STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255306	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**03/19/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRACE EXTENDED CARE & REHABILITATION	**1000 EAST MADISON STREET** **HOUSTON, MS 38851**

(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(b) 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 344 SS=F	Fire Alarm - Control Functions CFR(s): NFPA 101 Fire Alarm - Control Functions The fire alarm automatically activates required control functions and is provided with an alternative power supply in accordance with NFPA 72. 18.3.4.4, 19.3.4.4, 9.6.1, 9.6.5, NFPA 72 This REQUIREMENT is not met as evidenced by: Based on observations, the facility failed to have a properly installed fire alarm control panel as per NFPA 101 section 9.6.6. The deficient practice affected the entire facility on the day of survey. Findings include: On 3/19/24 at 9:35 AM, observation revealed the fire alarm system lacked a remote annunciator panel in a constantly monitored location of the facility (ex. Nurses station or receptionist desk ...). The finding was acknowledged by the Administrator and Maintenance Supervisor	K 344	The Maintenance Supervisor had gotten a quote on 3/11/2024 for approval to install fire panel due to sale of, and separation from the hospital where fire panel is. The fire panel for the facility located in the hospital continues to be monitored. Vendor contacted with approval for installation of the fire panel on 3/29/24. Vendor acknowledged parts are ordered on 4/1/2024. All residents had the potential to be affected by this alleged deficiency. Vendor is scheduling the installation of facility fire panel. Vendor acknowledged parts are ordered for installation on 4/1/24 The current fire panel continues to be monitored. The maintenance supervisor	4/22/24

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

Electronically Signed | 04/01/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255306	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**03/19/2024**

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TRACE EXTENDED CARE & REHABILITATION	**1000 EAST MADISON STREET** **HOUSTON, MS 38851**

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K 344	Continued From page 1 verified this observation during the exit interview on 3/19/24.	K 344	will continue to follow up with the vendor until installation. The new fire panel will be monitored by the vendor, maintenance supervisor will report any problems to vendor for immediate repairs. The vendor will continue inspections of fire panel and monitoring systems. Monitoring and inspection documentation will be reviewed by Maintenance and Administrator to ensure there are no malfunctions in the system. Maintenance Supervisor will test fire alarm system monthly to ensure system is working correctly. The Administrator will report findings to the Quality Assurance Committee monthly for review and recommendations to ensure substantial compliance. Immediate QA was held on 3/22/24 with first monthly quality assurance meeting to be held on 4/5/2024	
K 372 SS=F	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.	K 372		4/5/24

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	255306	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**03/19/2024**

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TRACE EXTENDED CARE & REHABILITATION	**1000 EAST MADISON STREET** **HOUSTON, MS 38851**

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K 372	Continued From page 2 This REQUIREMENT is not met as evidenced by: Based on the observation, the facility failed to provide half hour rating in the smoke barrier wall in accordance with NFPA 101 sections 19.3.7.3 and 8.5.6.2. This standard deficiency affected two (2) of three (3) smoke compartments in the facility on the day of Survey. Findings include: On 3/19/24 at 10:10 AM, observation revealed unsealed holes around red and blue data cables at West Hall smoke barrier wall of the facility and an unsealed hole around black piping in the smoke barrier of the Exit smoke wall leading into the Hospital near room #442 of the facility. These smoke barrier walls are 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 3/19/24.	K 372	The Maintenance Supervisor was in-serviced on 3/29/2024 on smoke barrier wall penetrations requirements by Administrator. Maintenance staff repaired penetrations on 3/26/2024. The facility determined that 33 residents had the potential to be affected by this deficiency. Smoke barrier penetrations were repaired on 3/26/2024 per the maintenance staff. The maintenance supervisor will monitor smoke barrier walls two (2) times per month for three (3) months and monthly thereafter, any problems noted will be reported to administrator and immediate repairs will be made. Monitoring and inspection documentation will be reviewed by the administrator to ensure repairs have been made immediately. The administrator will report findings to the Quality Assurance (QA) Committee monthly for review and recommendations to ensure substantial compliance Immediate QA meeting was held on 3/22/24 with first monthly QA meeting to be held on 4/5/2024.	