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
	42PM	A. BUILDING: **01** B. WING _____	**11/05/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERVIEW NURSING & REHABILITATION CENTER	**1600 WEST CLAIBORNE AVENUE EXTENDED GREENWOOD, MS 38930**

(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 the observation, the facility failed to provide 20-minute rating in the smoke barrier doors in accordance with NFPA 101 sections 19.3.7.7.8. This standard deficiency affected the entire facility on the day of the Survey. Findings Include: On 11/5/24 at 11:15 AM, observation revealed the following smoke barrier doors did not close completely upon activation of the Fire Alarm System: Smoke Wall Doors near the Kitchen Cotton Row Smoke Wall Doors Grand Blvd Smoke Wall Doors These smoke barrier doors were incapable of resisting the passage of smoke throughout the facility. The finding was acknowledged by the Administrator and Maintenance Supervisor verified this observation during the exit interview	M1245	No residents suffered any ill effects from this deficient practicee. On 11/21/2024 the Maintenance Director adjusted the Smoke Barrier Doors near the kitchen, Cotton Row smoke doors, and Grand Blvd Smoke Doors to close completely upon activation of the Fire Alarm System. All residents within facility could be affected by this deficient practice. A 100% review of all Smoke Barrier Doors in the facility were audited on 11/21/2024 by the Maintenance Director. The Administrator will educate the Maintenance Director on 11/22/2024 on ensuring that all Smoke Barrier Doors close completely upon activation of the Fire Alarm System. Starting 11/22/2024, the Maintenance Director will monitor Smoke Barrier Doors once per week for eight weeks to ensure all Smoke Barrier doors are closing completely upon activation. Starting 11/25/2024, the Administrator will monitor one smoke barrier door per week	12/19/24

Mississippi State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		11/22/24

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M1245	Continued From page 1 on 11/5/24.	M1245	for twelve weeks to ensure they are closing completely. Any adverse findings will be brought to the facility Quality Assurance meeting on 12/18/2024 for review and action as indicated times twelve weeks.	