STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255320	A. BUILDING **01 - LANDMARK NURSING AND REHAB CTR** B. WING _____	**12/14/2022**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LANDMARK NURSING AND REHAB CENTER	**100 LAUREN DRIVE** **BOONEVILLE, MS 38829**

(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 211 SS=F	Means of Egress - General CFR(s): NFPA 101 Means of Egress - General Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency, unless modified by 18/19.2.2 through 18/19.2.11. 18.2.1, 19.2.1, 7.1.10.1 This REQUIREMENT is not met as evidenced by: Based on observations and review, the facility failed to annual inspect and test fire door assemblies in accordance with the NFPA 80 (2010 edition) section 5.2 (CMS S&C Letter 17-38). This deficiency affected all smoke compartments and all residents in the facility on the day of survey. Findings include: On 12/13/22 at 11:40 AM, observation and document review revealed the facility was unable to produce documentation for annual inspection of two (2) fire doors surrounding the business	K 211	1. Maintenance Director notified E FIRE Inc. that is in Tupelo MS. Earliest scheduled date was set for December 20, 2022, for them to complete the inspection and testing of the fire doors located on each hall. 2. The facility has determined that residents on each hall that reside past the fire doors have the potential to be affected. 3. Inspection was completed on December 20th with no issues noted. The Maintenance Director added this to his calendar of regulatory things that needed to be completed on an annual basis. A copy of the inspection will be filed in his	1/6/23

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

Electronically Signed | 01/06/2023

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K 211	Continued From page 1 occupancy in the front of the facility. The finding was acknowledged by the Administrator and Maintenance Supervisor verified this observation during the exit interview on 12/13/22.	K 211	life safety binder. 4. The Quality Assurance Coordinator will review the Maintenance Director's monthly inspection logs monthly for 3 consecutive months and then on a quarterly basis. If any issues are identified, they will be brought to with the QA committee for review.	
K 321 SS=D	Hazardous Areas - Enclosure CFR(s): NFPA 101 Hazardous Areas - Enclosure Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4 hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1 or 19.3.5.9. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door. Describe the floor and zone locations of hazardous areas that are deficient in REMARKS. 19.3.2.1, 19.3.5.9 Area Automatic Sprinkler Separation N/A a. Boiler and Fuel-Fired Heater Rooms b. Laundries (larger than 100 square feet) c. Repair, Maintenance, and Paint Shops d. Soiled Linen Rooms (exceeding 64 gallons) e. Trash Collection Rooms (exceeding 64 gallons) f. Combustible Storage Rooms/Spaces	K 321		1/6/23

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K 321	Continued From page 2 (over 50 square feet) g. Laboratories (if classified as Severe Hazard - see K322) This REQUIREMENT is not met as evidenced by: Based on observations, the facility failed to properly protect hazardous areas in accordance with NFPA 101 section19.3.2 This deficiency had the potential to affect 13 of the 69 residents in the facility on the days of survey. Findings Include: Observation during the building inspection on 12/13/22 at 11:20 AM revealed open holes and fire shutter in the ceiling of the Mechanical Room (300 Hall) of the facility. The Mechanical Room (300 Hall) was incapable of resisting the passage of smoke throughout the facility. The finding was acknowledged by the Administrator and Maintenance Supervisor verified this observation during the exit interview on 12/13/22.	K 321	1. Maintenance Director spoke with Fire Inspector with Booneville Fire Department and the Earliest scheduled date was set for December 29, 2022, for them to inspect the vent to see which the best way is to close of the vent in this area. 2. The facility has determined that all the residents that reside on the 300 hall near this area have the potential to be affected. 3. The Maintenance Director sealed off the vent in the ceiling located in the outside Mechanical room located near the 300 hall on December 29, 2022. The vent on the door closure meets the fire regulations. The Maintenance Director will add this location to his monthly inspections/walking rounds. 4. The Quality Assurance Coordinator will review the Maintenance Director's monthly inspection logs monthly for 3 consecutive months and then on a quarterly basis. If any issues are identified, they will be brought to with the QA committee for review.	