the exit interview on 7/18/23.	M1245	*On 7/18/23, The facility failed to provide documentation for current year (2023) annual inspection of the fire alarm system. Maintenance Supervisor obtained record of current year (2023) annual inspection from EFire dated for 6/28/23 on 7/21/23. **All residents are at risk for this same deficient practice. ***Maintenance will inform administrator of when annual inspection is complete and corresponding paperwork will be kept in the maintenance book in the administrator's office. ****Quality Assurance (QA) will monitor fire inspection reports for completion for a period of one year. QA will bring their findings to the monthly QA meeting for review and recommendations.	8/15/23

Mississippi State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		08/09/23