PRINTED: 11/07/2024 FORM APPROVED

MSDH - Health Facilities Licensure and Certification

STREET ADDRESS, CITY, STATE, ZIP CODE  SHARKEY-ISSAQUENA NURSING HOME  SUMMARY STATEMENT OF DEFICIENCIES  CRAINED PREFIX TAG  SUMMARY STATEMENT OF DEFICIENCIES  SUMMARY STATEMENT OF DEFICIENCIES  ROLLING FORK, MS 39159  PROVIDER'S PLAN OF CORRECTION (EACH DEPICENCY MLS'S BE PRECEDED BY PLUL TAG  M1245  45.41.1 Date of Construction & Life Safety  M1245  A5.41.1 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 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 interview, the facility failed to provide a remote manual stop station for generator in accordance with NFPA 110 section 5.6.5.6. This deficiency affected all residents in the facility did not have a remote manual stop station for the generator.  NFPA 110 5.6.5.6: All installations shall have a remote manual stop station of a type to prevent inadvertent or unintentional operation located outside the room housing the prime mover, where so installed, or elsewhere on the premises where the prime mover is located outside the building.  The finding was acknowledged by the Administrator and Maintenance Supervisor verified this observation during the exit interview  STREET ADDRESS, CITY, STATE, ZIP CODE  431 WEST ROLES TREET  ROLLING FORK, MS 39159  PREFIX TAG  PROPRIORES  PROPRIORES  PROPRIORES  PROPRIORES  PROPRIORES  ID PROPRIOR  PREFIX TAG  PROPRIOR  PROPRIOR  PREFIX TAG  PROPRIOR  PREFIX TAG  PROPRIOR  PREFIX TAG	STATEMENT OF DEFICIENCIES (X1 AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′	(X2) MULTIPLE CONSTRUCTION  A. BUILDING: <b>01</b>		
SUMMARY STATEMENT OF DEFICIENCES   PRECED BY FULL   PREFIX TAG			63CI	B. WING		10/03/2024	
IXA   ID   SUMMARY STATEMENT OF DEFICIENCIES   SUMMARY STATEMENT OF DEFICIENCIES   PREETIX TAG	NAME OF P	ROVIDER OR SUPPLIER	STREET /	ADDRESS, CITY, ST	ATE, ZIP CODE		
ROLLING FORK, MS 39159    ROLLING FORK, MS 39159   PROVIDERS PLAN OF CORRECTION   PREFIX TAGE   PROVIDERS PLAN OF CORRECTION   PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION)   TAGE   PROVIDERS PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY	SHVDKE	ZISSAOHENA NHPSING	431 WE	ST RACE STREE	ĒΤ		
### REGUATORY OR LSC IDENTIFYING INFORMATION)  ### REGUATORY OR LSC IDENTIFYING INFORMATION)  ### REGUATORY OR LSC IDENTIFYING INFORMATION)  ### 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 interview, the facility failed to provide a remote manual stop station for generator in accordance with NFPA 110 section 5.6.5.6. This deficiency affected all residents in the facility on the day of survey.  Findings Include:  On 10/3/24 at 9:30 AM, Observation revealed facility did not have a remote manual stop tation of a type to prevent inadvertent or unintentional operation located outside the room housing the prime mover, where so installed, or elsewhere on the premises where the prime mover is located outside the building.  The finding was acknowledged by the Administrator and Maintenance Supervisor  #### CACH ORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO IN AGE CROSS-REFERENCED TO IN AG	SHARKE	1-133AQUENA NUKSING	ROLLIN	G FORK, MS 39	159	<u>,                                      </u>	
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on 10/3/24.  generator are performed on a weekly basis by the maintenance director, annual checks for the 4 hour generator run as well as the annual load bank test are on		Administrator and Ma verified this observation	nintenance Supervisor		generator are performed on a weekly basis by the maintenance director, an checks for the 4 hour generator run as	<b>3</b>	

10/23/24 **Electronically Signed** 

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED							
			A. BUILDING: <b>01</b>									
63CI			B. WING		10/03/2024							
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE												
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M1245	Continued From page	e 1	M1245	the monthly documentation. This will be audited for a minimum of 3 consecutive months by the nursing home administrator. The remote manual stobe tested and evaluated for proper working conditions. All monthly documentation reports will be turned in the QAPI committee for review and determination. If additional action is necessary the QAPI team will be responsible for ensuring that the corrections are made immediately and continued throughout. QAPI will meet 10/30/2024.	ve p will n to							

Mississippi State Department of Health

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