

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/25/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255321	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - BUILDING 0101 B. WING _____		(X3) DATE SURVEY COMPLETED 09/24/2024
NAME OF PROVIDER OR SUPPLIER HATTIESBURG HEALTH & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 514 BAY STREET HATTIESBURG, MS 39401		
(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 372 SS=D	Subdivision of Building Spaces - Smoke Barrier 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 eleven (11) smoke compartments in the facility on the day of Survey. Findings Include: On 9/24/24 at 9:30 AM, observation revealed	K 372	1) On 9/24/24, the smoke barrier wall on A station and the smoke barrier wall on B station were immediately repaired by maintenance supervisor by adding a fire caulk in compliance with NFPA 101. 2) 86 residents have the potential to be effected by the deficient practice. On 9/26/24, Maintenance Supervisor completed an audit of all smoke barrier walls. No other walls were identified that needed repair. 3) On 9/24/24, Maintenance Supervisor	9/30/24	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

10/16/2024

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.

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K 372	Continued From page 1 unsealed holes around blue data cables at A Hall smoke barrier wall near the Conference Room 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 9/24/24.	K 372	was in-serviced regarding the necessity of the smoke barrier walls in accordance with NFPA 101. 4) The facility Maintenance Supervisor will monitor all smoke barrier walls 3x per week for 4 months and document on the "Smoke Barrier Wall Inspection Log." Any deficiencies identified will be repaired immediately. The QA committee will evaluate the log every month for 4 months. On 9/30/24 the QA Committee met and reviewed the "Facility Maintenance Manual" and no changes were recommended.		