

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255113		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 0... B. WING		(X3) DATE SURVEY COMPLETED 08/28/2025	
NAME OF PROVIDER OR SUPPLIER RULEVILLE NURSING AND REHABILITATION CENTER LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 800 STANSEL DR P O BOX 368, RULEVILLE, Mississippi, 38771			
(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
K0000	INITIAL COMMENTS 42 CFR 483.73 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).			K0000			
K0345 SS = F Bldg. 01	Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101 Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 This STANDARD is NOT MET as evidenced by: Based on testing and observation, the facility failed to provide a properly maintained fire alarm system as required by NFPA 101 section 9.6.5. This deficiency affected the entire facility and (2) two of (10) ten exits in the facility on the day of survey. Findings include: On 8/27/25 at 10:45 AM, observation and testing revealed the North and South exits (on east end of the facility) did not release and open upon testing of fire alarm system. These (2) two exit doors also could not open via code input from the exit door interior keypad. Observation also revealed facility kitchen was under construction. The electrical power to the North and South exits (on east end of the facility) was cut off during the demo of the floor of the kitchen. The finding was acknowledged by the Administrator and Maintenance Supervisor verified this observation during the exit interview on 8/27/25. Later, on 8/27/25 at 12:45 PM, a phone call was placed to the State Agency (SA) Life Safety Code (LSC) surveyor (after exiting the facility) from the Facility Maintenance Director stating the following: The electrical power to the North and South exits (on east			K0345			

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 reverse for further 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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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K0345 SS = F Bldg. 01	Continued from page 1 end of the facility) was cut off during the demo of the floor of the kitchen. North and South exits (on east end of the facility) were later powered and operated normally Another testing of the fire alarm was conducted, and North and South exits (on east end of the facility) release and open normally. The information from the phone call above was acknowledged by the SA LSC surveyor. It was mentioned to the Facility Maintenance Director that the deficiency for the locked North and South exits (on east end of the facility) will be cited from the LSC survey conducted earlier in the day of 8/27/25.			K0345			

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E0000	Initial Comments The requirement at 42 CFR, 483.73 is MET as evidenced by: An unannounced State Agency Annual Emergency Preparedness Survey was conducted on 8/27/25. The facility was found in substantial compliance with 42 CFR 483.73, Requirements for Long Term Care Facilities.			E0000			

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