STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255101	A. BUILDING **01, 02** B. WING _____	**09/11/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MCCOMB NURSING AND REHABILITATION CENTER LLC	**415 MARION AVE** **MCCOMB, MS 39648**

(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 9/11/24 reveals the above facility meets all applicable Federal, State and local emergency preparedness requirements.	E 000		
K 000	INITIAL COMMENTS 42 CFR 483.90(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 000	INITIAL COMMENTS 42 CFR 483.90(a) The facility meets the applicable provisions of the 2012 (existing) Edition of the Life Safety Code (LSC) of the National Fire Protection Association (NFPA). There were no LSC deficiencies cited during this survey.	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	K 372		10/23/24

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

Electronically Signed | 10/03/2024

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 372	Continued From page 1 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 ten (10) smoke compartments in the facility on the day of Survey. Findings Include: On 9/11/24 at 12:30 PM, observation revealed unsealed holes around blk/data cables at Wing One (1) smoke barrier wall near resident rooms #117 and #118 of the facility. This smoke barrier wall 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 9/11/24.	K 372	The unsealed holes around data cables on Wing One (1) smoke barrier wall near resident rooms #117 and #118 were sealed on September 12, 2024 by the Maintenance Assistant. Residents residing on Wing One (1) had the potential be affected. Maintenance staff were in-serviced by the Executive Director regarding the importance of ensuring smoke barrier walls are free from smoke penetration on September 26, 2024. A 100% audit of smoke barrier walls was performed on September 27, 2024 by the Maintenance Supervisor. The Maintenance Supervisor will observe all smoke barrier walls weekly for four (4) weeks beginning September 27, 2024 and monthly for one month. The Executive Director will present the results of the audits during the Quality Assurance Committee meeting on October 22, 2024 and for one (1) consecutive month after. The Quality Assurance Committee will make recommendations as necessary.	
K 374 SS=D	Subdivision of Building Spaces - Smoke Barrie	K 374		10/23/24

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K 374	Continued From page 2 CFR(s): NFPA 101 Subdivision of Building Spaces - Smoke Barrier Doors 2012 EXISTING Doors in smoke barriers are 1-3/4-inch thick solid bonded wood-core doors or of construction that resists fire for 20 minutes. Nonrated protective plates of unlimited height are permitted. Doors are permitted to have fixed fire window assemblies per 8.5. Doors are self-closing or automatic-closing, do not require latching, and are not required to swing in the direction of egress travel. Door opening provides a minimum clear width of 32 inches for swinging or horizontal doors. 19.3.7.6, 19.3.7.8, 19.3.7.9 This REQUIREMENT is not met as evidenced by: Based on observations, the facility failed to provide 20-minute fire resistance rating smoke barrier door in accordance with NFPA 101 sections 19.3.7.6, 19.3.7.8, 19.3.7.9. This standard deficiency affected 14 of 84 residents in the facility on the day of survey. On 9/11/24 at 12:00 PM, observation revealed the smoke barrier doors on Wing One (1) near resident rooms #117 and #118 of the facility did not properly close upon activation of the fire alarm and sprinkler systems. The finding was acknowledged by the Administrator and verified by the Maintenance Supervisor during the exit interview.	K 374	The smoke barrier doors on Wing One (1) near resident rooms #117 and #118 were repaired by the Maintenance Assistant to ensure the doors close properly upon activation of the fire alarm and sprinkler system on September 11, 2024. Residents residing on Wing One (1) have the potential to be affected. On September 18, 2024 the door vendor checked all fire doors to ensure they close properly upon activation of the fire alarm and sprinkler system. Any adjustments needed were made at that time. On September 26, 2024 the maintenance staff were in-serviced by the Executive Director regarding the importance of the smoke barrier doors closing properly upon	

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K 374	Continued From page 3	K 374	activation of the fire alarm and sprinkler system. The Maintenance Supervisor will perform daily audits for four (4) weeks beginning September 27, 2024 and weekly audits for four (4) weeks to ensure the smoke barrier doors close properly upon activation of the fire alarm and sprinkler system. The Executive Director will present the results of the audits at the Quality Assurance Committee meeting on October 22, 2024. The Quality Assurance Committee will make recommendations as necessary.	