STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255271	A. BUILDING **01** B. WING _____	**08/20/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIBERTY COMMUNITY LIVING CTR	**323 INDUSTRIAL PARK DRIVE** **LIBERTY, MS 39645**

(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 8/20/24 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 222 SS=D	Egress Doors CFR(s): NFPA 101 Egress Doors Doors in a required means of egress shall not be equipped with a latch or a lock that requires the use of a tool or key from the egress side unless using one of the following special locking arrangements: CLINICAL NEEDS OR SECURITY THREAT LOCKING Where special locking arrangements for the clinical security needs of the patient are used, only one locking device shall be permitted on each door and provisions shall be made for the rapid removal of occupants by: remote control of locks; keying of all locks or keys carried by staff at all times; or other such reliable means available to the staff at all times. 18.2.2.2.5.1, 18.2.2.2.6, 19.2.2.2.5.1, 19.2.2.2.6 SPECIAL NEEDS LOCKING ARRANGEMENTS Where special locking arrangements for the	K 222		9/12/24

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

Electronically Signed | 09/12/2024

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K 222	Continued From page 1 safety needs of the patient are used, all of the Clinical or Security Locking requirements are being met. In addition, the locks must be electrical locks that fail safely so as to release upon loss of power to the device; the building is protected by a supervised automatic sprinkler system and the locked space is protected by a complete smoke detection system (or is constantly monitored at an attended location within the locked space); and both the sprinkler and detection systems are arranged to unlock the doors upon activation. 18.2.2.2.5.2, 19.2.2.2.5.2, TIA 12-4 DELAYED-EGRESS LOCKING ARRANGEMENTS Approved, listed delayed-egress locking systems installed in accordance with 7.2.1.6.1 shall be permitted on door assemblies serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system or an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 ACCESS-CONTROLLED EGRESS LOCKING ARRANGEMENTS Access-Controlled Egress Door assemblies installed in accordance with 7.2.1.6.2 shall be permitted. 18.2.2.2.4, 19.2.2.2.4 ELEVATOR LOBBY EXIT ACCESS LOCKING ARRANGEMENTS Elevator lobby exit access door locking in accordance with 7.2.1.6.3 shall be permitted on door assemblies in buildings protected throughout by an approved, supervised automatic fire detection system and an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4	K 222		

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K 222	Continued From page 2 This REQUIREMENT is not met as evidenced by: Based on observation, the facility failed to properly maintain Access-Controlled Egress Locking Arrangements as directed by NFPA 101 section 19.2.2.2.4. This deficiency affected (1) one of (5) five exits in the facility on the day of survey. Findings include: On 8/20/24, at 10:05 AM, observation revealed the 200 Hall exit door did not release upon activation of the fire alarm system. The finding was acknowledged by the Administrator and Maintenance Supervisor verified this observation during the exit interview on 8/20/24.	K 222	K 222 • The administrator and Maintenance Supervisor along with the Laboratory Director on 8/20/2024 acknowledged and observed 200 Hall Exit Door did not release upon activation of the fire alarm test. Residents were not negatively affected by the results. It was only “A Test.” Southern Fire Sprinkler/Alarm repaired and tested all doors to fully functional status on 08/21/2024. • The Laboratory Director determined on 8/20/2024 that only one of five door releases failed. The other four doors passed the test when the fire alarm was activated. The residents of Hall 200 have the potential to be affected by the Exit Door not properly working. • There were employees put in place as door monitors to ensure resident safety in the event of an actual fire alarm and fire. Southern Fire Sprinkler/Alarm Inc. was called immediately to come repair the door at the end of 200 Hall. The administrator and Southern Fire educated staff on August 20, 2024. • The fire alarm will be monitored by the fire alarm/fire drill conducted by the Maintenance Supervisor on all four shifts monthly. This will ensure that the fire alarms and the door releases are working properly, in addition to staff training. Completed August 21, 2024.	
K 363 SS=D	Corridor - Doors CFR(s): NFPA 101	K 363		9/12/24

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K 363	Continued From page 3 Corridor - Doors Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas resist the passage of smoke and are made of 1 3/4 inch solid-bonded core wood or other material capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Corridor doors and doors to rooms containing flammable or combustible materials have positive latching hardware. Roller latches are prohibited by CMS regulation. These requirements do not apply to auxiliary spaces that do not contain flammable or combustible material. Clearance between bottom of door and floor covering is not exceeding 1 inch. Powered doors complying with 7.2.1.9 are permissible if provided with a device capable of keeping the door closed when a force of 5 lbf is applied. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies. 19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485 Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc. This REQUIREMENT is not met as evidenced by:	K 363		

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K 363	Continued From page 4 Based on the observation, the facility failed to provide Corridor Door in accordance with NFPA 101 sections 19.3.6.3. This standard deficiency affected One (1) of three (3) smoke compartments in the facility on the day of Survey. Findings Include: On 8/20/24 at 9:05 AM, observation revealed 200 Hall Resident Room #210 entrance door did not close to a latching position. This door was 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 8/20/24.	K 363	K363 • The Laboratory Director's Door Test on Room 210 failed when it didn't close to a latching position. The door was incapable of resisting the passage of smoke throughout the facility. The Administrator and Maintenance Supervisor witnessed this observation during the actual test. • All other doors tested passed the test and latched closed when tested. Only room 210 on the 200 Hall failed the test. This was only a test. There was no Resident negatively impacted during the test. • The Laboratory Director checked other doors which passed and latched closed proving the doors were capable of resisting the passage of smoke throughout the facility. The door latch on room door 210 was changed to prevent any resident from being negatively affected. • The Maintenance Supervisor will test each door monthly to ensure that all doors close latched. Staff members will monitor the doors daily as they complete tasks and navigate throughout the facility. Any doors that have latches to fail will be logged in the maintenance log at the nurses' station and the maintenance supervisor will be notified. The door latch on Room 210 was changed by the Maintenance Supervisor on August 20, 2024.	