STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255250	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**10/17/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MS CARE CENTER OF MORTON	**96 OLD HIGHWAY 80 EAST** **MORTON, MS 39117**

(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 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 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 four (4) of seven (7) smoke compartments in the facility on the day of the Survey. Findings Include: On 10/17/24 at 9:30 AM, observation revealed unsealed holes around water piping and white and blue data cables at the following smoke	K 372	K372 Subdivision of Building Spaces □ Smoke Barrier Construction 1. Unsealed holes have been sealed with 3M Fire Barrier CP 25WB+ Sealant. 2. All Residents have the potential to be affected. 3. Subdivision of Building Spaces a. Administrator in-serviced Maintenance Staff on October 17, 2024 on the importance of ensuring all holes in fire barrier walls are filled with Fire Barrier	11/25/24

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

Electronically Signed | 11/06/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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K 372	Continued From page 1 Barrier walls of the facility: A East Hall Smoke Barrier Wall A West Hall Smoke Barrier Wall B North Hall Smoke Barrier Wall B West Hall Smoke Barrier Wall These smoke barrier walls were 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 10/17/24.	K 372	Sealant. b. Maintenance Director completed report for all unsealed holes in fire barrier walls have been sealed and completed. 4. Findings will be reported to the Quality Assurance Committee on November 7, 2024 by the Maintenance Director. Any upcoming work, which will include running lines or cables through a fire barrier wall, will be reported to the Quality Assurance Committee monthly, to ensure continued compliance.	
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 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	K 918		11/25/24

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	255250	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**10/17/2024**

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MS CARE CENTER OF MORTON	**96 OLD HIGHWAY 80 EAST** **MORTON, MS 39117**

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K 918	Continued From page 2 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: On 10/17/24 at 10:00 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	K 918	K918 Electrical Systems Essential Electric System Maintenance and Testing 1. Entergy owns the generator and provides required reports. In Process on October 18, 2024. 2. All Residents have the potential to be affected. 3. All required weekly, monthly, and annual reports are reviewed by the Maintenance Director and filed for the facility in the Life Safety Binder. 4. Entergy will continue to own and communicate all reports. Reports will be reported to the Quality Assurance Committee monthly by the Maintenance Director.	

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K 918	Continued From page 3 outside the building The finding was acknowledged by the Administrator and Maintenance Supervisor verified this observation during the exit interview on 10/17/24.	K 918		