STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255158	A. BUILDING **02 - BUILDING 02** B. WING _____	**10/23/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEDFORD CARE CENTER OF HATTIESBURG	**10 MEDICAL BOULEVARD** **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 321 SS=D	Hazardous Areas - Enclosure CFR(s): NFPA 101 Hazardous Areas - Enclosure Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4 hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1 or 19.3.5.9. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door. Describe the floor and zone locations of hazardous areas that are deficient in REMARKS. 19.3.2.1, 19.3.5.9 Area Automatic Sprinkler Separation N/A a. Boiler and Fuel-Fired Heater Rooms b. Laundries (larger than 100 square feet) c. Repair, Maintenance, and Paint Shops d. Soiled Linen Rooms (exceeding 64 gallons) e. Trash Collection Rooms (exceeding 64 gallons) f. Combustible Storage Rooms/Spaces (over 50 square feet) g. Laboratories (if classified as Severe	K 321		11/21/24

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

Electronically Signed | 11/08/2024

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	255158	A. BUILDING **02 - BUILDING 02** B. WING _____	**10/23/2024**

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BEDFORD CARE CENTER OF HATTIESBURG	**10 MEDICAL BOULEVARD HATTIESBURG, MS 39401**

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K 321	Continued From page 1 Hazard - see K322) This REQUIREMENT is not met as evidenced by: Based on observations, the facility failed to protect hazardous areas in accordance to NFPA 101 sections 19.3.2.1. This deficiency affected one (1) of three (3) smoke compartments in the building at the time of the survey. Findings include: On 10/23/24 at 9:35 AM, observation revealed the outside Water Heater Room on the South Side of the facility had unsealed openings and needed to be smoke tight. This room 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 10/23/24.	K 321	1. The Maintenance Director contacted vendor on 10/23/24 to fabricate and install 14 roof penetrations in 4 mechanical rooms. The Maintenance Director applied sealant and caulking in all other areas on 10/28/24. 2. All residents have the potential to be affected by this. 3. The Maintenace Director will monitor weekly, during facility rounds, beginning on 10/28/24 for any areas that has unsealed openings that need to be smoke tight. 4. The Maintenance Director will begin on 10/28/24 monitoring for any areas that has unsealed openings that need to be smoke tight. This monitoring will continue for 3 months. The results of this monitoring will be taken to the Quality Assessment & Assurance Committee Meeting for review, discussion and revison if needed for three months beginning on 11/20/24.	
K 918 SS=F	Electrical Systems - Essential Electric Syste CFR(s): NFPA 101 Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying	K 918		11/21/24

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	255158	A. BUILDING **02 - BUILDING 02** B. WING _____	**10/23/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEDFORD CARE CENTER OF HATTIESBURG	**10 MEDICAL BOULEVARD** **HATTIESBURG, MS 39401**

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K 918	Continued From page 2 service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70) This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to provide a remote manual stop station for generator in accordance with NFPA 110 section 5.6.5.6. This deficiency affected all residents in the facility on the day of the survey. Findings Include:	K 918	1. The Maintenance Director contacted vendor on 10/23 to come and assess the current generator in order to have a remote manual stop station for the generator installed. The vendor will have this completed by 11/15/24.	

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K 918	Continued From page 3 On 10/23/23 at 10:30 AM, observation revealed the facility did not have a remote manual stop for the generator. NFPA 110 5.6.5.6: All installations shall have a remote manual stop station of a type to prevent inadvertent or unintentional operation located outside the room housing the prime mover, where so installed, or elsewhere on the premises where the prime mover is located outside the building. The finding was acknowledged by the Administrator and Maintenance Supervisor verified this observation during the exit interview on 10/23/24.	K 918	2. All residents have the potential to be affected by this. 3. The Maintenance Director will monitor that this remote manual stop station is functioning properly beginning on 11/15/24 and continue for 3 months. 4. The Maintenance Director will begin the monitoring of this remote manual stop station and that it is functioning properly on 11/15/24 and continue monitoring for 3 months. The results of this monitoring will be presented to the Quality Assessment & Assurance Committee beginning on 11/20/24 and continue for 3 months. The Quality Assesment & Assurance Committee will review, discuss and revise if needed. This will continue to be presented for 3 months.	