STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255292	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**06/13/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGACY MANOR NURSING AND REHABILITATION	**1935 NORTH THEOBOLD EXTENSION** **GREENVILLE, MS 38704**

(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 372 SS=D	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. 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 6/13/24 at 9:45 AM, observation revealed unsealed holes around Video Camera wires and orange/black data wires running through the	K 372	The facility failed to provide half hour rating in smoke barrier wall in accordance with NFPA 101 sections 19.3.7.3and 8.5.6.2. This deficient practice affected two of three smoke compartments in the facility. The unsealed holes were filled with fire resistant caulk on 6/13/2024. This deficient practice had potential to affect 52 of 52 residents, however no	7/12/24

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

Electronically Signed | 06/24/2024

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	255292	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**06/13/2024**

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LEGACY MANOR NURSING AND REHABILITATION	**1935 NORTH THEOBOLD EXTENSION** **GREENVILLE, MS 38704**

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K 372	Continued From page 1 following Smoke Barrier Walls: East Wing Smoke Wall West Wing Smoke Wall These smoke barrier walls were 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 6/13/24.	K 372	residents were negatively affected by this deficient practice. Maintenance Supervisor was in-serviced on 6/13/2024 to check firewalls for penetrations every two weeks and immediately following any repairs or other work that has the potential to penetrate the smoke barriers. Inspections will be documented on the maintenance logs. The administrator will review the maintenance logs 3 times weekly for three weeks, 2 times weekly for two weeks then once weekly for a month. Monitoring results will be recorded on Rounds Flow Record. An initial Quality Assurance Committee meeting was conducted on June 20, 2024 and a follow-up quality assurance committee meeting will be conducted on July 12, 2024 and monthly x 2 if needed. The administrator will report any issues to the quality assurance committee and take corrective action with Individual in-services, in-services and initiate a Quality Assurance and Performance Improvement (QAPI) if necessary from results of monitoring.	