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
	17LD	A. BUILDING: **01 - MAIN BUILDING 01** B. WING _____	**08/16/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LANDMARK OF DESOTO	**3068 NAIL ROAD WEST** **HORN LAKE, MS 38637**

(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 have a properly installed bypass isolation switch for the generator as required by NFPA 110 chapter 6.4.4 and annex B. This deficiency affected all 54 residents in the facility at the time of survey. Findings include: On 8/16/23 at 12:20 PM, observation and testing revealed the generator lacked a bypass isolation switch to allow the load to be connected to either power source. The Maintenance Supervisor was unable to test transfer power for the generator of the facility. The finding was acknowledged by the Administrator and Maintenance Supervisor verified this observation during the exit interview on 8/16/23.	M1245	n 8/16/2023, the Administrator contacted an electrical contractor to obtained a time and date that a new bypass isolation switch could be installed properly. All residents have the potential to be affected by this deficient practice. On 8/17/2023, an in-service was conducted by the Administrator for all maintenance staff on the Life Safety Code for generators in Long Term Care facilities. The Maintenance Director contacted local Electrician Contractor on 09/11/23 for isolation switch installment Electrician completed an Emergency Automatic Transfer Verification of facility generator. The Electrician Contractor found that facility generator has no discrepancies in the operation of the automatic transfer switch.	9/18/23

Mississippi State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		09/05/23

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