STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255125	A. BUILDING **01** B. WING _____	**06/03/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHADWICK NURSING AND REHABILITATION CENTER LLC	**1900 CHADWICK DRIVE** **JACKSON, MS 39204**

(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
E 000	Initial Comments *EMERGENCY PREPAREDNESS* Survey conducted on 6/3/24 reveals the above facility meets all applicable Federal, State and local emergency preparedness requirements.	E 000		
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=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 observations and review, the facility failed to annually 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 16 of 91 residents in the facility on the day of survey.	K 211	1. An annual inspection of swinging fire doors assemblies was inspected on 06.28.24 by local maintenance vendor. There was no ill effects from this deficient practice. 2. All residents have the potential to be affected by this deficient practice of means of egress.	7/12/24

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

Electronically Signed | 06/28/2024

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.

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K 211	Continued From page 1 Findings include: On 6/3/24 at 11:40 AM, observation revealed 45 minute fired rated doors on the Laundry and Loft Rooms of the facility. Based on document review revealed the facility was unable to produce documentation for annual inspection of all fire doors for the Laundry and Loft Rooms in the facility.	K 211	3. An Inservice was conducted with the Maintenance Department on 06.18.24 by the Executive Director to ensure that the facility obtains an annual inspection and test fire door assemblies. A local maintenance vendor conducted an annual inspection on 06.28.24. 4. The Maintenance Director will audit fire doors monthly for three (3) months to ensure that the facility obtains an annual inspection and test fire door assemblies beginning 06.28.24. Any concerns will be immediately address by the Maintenance Director. The Maintenance Director will forward the results to the Quality Assurance Committee monthly for three (3) months. The Quality Assurance Committee met on 06.28.24. The Quality Assurance Committee will determine the frequency or discontinuation of audits based upon the results achieved.	