STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A178	A. BUILDING **01** B. WING _____	**11/05/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JASPER COUNTY NH	**15 A SOUTH SIXTH STREET** **BAY SPRINGS, MS 39422**

(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
E 000	Initial Comments *EMERGENCY PREPAREDNESS* Survey conducted on 11/5/24 reveals the above facility meets all applicable Federal, State and local emergency preparedness requirements. There were no LSC deficiencies cited during this survey.	E 000		
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 353 SS=F	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101 Sprinkler System - Maintenance and Testing 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. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source	K 353		12/26/24

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

Electronically Signed | 11/26/2024

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 _____ Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by: 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 the potential of affecting the entire facility (54 residents) on the day of the facility survey. Findings include: On 11/5/24 at 9:45 AM, the facility could not produce the documentation for quarterly inspections of the fire sprinkler system for three (3) of four (4) quarters the calendar year 2024.	K 353	K353 1. On 11/5/24, during the survey process it was identified that the facility failed to properly document a record of testing the fire sprinkler system in accordance with NFPA 101 sections 9.7.5, 9.7.7, 9.7.8 and NFPA 25. On 11/5/24 the DON/QAPI Nurse and Nursing Home Administrator inspected all resident□s rooms to ensure that no residents were affected by this deficient practice. On 11/20/24, Pye-Barker Fire and Safety was contacted and scheduled a quarterly fire sprinkler system inspection to be completed the week of 12/2/24. 2. All residents have the potential to be affected by this cited deficient practice. All residents on the facility census have the potential to be affected by this cited deficient practice 3. On 11/5/24, the Maintenance Director added the fire sprinkler system inspections to his quarterly task list to check to ensure the facility is compliant with the deficient practice. On 11/20/24, Pye Barker Fire and Safety, the company used for our fire and safety inspections, was notified to add quarterly fire sprinkler system inspections to the inspections	

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K 353	Continued From page 2	K 353	already scheduled for this facility. 4. On Monday morning each week, the Maintenance Director will review his schedule to see if any inspections, regarding sprinklers, fire extinguishers, local fire department, etc., are due to be completed in that week so he can follow-up to ensure the inspections will be completed in a timely manner. The Maintenance Director will provide the DON/QAPI Nurse a written report to be submitted to the Quality Assurance Committee monthly and will include a list of Life Safety Code related items coming due for the next thirty days. The Quality Assurance Committee will monitor for negative findings monthly at least three months or until compliance for this deficient practice is achieved and maintained. Any negative findings will be reported and handled by the Nursing Home Administrator.	