STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255326	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**03/25/2021**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE FOREST HEALTH AND REHABILITATION	**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 Barrie 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 com partments 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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255326	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**03/25/2021**

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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 an d other staff members as required.	