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
	50CH	A. BUILDING: **01 - MAIN BUILDING 01** B. WING _____	**08/23/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHOCTAW RESIDENTIAL CENTER	**135 RESIDENTIAL CENTER RD** **CHOCTAW, MS 39350**

(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 record review, the facility failed to provide a properly maintained fire alarm system as required by NFPA 72 Table 14.3.1 and section 14.4.5.3.2. This deficiency affected the entire facility on the day of survey. Findings include: On 8/23/23 at 11:00 AM, observation and record review revealed the facility was unable to provide the current year (2023) documentation of annual and sensitivity inspection of the fire alarm system. The last annual inspection of the fire alarm system was done by B&E Communications Inc. on 4/5/22.	M1245	A. The fire alarm system company was notified and they were at the facility on 8/28/2023 to inspect the system. Administrator spoke with service manager at the company and the company will put an alert into their system to automatically come to the facility prior to 8/28/2024 to inspect the fire alarm system. B. All residents of the facility have the potential to be effected by this alleged deficient practice. C. Am in service was held on 9/14/2023 with the Maintenance Director on the regulation that the fire alarm system has to inspected yearly. The Administrator will	10/5/23

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M1245	Continued From page 1 The finding was acknowledged by the Administrator and Maintenance Supervisor verified this observation during the exit interview on 8/23/23.	M1245	audit the Maintenance Director log prior to 8/28/2024 to ensure that the yearly inspection has been completed. The Maintenance Director will place into his log the date the repairs are done from the fire alarm inspection done on 8/28/2023 to ensure that needed repairs are completed. D. The Maintenance Director will report to the Quality Assurance/Performance Committee on 10/5/2023 that all requirements have been met and all repairs are completed to ensure consistent substantial compliance has been met.	