| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 255136 | A. BUILDING **01 - 0101**<br>B. WING _____ | **09/10/2024** |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **TUPELO NURSING AND REHABILITATION CENTER** | **1901 BRIAR RIDGE ROAD**<br>**TUPELO, MS 38804** |

| (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<br><br>42 CFR 483.90(a)<br><br>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 353 SS=F | Sprinkler System - Maintenance and Testing<br>CFR(s): NFPA 101<br><br>Sprinkler System - Maintenance and Testing<br>Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available.<br>a) Date sprinkler system last checked<br>_____<br>b) Who provided system test<br>_____<br>c) Water system supply source<br>_____<br>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system.<br>9.7.5, 9.7.7, 9.7.8, and NFPA 25<br>This REQUIREMENT is not met as evidenced by:<br>Based on the review of documentation, the facility failed to properly document records of testing the fire sprinkler system in accordance with NFPA 101 sections 9.7.5, 9.7.7, 9.7.8, and NFPA 25. This deficient practice had potential of affecting the entire facility on the day of facility survey. | K 353 | Please consider this Plan of Correction as<br>Tupelo Nursing and Rehabilitation Center LLC credible allegation of compliance. This<br>Plan of Correction in response to the statement of deficiencies demonstrates | 9/12/24 |

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

Electronically Signed | 09/25/2024

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 353 | Continued From page 1<br><br>Findings include:<br><br>On 9/10/24 at 11:45 AM, the facility could not produce the documentation for quarterly inspections of the fire sprinkler system for three (3) of four (4) quarters within the last calendar year. | K 353 | our<br>good faith and desire to continue to improve the quality of care and services rendered to our residents. This plan of correction constitutes a written allegation of<br>substantial compliance under Federal Medicare & Medicaid requirements.<br><br>1.On September 10, 2024 an outside contractor was contacted regarding Quarterly Inspections of the Sprinkler System separate from Annual Inspections. The Quarterly Inspection was completed September 12, 2024 with the next service date scheduled December 1,2024.<br><br>2. All Residents residing in the facility have the potential to be affected.<br><br>3. On September 16, 2024 the Executive Director in-serviced Maintenance Director and Maintenance Assistant on required Quarterly inspections of the fire sprinkler system, and properly documenting records of inspecting and testing in accordance with NFPA 101 sections 9.7.5, 9.7.7, 9.7.8, and NFPA 25.<br><br>4. The Maintenance Director will keep track of scheduled services, and upload documentation to the TELs system. The Executive Director will review TELs weekly for accuracy and compliance. | |