STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255281	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**10/29/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LANDMARK OF DESOTO	**3068 NAIL ROAD WEST** **HORN LAKE, MS 38637**

(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 911 SS=F	Electrical Systems - Other CFR(s): NFPA 101 Electrical Systems - Other List in the REMARKS section any NFPA 99 Chapter 6 Electrical Systems requirements that are not addressed by the provided K-Tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. Chapter 6 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on observation and testing, the facility failed to have a properly installed bypass isolation switch for the generator as required by NFPA 110 chapter 6.4.4 and annex B. This deficiency affected all 54 residents in the facility at the time of the survey. Findings include: On 10/29/24 at 2:20 PM, observation and testing revealed the generator lacked a bypass isolation switch to allow the load to be connected to either power source. The Maintenance Supervisor was	K 911	1. Facility failed to have properly installed bypass isolation switch for the generator 2. On 10/29/2024, Maintenance Director contacted Sudden Services for installation for bypass switch, Emergency Stop button, and service check to ensure generator is working properly. 3. An in-service was completed by Administrator on 10/30/2024 with the Maintenance Director to get a quote for generator Emergency stop button and installation for the bypass switch 4. Sudden Services provided facility with Mid-South services on 10/30/2024 who	11/18/24

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

Electronically Signed | 11/14/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255281	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**10/29/2024**

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K 911	Continued From page 1 unable to test transfer power for the generator of the facility.	K 911	will be providing installation for Emergency stop button. Mid-South provides facility with a service call which provides knowledge that facility has an installed bypass switch for the generator and conducts and education with the Maintenance Director on functionality of the switch. The Maintenance Director will continue with weekly checks starting 11/01/2024, for eight (8) weeks until no issues identified.	