STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255146	A. BUILDING **01 - MAIN BUILDING** B. WING _____	**11/13/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
YAZOO CITY REHABILITATION AND HEALTHCARE CENTER	**925 CALHOUN AVENUE** **YAZOO CITY, MS 39194**

(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
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 324 SS=F	Cooking Facilities CFR(s): NFPA 101 Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless: * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 * cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or * cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4. Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor. 18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2 This REQUIREMENT is not met as evidenced by:	K 324		12/21/24

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

Electronically Signed | 11/27/2024

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K 324	Continued From page 1 Based on observations, the facility failed to provide protect the cooking equipment in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, Section 10.6.2. The deficient practice affected all smoke compartments and residents in facility on the day of survey. Findings Include: On 11/13/24 at 9:15 AM, observation revealed the facility failed to provide documentation of cleanings and inspections of the kitchen hood system. The finding was acknowledged by the Administrator and Maintenance Supervisor verified this observation during the exit interview on 11/13/24.	K 324	1. On 11/24/2024, Expert Hood Cleaning came to the facility and cleaned the kitchen vent hood systems. On 11/13/2024 the Administrator conducted a one-on-one education with the Maintenance Director on ensuring that kitchen vent hood is cleaned in a timely manner in accordance with NFPA 96 2. The facility determined that each of the 133 residents has the potential to be affected. 3. On 11/21/2024 the Nurse Educator conducted an in service with the maintenance department on cleaning the kitchen vent hood system in accordance with NFPA 96. 4. Beginning the week of 11/24/2024 the Maintenance Director will check the vent hood system tag to ensure placement and that the vent hood system is not due for cleaning. A report beginning on 12/11/2024 will be submitted to the Quality Assurance Performance Improvement committee monthly for three (3) months for review and recommendations. The Maintenance Director is responsible for monitoring, reporting, and compliance.	
K 374 SS=D	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	K 374		12/21/24

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YAZOO CITY REHABILITATION AND HEALTHCARE CENTER	**925 CALHOUN AVENUE** **YAZOO CITY, MS 39194**

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K 374	Continued From page 2 resists fire for 20 minutes. Nonrated protective plates of unlimited height are permitted. Doors 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 observations, the facility failed to provide 20-minute fire resistance rating smoke barrier door in accordance with NFPA 101 sections 19.3.7.6, 19.3.7.8, 19.3.7.9. This standard deficiency affected two (2) of six (6) smoke compartments and 24 of 84 residents in the facility on the day of the survey. On 11/13/24 at 9:35 AM, observation revealed the 2nd floor east smoke barrier doors of the facility did not properly close completely upon activation of the fire alarm systems. The finding was acknowledged by the Administrator and verified by the Maintenance Supervisor during the exit interview on 11/13/24.	K 374	1. On 11/25/2024, the Maintenance Director completed repairs on the Second-Floor east smoke barrier door to ensure proper closure. 2. The facility determined that each of the 133 residents has the potential to be affected. 3. On 11/21/2024 the Nurse Educator conducted an in service with the maintenance department to ensure that the smoke barrier doors are checked for proper closure monthly while conducting the monthly fire drill. 4. Beginning the week of 11/25/2024 the Maintenance Assistant will observe all fire doors weekly for three (3) months to ensure proper closure for all doors. A report beginning on 12/11/2024 will be submitted to the Quality Assurance Performance Improvement committee monthly for three (3) months for review and recommendations. The Maintenance Director is responsible for monitoring, reporting, and compliance.	

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