STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A403	A. BUILDING 01 - BUILDING 31 B. WING _____	04/13/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JNH-ADAMS INN	3650 HIGHWAY 468 WEST PO BOX 207, BUILDING 31 & 48 WHITFIELD, MS 39193

(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 2000 (existing) Edition of the Life Safety Code (LSC) of the National Fire Protection Association (NFPA) ...	K 000	Received 6/7/16 D Kurtz POC ACCEPTED JUN 13 2016	
K 018 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas shall be substantial doors, such as those constructed of 13/4 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Clearance between bottom of door and floor covering is not exceeding 1 inch. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Doors shall be provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.2.3.2.1. Roller latches are prohibited by CMS regulations in all health care facilities. 19.3.6.3 This STANDARD is not met as evidenced by: Based on observations the facility failed to maintain doors protecting corridor openings per the requirements of NFPA 101 19.3.6.3.2, 4.6.12.1. The deficient practice affected one (1) of five (5) smoke compartments and 21 of 81 residents in the facility. The facility had the capacity for 133 beds with a census of 81 on the day of survey.	K 018	**a. What ~~corrective action(s) will be~~ accomplished for those residents found to have been affected by the deficient practice?** The wooden door stopper that was obstructing the closer of the swing door to Bathroom 128 door was removed 4/13/16. **b. How you will identify other residents having the potential to be affected by the same deficient practice, and what corrective action will be taken.** Beginning 4/15/16, Adams Inn Housekeepers (HK) will use the Adams Inn Bedroom and Walls Checklist daily to ensure door openings protecting corridors are maintained as required by 42 CFR 483.70(A), NFPA 101 19.3.6.3.2 and NFPA 101 4.6.12.1., and Fire Plan JNH Policy J-530-20. Deficiencies will be reported to Adams Inn Coordinator of Unit Operation (CUO) for further corrective actions. **c. What measures will be put into place, or what systemic changes you will put into place or make to ensure that the deficient practice does not recur.** On 4/13/16, Adams Inn's Nursing Home Administrator (NHA), Adams Inn's CUO, and Director of Nursing (DON) begin inservicing Adams Inn's, HK staff, Pantry staff, Laundry staff, Psychology staff, Social Service staff, Registered Nursing (RN) and	6/13/16

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
	HHA	6/7/16

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 018	Continued From page 1 While inspecting corridor doors on 4/13/16 at 10:30 AM, observation revealed the following corridor doors with deficiencies: 1. A wooden door stopper obstructed the swing of door to Bathroom 128 on the South Wing of Building 31. The Bathroom 128 door was open to the main corridor of Building 31 which caused the main corridor to be inabled to resist the passage of smoke. The finding was acknowledged by the Administrator and verified by the Maintenance Supervisor during the exit interview on 4/13/16.	K 018	Licensed Practical Nurse (LPN), and Certified Nursing Assistants (CNA) on Fire Plan JNH Policy J-530-20, Paragraph H. The inservice ended on 5/13/16. New Adams Inn staff will be inserviced when they arrive on the unit. On 4/15/16, the Adams Inn's HK staff started using the Adams Inn Bedroom and Walls Checklist sheet daily to identify door openings that did not meet the 42 CFR 483.70(A), NFPA 101 19.3.6.3.2 and NFPA 101 4.6.12.1., and Fire Plan JNH Policy J-530-20 requirements. Starting 4/22/16, the Adams Inn CUO will conduct three random buildings checks weekly to ensure that Adams Inn Housekeeping staff is completing the Adams Inn Bedroom and Walls Checklist sheet properly. Adams Inn CUO will correct any deficiencies by additional safety training or disciplinary actions. After 90 days, Adams CUO will conduct weekly checks for completion of the Adams Inn Bedroom and Walls Checklist sheet. A binder with the Adams Inn Bedroom and Walls Checklist sheets will be located in the Adams Inn's CUO's office on B31. **d. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.** Beginning 4/30/16, the Adams Inn CUO will report any deficiencies will be reported to the Adams Inn's NHA. Adams Inn's NHA will report deficient practices noted to the quarterly JNH Quality Assurance Performance Improvement (QAPI) committee. The QAPI committee will recommend additional corrective actions to be implemented.	