STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255110	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**03/30/2022**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MS CARE CENTER OF ALCORN COUNTY, INC-SNF	**3701 JOANNE DRIVE** **CORINTH, MS 38834**

(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) This facility was surveyed under the Centers for Medicare Medicaid Services (CMS) COVID-19 Emergency Declaration Blanket 1135 Waivers for Health Care Provider. 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 374 SS=F	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 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 all 83 residents in the facility on the day of survey. On 3/3/22 at 11:10 AM, observation revealed all	K 374	K 374: 1) On 03/25/22, The contracted Fire Alarm Company was here to do a Quarterly Inspection of the Fire Alarm System. The Maintenance Director activated the Fire Alarm system for a fire drill by pull station to test the Fire Alarm system, after the inspection was	4/22/22

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

Electronically Signed | 04/22/2022

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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K 374	Continued From page 1 six (6) the smoke barrier doors in the facility did not properly close and latch upon activation of the fire alarm and sprinkler systems. The finding was acknowledged by the Administrator and verified by the Maintenance Supervisor during the exit interview.	K 374	complete. The Fire Doors did not close. The contracted Fire Alarm Inspector notified the contracted Fire Alarm company of the issue. On 03/25/22 a message was sent to all employees through SNF Clinic notifying all employees that all Fire Doors must be closed manually if the fire alarm goes off. On 03/28/22, The Facility Maintenance Director notified the Life Safety Surveyor that there was an issue with the Fire Doors not releasing, that a message had been sent to in-serve all employees that they must close the fire doors manually if the fire alarm activated, and the contracted Fire Alarm company was aware of the issue and were scheduled to repair the issue. The Life Safety Surveyor Instructed the Facility Maintenance Director to close all fire doors and install a barrier to block contact between all Fire Doors and the wall mounted magnets that hold the Fire Doors open. On 03/28/22, the Maintenance Director and Assistant Maintenance Director closed all doors as instructed, install a barrier to block contact between all Fire Doors and the wall mounted magnets that hold the Fire Doors open, and notified employees that all Fire Doors must remain closed until further notice. The contracted Licensed Fire Alarm Fire Company dispatched a Technician to the Facility on 03/28/2022 to assess and repair the problem. The Fire Alarm Company Technician was unable to repair the problem on 03/28/22. The Contracted Fire Alarm Company dispatched a Senior Technician to the Facility on 03/29/22 with	

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K 374	Continued From page 2	K 374	the proper parts needed to repair the issue that was preventing the magnets from releasing the Fire Doors when the Fire Alarm is activated. The contracted Fire Alarm Company Senior Technician corrected the issue allowing the Fire Doors to Close on 03/29/22. 2) Resident Residing in the facility have the potential to be affected by the Fire Doors not closing when the Fire Alarm is activated. 3) The Administrator, Maintenance Director, and Assistant Maintenance Director were educated on 03/28/22 by the Life Safety Surveyor that if there is ever an issue with Fire Doors not releasing when the Fire Alarm is activated, the Fire Doors are to be closed at all times until the issue is resolved. The Life Safety Surveyor stated that a barrier must be installed to block contact between all Fire Doors and the wall mounted magnets that hold the Fire Doors open, or the electrical power must be removed from the wall mounted magnets to prevent employees from opening the Fire Doors up when there is an issue with them being released when the Fire Alarm is activated. 4) Beginning the week of 04/19/22, the Maintenance Director or Assistant Maintenance Director will test the Fire Alarm System one (1) time Weekly for four (4) weeks, then monthly ongoing, to ensure the Fire Doors release when the Fire Alarm is activated.	