

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/07/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>255220</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) COMPLETION DATE	
E 000	Initial Comments	E 000			
K 918 SS=F	<p><b>*EMERGENCY PREPAREDNESS*</b></p> <p>Survey conducted on 10/3/24 reveals the above facility meets all applicable Federal, State and local emergency preparedness requirements.</p> <p>Electrical Systems - Essential Electric Syste CFR(s): NFPA 101</p> <p>Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110.</p> <p>Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing</p>	K 918		10/23/24	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

10/23/2024

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 918	<p>Continued From page 1</p> <p>the possibility of damage of the emergency power source is a design consideration for new installations.</p> <p>6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>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>	K 918	<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 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</p>		

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K 918	Continued From page 2	K 918	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.		