STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255280	A. BUILDING **01 - "A" & "F" WINGS** B. WING _____	**11/12/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMELLIA ESTATES	**1714 WHITE STREET** **MCCOMB, MS 39648**

(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 374 SS=D	Subdivision of Building Spaces - Smoke Barrie CFR(s): NFPA 101 Subdivision of Building Spaces - Smoke Barrier Doors 2012 EXISTING Doors in smoke barriers are 1-3/4-inch thick solid bonded wood-core doors or of construction that resists fire for 20 minutes. Nonrated protective plates of unlimited height are permitted. Doors are permitted to have fixed fire window assemblies per 8.5. Doors are self-closing or automatic-closing, do not require latching, and are not required to swing in the direction of egress travel. Door opening provides a minimum clear width of 32 inches for swinging or horizontal doors. 19.3.7.6, 19.3.7.8, 19.3.7.9 This REQUIREMENT is not met as evidenced by: Based on the observation, the facility failed to provide half hour rating in the smoke barrier doors in accordance with NFPA 101 sections 19.3.7.6. This standard deficiency affected two (2) of six (6) smoke compartments and 23 residents in the facility on the day of Survey. Findings Include: On 11/12/24 at 11:35 AM, observation revealed the following smoke barrier doors did not close	K 374	• On 11/12/2024, the Maintenance Supervisor made adjustments to the (2) smoke barrier doors identified: A Hall and F Hall to close according to NFPA 101 Section 19.3.7.6. None of the 23 residents identified have been adversely affected by the practice. • All residents have the potential to be affected by this practice. The Maintenance Supervisor checked all other smoke barrier doors and made	12/18/24

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

Electronically Signed | 11/25/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255280	A. BUILDING **01 - "A" & "F" WINGS** B. WING _____	**11/12/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMELLIA ESTATES	**1714 WHITE STREET** **MCCOMB, MS 39648**

(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 374	Continued From page 1 completely: D Hall Smoke Barrier Doors E Hall Smoke Barrier Doors These smoke barrier doors 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 11/12/24.	K 374	adjustments to one additional door. • On 11/12/2024, the maintenance supervisor was in-serviced by the administrator on NFPA 101 Section 19.3.7.6. • Beginning 11/18/2024, the Maintenance Supervisor will observe the closing of smoke barrier doors to close according to NFPA 101 Section 19.3.7.6, 3 times a week for 4 weeks then monthly for 2 months to ensure the facility is honoring the food preferences of residents. Any observed issues will be corrected and then forwarded to the Quality Assurance and Improvement Committee for review and follow up including any needed corrective actions or change to current plan at least quarterly. A Quality Assessment and Assurance Committee Meeting was held on 11/25/2024.	