STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255216	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) COMPLETION DATE
E 000	Initial Comments *EMERGENCY PREPAREDNESS* Survey conducted on 11/5/24 reveals the above facility meets all applicable Federal, State and local emergency preparedness requirements.	E 000		
K 000	INITIAL COMMENTS 42 CFR 483.70(a) The facility must meet the applicable provisions of the 2012 (existing) Edition of the Life Safety Code (LSC) of the National Fire Protection Association (NFPA).	K 000		
K 353 SS=D	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101 Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source _____ Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25	K 353		12/19/24

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 11/22/2024

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K 353	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on observation, the facility failed to provide the fire sprinkler system in accordance with NFPA 101 section 9.7.5 and NFPA 13 section 7.8. This deficiency affected the entire facility on the day of the survey. Findings Include: On 11/5/24 at 11:00 AM, observation revealed the sprinkler heads in the freezers located in the Kitchen area were removed and not replaced. The Kitchen freezer was not protected by fire sprinkler system.	K 353	No residents suffered an ill effects from this deficient practice. On 11/21/2024 the Maintenance Director contacted VSC Fire and Security Incorporated to schedule installation of sprinkler heads in the kitchen freezer. Installation of the sprinkler heads is scheduled for 11/26/2024. All residents within facility could be affected by this deficient practice. A 100% review of all sprinkler heads in the facility were audited on 11/22/2025 for the Maintenance Director. On 11/22/2024 The Administrator will educate the Maintenance Director on ensuring that all sprinkler heads are to be replaced after removal. Starting on 11/25/2024 The Administrator will monitor one sprinkler head per week for twelve weeks to ensure they are installed. 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.	
K 374 SS=F	Subdivision of Building Spaces - Smoke Barrie CFR(s): NFPA 101 Subdivision of Building Spaces - Smoke Barrier Doors 2012 EXISTING Doors in smoke barriers are 1-3/4-inch thick solid bonded wood-core doors or of construction that resists fire for 20 minutes. Nonrated protective plates of unlimited height are permitted. Doors	K 374		12/19/24

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K 374	Continued From page 2 are permitted to have fixed fire window assemblies per 8.5. Doors are self-closing or automatic-closing, do not require latching, and are not required to swing in the direction of egress travel. Door opening provides a minimum clear width of 32 inches for swinging or horizontal doors. 19.3.7.6, 19.3.7.8, 19.3.7.9 This REQUIREMENT 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 on 11/5/24.	K 374	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 for twelve weeks to ensure they are closing completely. Any adverse findings will be brought to the facility Quality	

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K 374	Continued From page 3	K 374	Assurance meeting on 12/18/2024 for review and action as indicated times twelve weeks.	
K 918 SS=F	Electrical Systems - Essential Electric Syste CFR(s): NFPA 101 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. 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 the possibility of damage of the emergency power source is a design consideration for new installations.	K 918		12/19/24

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K 918	Continued From page 4 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70) This REQUIREMENT is not met as evidenced by: Based on the review of documentation, the facility failed to properly document records of testing the generator annually as directed by NFPA 99 sections 6.4.4.1.1.3 and 6.4.4.2. This deficient practice had potential of affecting the entire facility on the day of the facility survey. Findings include: On 11/5/24 at 12:30 AM, the facility could not produce documentation showing the current 2023 annual testing and service of the generator. The facility ' s last annual test of the generator was documented and performed by Thompson Power on 8/15/23. The finding was acknowledged by the Administrator and Maintenance Supervisor during the exit interview on 11/5/24.	K 918	No residents suffered any ill effects from this deficient practice. On 11/21/2024 Maintenance Director contacted Thompson Electric to come conduct the 2024 Annual Testing and service of the Generator. Annual Testing and Service of the Generator will be completed on 11/26/2024. All residents within facility could be affected by this deficient practice. The Administrator will educate the Maintenance Director one ensuring that all generator testing and service are completed annually. Starting 11/25/2024, the Maintenance Director will monitor Annual Generator Testing one time per year in 2025 to ensure generator has the requried Annual Inspection. Starting 11/25/2024, the Administrator will monitor one time per year to ensure they have the required Annual Inspection. 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.	