STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255213	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**04/23/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEADVILLE CONVALESCENT HOME	**300 HWY 556/ROUTE 2 BOX 66** **MEADVILLE, MS 39653**

(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 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 52 residents in facility on the day of survey. Findings Include: On 4/23/24 at 11:15 AM, the facility could not provide complete and proper documentation of	K 712	• For all residents who have the potential to be affected, fire drills will be conducted on First, 7a-3p, second, 3p-1 1 p, and third shifts, 1 1 p-7a. These drills will be completed by 05/24/24. Copies of the completed drills will be submitted to the Department of Health and Human Services, Licensure and Certification confirming completion. • A schedule has been established for conducting fire drills within the facility. A copy of the new schedule for fire drills is included. • The Director of Plan Operations was	5/28/24

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

Electronically Signed | 05/16/2024

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255213	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**04/23/2024**

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K 712	Continued From page 1 fire drills for the 1st quarter of 2024 and last three (3) quarters of calendar year 2023. The facility was conducting two (2) fire drills per quarter and not all employees were participating in the fire drills.	K 712	in-service regarding the requirements for fire drills and the new schedule for performing fire drills. The in-service was conducted on 05/14/24, by the Administrator and a copy of the in-service is included. • The required monthly fire drills will be reviewed by the Administrator and IP Nurse to ensure monthly compliance and the documentation will be signed off on by Administrator and QA/IP Nurse.	