STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255336	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**10/24/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JONES CO REST HOME	**683 COUNTY HOME ROAD** **ELLISVILLE, MS 39437**

(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 42CFR 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=D	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 observation and interviews, the facility failed to properly maintain exit egress as per NFPA 101 19.2.1. This standard deficiency affected two (2) of seven (7) exits and 34 of 118 residents in the facility on the day of survey. Findings include: Observations on 10/24/23 at 1:10 PM revealed the ice machines on cabinets were obstructing the corridor near the nurses ' stations of the facility. The ice machines and cabinets extended beyond the handrail and into the corridor of the facility.	K 211	K211 (1) On 11/16/23, the Plant Operations Supervisor began modification to an existing room near the nurses' station in order to relocate the ice machine for East Wing (Exit #1) and West Wing (Exit #2). (2) All residents have the potential to be affected by the failure to properly maintain exit egress. (3) On 11/14/23, the Quality Assurance and Assessment (QAA) Committee met and discussed findings of obstructed corridors by ice machines at East Wing (Exit #1) and West Wing (Exit #2) and recommended relocation of ice machines. On 11/16/23, the Plant Operations	12/5/23

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

Electronically Signed | 11/16/2023

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K 211	Continued From page 1	K 211	Supervisor began modification to an existing room near the nurses' station in order to relocate the ice machine for East Wing (Exit #1) and West Wing (Exit #2). (4) Ice machines for East Wing (Exit #1) and West Wing (Exit #2) will be permanently relocated to a room near the nurses' station where they will no longer obstruct the corridor.	
K 712 SS=F	Fire Drills CFR(s): NFPA 101 Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 19.7.1.4 through 19.7.1.7 This REQUIREMENT is not met as evidenced by: Based on record review and interviews, the facility failed to properly perform fire drills as per NFPA 101 section 19.7.1.2. The deficient practice affected all smoke compartments and 118 residents in facility on the day of survey. Findings Include:	K 712	K712 (1) The Administrator in-serviced the Plant Operations Supervisor on 10/24/23, on the requirement for fire drills being conducted one per shift per quarter. (2) All residents have the potential to be affected by failure to perform fire drills on each shift per quarter.	12/5/23

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K 712	Continued From page 2 On 10/24/23 at 2:15 PM, the facility could not provide complete and proper documentation of fire drills of each shift for the last calendar year (October 2022 to October 2023).	K 712	(3) On 11/14/23, the Quality Assurance and Assessment (QAA) Committee met and reviewed the Fire Drill Form and made revisions at that time to include the requirement to conduct one fire drill per shift, per quarter. The shifts were also revised on the Fire Drill Form to include (AM) and (PM) for each shift. The Administrator in-serviced the Plant Operations Supervisor on 11/16/23 to ensure understanding of time requirements for each drill. (4) The Administrator will perform an audit using the Fire Drill Audit Tool monthly, beginning 12/5/23 to ensure compliance with requirements for fire drill. Audit reports will be reviewed by the Quality Assurance Committee monthly, beginning 12/15/23 until such time substantial compliance has been achieved as determined by the committee. The Quality Assurance Committee will make any recommendations or changes if needed to ensure compliance.	