

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

PRINTED: 06/17/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255326	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 03/25/2021
NAME OF PROVIDER OR SUPPLIER PINE FOREST HEALTH AND REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 1116 FOREST AVENUE JACKSON, MS 39206		
(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 372 SS=E	Subdivision of Building Spaces - Smoke Barrier CFR(s): NFPA 101 Subdivision of Building Spaces - Smoke Barrier Construction 2012 EXISTING Smoke barriers shall be constructed to a 1/2-hour fire resistance rating per 8.5. Smoke barriers shall be permitted to terminate at an atrium wall. Smoke dampers are not required in duct penetrations in fully ducted HVAC systems where an approved sprinkler system is installed for smoke compartments adjacent to the smoke barrier. 19.3.7.3, 8.6.7.1(1) Describe any mechanical smoke control system in REMARKS. This REQUIREMENT is not met as evidenced by: Based on observations, the facility failed to provide a one (1) half hour rating in accordance with NFPA 101 sections 8.3, 19.3.7.3, and 19.3.7.6. The deficient practice affected three (3) of six (6) smoke compartments and 48 of 68 residents on the day of the survey. Findings include: On 3/25/21 at 9:22 AM, observation revealed an unsealed opening around sprinkler pipe penetrations in the smoke barrier walls in the	K 372	1. 48 residents could be affected by the smoke compartments on survey date. 2. Residents could be affected by the smoke compartments 3. The unsealed opening around the sprinkler pipe penetrations in the smoke barrier walls near room 101 and 201 were repaired on 3/25/2021 before the survey exit as noted by the Life Safety Director.	3/26/21	

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

TITLE

(X6) DATE

Electronically Signed

05/17/2021

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.

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K 372	Continued From page 1 following areas of the facility: 1. Smoke barrier wall on 100 Hall near Room 101 2. Smoke barrier wall on 200 Hall near Room 201 3. Smoke barrier on wall 300 Hall near Room 301 The finding was acknowledged by the Administrator and Maintenance Director verified this observation during the exit interview on 3/25/21.	K 372	The maintenance director checked all areas on 3/25/2021 for sprinkler pipe penetrations throughout the building. He will continue to inspect on routine rounds. 4. All negative findings will be reported to the QA committee which consists of the DON, Medical Director, Administrator and other staff members as required.		