

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>63CI</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/03/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>SHARKEY-ISSAQUENA NURSING HOME</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>431 WEST RACE STREET ROLLING FORK, MS 39159</b>		
(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	<p>45.41.1 Date of Construction &amp; Life Safety...</p> <p>Date of Construction and Life Safety Code Compliance.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Findings Include:</p> <p>On 10/3/24 at 9:30 AM, Observation revealed facility did not have a remote manual stop for the generator.</p> <p>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.</p> <p>The finding was acknowledged by the Administrator and Maintenance Supervisor verified this observation during the exit interview on 10/3/24.</p>	M1245	<p>1. Upon Survey on 10/03/2024, our facility was found not having a remote manual stop station for the generator. It was immediately addressed by the maintenance director on 10/04/2024 where he scheduled the remote manual stop to be installed.</p> <p>2. These findings affect all residents in the facility.</p> <p>3. A new larger generator that is more capable of handling massive power outages was installed on 10/10/2024. With this installation a remote manual stop will be installed on the outside back wall of the building away from the generator by 10/31/2024.</p> <p>4. Written records and testing of the 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</p>	10/23/24

Mississippi State Department of Health  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

10/23/24

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M1245	Continued From page 1	M1245	the monthly documentation. This will be audited for a minimum of 3 consecutive months by the nursing home administrator. The remote manual stop will be tested and evaluated for proper working conditions. All monthly documentation reports will be turned in to 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 on 10/30/2024.	