	ILITION TICKET	MEDICAID SERVICES			OMB NO. 09	-
TATEMENT C	S FOR MEDICARE OF DEFICIENCIES CORRECTION	& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA (DENTIFICATION NUMBER:	(X2) MULT	IPLE CONSTRUCTION	(X3) DATE SURVE COMPLETED	
		25G003	B. WING		01/13/2	012
	OVIDER OR SUPPLIER			REET ADDRESS, CITY, STATE, ZIP COD 987 REGIONAL CENTER DRIVE DXFORD, MS 38655	É	
NOKIHIW				PROVIDER'S PLAN OF COR	RECTION	(X5)
(X4) ID PREFIX TAG	- ALL DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE ADDITIONAL DEFICIENCY)	SHOULD BE	DATE
	483.410(a)(1) GOV The governing bod budget, and operat	ERNING BODY y must exercise general policy, ing direction over the facility.	W 104	bedrooms/bathrooms will be cl completed by 02/09/12.	client eaned and	02/09/12
	Based on observation facility failed to make clean and in good of the c	s not met as evidenced by: tion and staff interview the intain one (1) of 10 cottages repair; related to rusty peeling dust and wax build-up around oughout the building (Cottage		in all cottages to ensure that si proper procedures for cleaning walls, sinks, and showers. This will also include types of clean to use. On going cottage checks and visits to cottage by Program Censure that cleaning issues ar promptly will take place.	all know baseboards, s in-service ing products follow-up pordinators to	02/24/12
	Findings include Observation on 1/1 environmental tour Supervisor (DCAS following findings: build-up in the day areas, on the base class room doors a	2/12 at 1:20 p.m. during with the Direct Care Advance in Cottage #16 revealed the thick blackish/grayish spots room, large/ small class rooms e-board and walls; the large and door frames were rusty several brownish stains spots		Quality Assurance Coordinate conduct monthly environments report to Resident Living and lany issues that need to be adding Paint/Rust The door frames and doors in classrooms and in client bedroom/bathrooms with paint are being repainted. Ceiling Tiles	Indicate and Engineering dressed. Iarge/small	02/10/12
W 436	on ceiling through areas of blackish g boards in the clien the residents' bath frames were rusty in the clients room were stained with DCAS confirmed ton 1/12/12 at 4:30 Qualified Mental Frevealed the hous the sinks and the	out the building. There were gray build up along the base ts' rooms. The bottom areas of room/shower room door and peeling paint. The sinks as and bath room/showers grayish build-up. Interview with the above findings. In p.m. interview with the Retardation Professional ekeeping staff usually cleans	W 43	The stained ceiling tiles through cottage are being replaced. The Engineering Department program called "Recurring Mathematics used to identify the courring work to try and performaintenance before repair program? In addition, regular are performed by Engineering Quality Assurance Coordinate monthly basis to identify main saues.	incorporates a intenance ify regularly orm ocedures are inspections and the or on a	02/10/1

Any deficiency statement ending with an asterliek (*) 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 of 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.

		4:04 PM administration	78 10		FAX NO. 6622341699	FORM	P. 05 APPROVED 0938-0391
STATEMENT	RS FOR MEDICARE OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A, BU	ILDING	LE CONSTRUCTION	(X3) DATE S COMPLE	URVEY TED
`		25G003	B. WII	NG		01/1	3/2012
	ROVIDER OR SUPPLIER	CF/MR		967	ET ADDRESS, CITY, STATE, ZIP CODE 7 REGIONAL CENTER DRIVE (FORD, MS 38655		
(X4) ID PREFIX TAG	VEACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREF TAG	200	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
W 436	Continued From page 1 The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. This STANDARD is not met as evidenced by: Based on observation and staff interview the facility failed to ensure Client #12 and Unsampled Client C's plate guard device was working properly during one (1) of 1 meal observed in Cottage #16.			436	daptive o, speech rep, ation rep) f the plate placement of the ds were he evening d that this e guards, at client using a te. 9/12 and 16/12.	02/16/12	
	admitted to the hor diagnoses which in Retardation, Depre Spastic Hemiplegia Observation on 1/1 lunch meal in Cott Care Advance Sup #12's food on a hi metal plate guard at the beginning of Cof the prongs camplate guard attached inside of the foeat and some of the plate on to the table Care Worker (DCV plate of food and the stand of the stand some of the plate of food and the stand some of the stand some of the plate of food and the stand some of the stand so	ealed that Client #12 was ne on 5/15/1989 with ncluded Profound Mental ession, Cerebral Palsy with a, and, Hypertension. 12/12 at 12:05 p.m. during the tage #16 revealed the Direct pervisor (DCAS) served Client gh-sided divided plate with a attached to the plate. During client #12's lunch meal two (2) the loose with one (1) side of the ted to the plate and the other tood. Client #12 continued to the food was spilling from the the Client #12 asked the Direct W) #1 at the table for another the DCAS served the client			An in-service will be complet 02/24/12 with cottage staff to them that we will begin using plate and discontinue the pla	inform a new	02/24/12

second with the plate guard attached to the

2/10/12

	ו-11-2012 שבט ט	4:05 PN adm stration			FHX NO. 657341698		P. U8
שברתווו	MILIMI OF TIEMPITE	DIAD LIGHTUM TELVIOLO				OMB NO	D938-0391
STATEMENT O	S FOR MEDICARE OF DEFICIENCIES CORRECTION	& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUIL		CONSTRUCTION	(X3) DATE SI COMPLE	
		25G003	B. WIN	G		01/1	3/2012
NAME OF PR	OVIDER OR SUPPLIER			STREET	ADDRESS, CITY, STATE, ZIP C EGIONAL CENTER DRIVE	CODE	
NORTH M	S REGIONAL CTR I	CF/MR			RD, MS 38655		
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	high-sided divided plate. Then Client #12 started eating the food from the plate and two (2) of the prongs came loose again with one (1) side of the plate guard attached to the plate and the other end was inside of the food on the plate. Interview with the DCW #1 confirmed the above findings. DCW #1 reported of not being aware of why the plate guard continued coming loose. Interview on 1/12/12 at 12:20 p.m. with DCAS revealed that sometimes when the clients scoops something with the spoon it may cause the plate guard to pop a loose. If the plate guard failed to stay attached to the plate, "we just continue to re-attach it to the plate during the meals".		W 4	36			
W 478	lunch meal in Cotta DCAS served Unsa elevated-sided divinguard attached to to the plate guard attached to the plate guard and was told "No" DCAS confirmed to the plate guards during mean to the plate guards during mean to the placed.	2/12 at 12:25 p.m. during the age #16 revealed that the ampled Client C's food on an ded plate with a metal plate the plate. During the meal two ame a loose with one (1) side attached to the plate and the the food on the client's plate, the plate guard and it came mpled C asked for more food per DCAS. Interview with the he above findings 12 at 5:00 p.m. with the letardation Professional ed Unsampled C's QMRP was roblem with the clients plate als. Also, the plate guards can	W	478		EP)	

00	T-17-2012 WED	04:05 PM adm:-istration			FAX NO. 6622341699		P. 09
	,_,,, _, ,,_,,_,	TO MADE FRANKING AND TO THE				FORM	APPROVED 0938-0391
STATEMENT	CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			TIPLE C	ONSTRUCTION	(X3) DATE SU COMPLE	RVEY
	a)	25G003	B. WING			01/13	3/2012
	ROVIDER OR SUPPLIER		S	967 RE	DDRESS, CITY, STATE, ZIP CODE GIONAL CENTER DRIVE RD, MS 38655		
(X4) ID PREFIX TAG	VENCH DEFICIENT	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRE- (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	DULD BE 1	COMPLETION DATE
W 478	Cantinued From p	page 3	W 47	e F	Please see attached letter		02/10/12
	Menus must provi meal.	de a variety of foods at each					
	This STANDARD is not met as evidenced by: Based on observation and staff interview the facility falled to provide or offer a food substitute when Unampled Client A and Unsampled Client B refused to eat the food items served on their meals trays during one (1) of one (1) meal observed in Cottage #16						
	Findings include						
	Record review revealed that Unsampled Client A was admitted to the home on 3/1/2000 with diagnoses which included Profound Mental Retardation, Pervasive Developmental, and Seizure Disorder. Review of Unsampled Client A's 2012 Doctor's Orders revealed an order "Diet: Regular, chopped as needed encourage second servings, prune juice, hot cereal, Shasta at lunch, snack at 10 a.m. & 3 p.m., peanut butter is allowed" Record review revealed Unsampled Client A was nonverbal, no known food allergies, with the primary mode of communication, gestures, facial expressions, and Independently obtaining desired items						
					*		
	lunch meal in Co Care Advance Su Unsampled Clier	/12/12 at 12:15 p.m. during the tage #16 revealed the Direct pervisor (DCAS) served at A the following food items; Casserole, Yam Patty, Roll, and			E1)	

00	CT-17-2012 WED (04:05 PM adm' stration			FAX NO. 6622341699		P. 10
						FORM	APPROVED
	TO TOP MEDICAR	& MEDICAID SERVICES					. 0938-0391
TATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT		NSTRUCTION	(X3) DATE S	SURVEY ETED
		25G003	B. WING			01/	13/2012
NAME OF B	PROVIDER OR SUPPLIER		s	TREETA	DDRESS, CITY, STATE, ZIP COL	DE	
					GIONAL CENTER DRIVE		
NORTH	MS REGIONAL CTR			OXFO	RD, MS 38655	RECTION	(X5)
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W 478	Tropical Fruit, with Water. The client of drank the Diet Collaware that Unsam other food items list The staff failed to Client A with a foomeal. Unsampled table until he was Interview on 1/12/revealed that Unseater. DCAS state substitute food items stimes, then we may bietician (RD) awas substitute food items stimes, then we may bietician (RD) awas substitute food items and he will get a substitute food	a Diet Cola and a cup of only ate the Yam Patty and a. DCW #1 made the DCAS pled Client A refused to eat the sted above on the meal tray. offer or provide Unsampled of substitute during the lunch Client A stayed at the meal	W 47	8 P	ease see attached let	ter.	02/10/12
	the RD revealed to food item available receives a food so food item served least three(3) time about letting me know that the food item substitute food item.	hat there were no substitute in the cottages. A client substitute after refusing to eat a on the menus several times (at the staff are good know. The RD stated that ems come only from the kitchen food items are served on the				2/10/12	2

CENTERS FOR MEDICARE & MEDICALD SERVICES COMBINO, 0339-0351 INTERENT OF DEFICIENCIES INTERENT OF DEFICIENCIES INTERENT OF DEFICIENCIES INTERENT OF CORRECTION INTERENT O			04:06 PM adm [:] 'stration			FAX NO. 6622341699	FORM	P. 11
TATEMENT OF DEFICIENCIES NO PLAN OF CORRECTION DISTRICTION DESCRIPTION OF CONNECTION DESCRIPTION DESCRIPTION OF CONNECTION OF CONNECTION DESCRIPTION OF CONNECTION OF	HEIM	INILITI OI IILALIII	A MEDICALD SERVICES	•			OMB NO	0938-0391
AME OF PROVIDER OR SUPPLIER NORTH MS REGIONAL CTR ICP/MR XAN D	TATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA			NSTRUCTION		
ORTH MS REGIONAL CTRICP/MR ORTH MS REGIONAL CTRICP/MR SUMMARY STATEMENT OF DEFICIENCIES GACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFING INFORMATION) W 478 Continued From page 5 menus again. The clients have to wait until snack time during the PM if they refused to eat the lunch meal. Chicken/Broccoil Casserole was a new item served on the menus. The RD stated "I was not made aware of Unsampled Client C of not eating Chicken/Broccoil Casserole." The RD stated that there were no soups or sandwiches are available in the cottages unless pervious arranges were made with the kitchen; and the staff can give the clients double vegetables or fruits if they refused to eat a food items served on the menus. Unsampled Client B Record review revealed that Unsampled Client B was admitted to the home on 7/28/1977 with diagnoses which included Profound Mental Retardation, Autistic Disorder, and Seizure Disorder, There were no known food allergies. Review of Unsampled Client B's 2012 Doctor's Orders revealed an order "Diet. Regular, no second servings, choccolate milk at breakfast, skim at lunch and supper, sugar-free jello at lunch and supper, low-fat sausage at to reharkfast, low calonies snack at 8 p.m., peanut butter is allowed" Record review revealed Unsampled Client B's communicates through limited speech, gestures, and by independently obtaining what he wants. Observation on 1/12/12 at 12:22 p.m. during the lunch meal in Cottage #16 revealed Unsampled Client B was in the serving line with a meal tray and the DCAS placed a plastic bag with 2 sandwiches on the tray. The client passed the plastic bag with the sandwiches on the tray. The client passed the plastic bag with the sandwiches on the tray. The client passed the plastic bag with 2 sandwiches on the tray. The client passed the plastic bag with 1 sandwiches on the tray. The client passed the plastic bag with 2 sandwiches on the tray. The client passed the			25G003	B. WIN	VG		01/1	3/2012
NORTH MS REGIONAL CTRICF/MR SAME AND STATEMENT OF DESCRIPTIONS SAFETY OF DESCRIPTIONS SAF	NAME OF P	PROVIDER OR SUPPLIER					DE	
CASIDE CASIDERIC CASIDERITE CASIDERI			CF/MR		The second of the second	The state of the s		
W 478 Continued From page 5 menus again. The clients have to wait until snack time during the PM if they refused to eat the lunch meal. Chicken/Broccoil Casserole was a new item served on the menus. The RD stated: "I was not made aware of Unsampled Client C of not eating Chicken/Broccoil Casserole." The RD stated that there were no soups or sandwiches are available in the cottages unless pervious arranges were made with the kitchen; and the staff can give the clients double vegetables or fruits if they refused to eat a food items served on the menus. Unsampled Client B Record review revealed that Unsampled Client B was admitted to the home on 7/28/1977 with diagnoses which included Profound Mental Retardation, Autistic Disorder, and Seizure Disorder,. There were no known food allergies. Review of Unsampled Client B's 2012 Doctor's Orders revealed an order "Dlet: Regular, no second servings, chocolate milk at breakfast, skim at surnch and supper, low-fat sausage at breakfast, low calories snack at 8 p.m., peanut butter is allowed" Record review revealed Unsampled Client B's communicates through limited speech, gestures, and by independently obtaining what he wants. Observation on 1/12/12 at 12:22 p.m. during the lunch meal in Cottage #16 revealed Unsampled Client B was in the serving line with a meal tray and the DCAS placed a plastic bag with 2 sandwiches on the tray. The client passed the plastic bag with the sandwiches back to the	PREFIX	VEACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION ROSS-REFERENCED TO THE	SHOULD BE	
PAY CMS 2557(02-99) Provious Versions Obsolete Event ID: PTEI11 IF incliffy ID MSN4QX If continuation sheet Page 6 of 7	W 478	menus again. The time during the PM meal. Chicken/Bro item served on the not made aware of eating Chicken/Bro stated that there we are available in the arranges were mad staff can give the clfruits if they refused the menus. Unsampled Client Record review reve was admitted to the diagnoses which in Retardation, Autistin Disorder, There we Review of Unsamp Orders revealed and second servings, cliskim at lunch and supper, I low calories snack allowed" Record review reversements through the pendent of the pe	clients have to wait until snack if they refused to eat the lunch ccoli Casserole was a new menus. The RD stated: "I was Unsampled Client C of not ccoli Casserole." The RD ere no soups or sandwiches cottages unless pervious le with the kitchen; and the lients double vegetables or it to eat a food items served on to eat a food items served on clients double vegetables or it to eat a food items served on clients double vegetables or it to eat a food items served on clients double vegetables or it to eat a food items served on clients double vegetables or it to eat a food items served on clients and Seizure ere no known food allergies. Ited Client B's 2012 Doctor's corder "Diet: Regular, no chocolate milk at breakfast, supper, sugar-free jello at ow-fat sausage at breakfast, at 8 p.m., peanut butter is ealed Unsampled Client B's sugh limited speech, gestures, itly obtaining what he wants. 2/12 at 12:22 p.m. during the age #16 revealed Unsampled serving line with a meal tray end a plastic bag with 2 tray. The client passed the	W	478 P	ease see attached let	ter.	02/10/12
MANUAL PROPERTY OF THE PROPERT	ORM CMS-2	567(02-99) Previous Versions	Obsolete Event ID: PTEI11		l'incility ID	MSN4QX	If continuation sh	eet Page 6 of 7

OCT-17-2012 WED 04:06 PM administration FAX NO. 6622341699 FORM APPROVED OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING 25G003 01/13/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 867 REGIONAL CENTER DRIVE NORTH MS REGIONAL CTR ICF/MR OXFORD, MS 38655 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION DATE ID (X4) ID (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) 02/10/12 Please see attached letter. W 478 W 478 | Continued From page 6 DCAS and Unsampled Client B pointed to the pan with the Chicken/Broccoli Casserole, DCAS removed the ham sandwiches from the plastic and placed the sandwiches back on the tray. Unsampled Client B put the sandwiches in the trash can, pointing with reaching gestures for the pan with the Chicken/Broccoli Casserole. Then the client was escorted to the table with the following food items on the tray: Yam Patty, Roll, and Tropical Fruit, and a Diet Shasta Cola. The client only ate the Yam Patty and drank the Diet Cola. The staff falled to offer or provide Unsampled Client B with a food substitute during the lunch meal after refusing to eat the Ham Sandwiches. Unsampled Client B stayed at the meal table until he was allowed to leave. Interview the DCAS confirmed the above findings and reported that Unsampled Client B put his sandwich in the trash can and he cannot have any other food item or second.

Interview on 1/12/12 at 4:30 p.m. with the QMRP #1 revealed of having no reason on why the staff failed to offer or serve Unsampled Client B some of the Chicken/Broccoli Casserole.

Telephone Interview on 1/12/12 at 4:50 p.m. with the RD revealed the staff could have served Unsampled Client B the Chicken/Broccoli Casserole after the client placed the sandwiches in the trash can. The client was able to receive the Ham Sandwiches or the Chicken/Broccoli Casserole, but not both. The RD stated that Unsampled Client B may receive both food items if the client was able to have a second serving of food.

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

PRINTED: 10/04/2012 FORM APPROVED OMB NO. 0938-0391

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255217			LDING	01 - MAIN BUILDING 01	COMPLETED 09/27/2012			
	PROVIDER OR SUPPLIER	RE CENTER		402	T ADDRESS, CITY, STATE, ZIP COD ARNOLD AVENUE EENVILLE, MS 38701			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
K 000	the 2000 (existing) (LSC) of the Nation		K	000				
K 061 SS=F	Required automatic valves supervised	AFETY CODE STANDARD c sprinkler systems have so that at least a local alarm e valves are closed. NFPA	K	061				
	Based on observa failed to provide su control valve. Findings include: At 2:30 p.m., on Sethe sprinkler syster did not sound wher closed. This condit residents and staff licensed capacity of census of 48. The observation at the observation at the observation at the observised automatequired by another	eptember 27, 2012, testing on an revealed that a local alarm in the post indicator valve was son had the potential to affect throughout the facility. The f the facility is 60 with a administrator agreed with this exit interview on 9-27-12. 9.7.2.1 states where tic sprinkler systems are r section of this Code, ments shall be installed and						

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

TITLE

(X6) DATE

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.

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

PRINTED: 10/04/2012 FORM APPROVED OMB NO. 0938-0391

	EMENT OF DEFICIENCIES PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255217		(X2) MULTIPL A. BUILDING B. WING	E CONSTRUCTION 01 - MAIN BUILDING 01	(X3) DATE SURVEY COMPLETED 09/27/2012			
	PROVIDER OR SUPPLIER	RE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 402 ARNOLD AVENUE GREENVILLE, MS 38701					
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE		
K 061	monitored for integ 72, National Fire A supervisory signal condition that woul operation of the sp include, but shall n control valves, fire running conditions temperatures, tank dry-pipe valves. Su and shall be displathe protected build	grity in accordance with NFPA clarm Code, and a distinctive shall be provided to indicate a ld impair the satisfactory brinkler system. Monitoring shall not be limited to, monitoring of pump power supplies and water tank levels and ar pressure, and air pressure on approvisory signals shall sound syed either at a location within ling that is constantly attended anel or at an approved,	K 061					

PRINTED: 10/04/2012 FORM APPROVED MSDH - Health Facilities Licensure and Certification (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: 01 - MAIN BUILDING 01 A. BUILDING B. WING **76AA** 09/27/2012 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **402 ARNOLD AVENUE** RIVER HEIGHTS HEALTHCARE CENTER GREENVILLE, MS 38701 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X5)(X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE **PREFIX PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) M 243 M 243 140.01 Date of Construction and Life Safety C 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. 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 provide supervision on the sprinkler control valve. Findings include: At 2:30 p.m., on September 27, 2012, testing on the sprinkler system revealed that a local alarm did not sound when the post indicator valve was closed. This condition had the potential to affect residents and staff throughout the facility. The

Mississippi State Department of Health

TITLE

(X6) DATE

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

licensed capacity of the facility is 60 with a census of 48. The administrator agreed with this observation at the exit interview on 9-27-12.

NFPA 101 section, 9.7.2.1 states where supervised automatic sprinkler systems are required by another section of this Code, supervisory attachments shall be installed and monitored for integrity in accordance with NFPA 72, National Fire Alarm Code, and a distinctive

If continuation sheet 1 of 2 STATE FORM A60221

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 01 - MAIN BUILDING 01 B. WING **76AA** 09/27/2012 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **402 ARNOLD AVENUE** RIVER HEIGHTS HEALTHCARE CENTER GREENVILLE, MS 38701 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PRÉFIX **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) M 243 Continued From page 1 M 243 supervisory signal shall be provided to indicate a condition that would impair the satisfactory operation of the sprinkler system. Monitoring shall include, but shall not be limited to, monitoring of control valves, fire pump power supplies and running conditions, water tank levels and temperatures, tank pressure, and air pressure on dry-pipe valves. Supervisory signals shall sound and shall be displayed either at a location within the protected building that is constantly attended by qualified personnel or at an approved, remotely located receiving facility.

Mississippi State Department of Health STATE FORM

A60221