

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/09/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255282	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 08/05/2024
NAME OF PROVIDER OR SUPPLIER CLINTON HEALTHCARE LLC - SNF			STREET ADDRESS, CITY, STATE, ZIP CODE 1251 PINEHAVEN ROAD CLINTON, MS 39056		
(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 A Comparative Federal Monitoring Survey was conducted on 8/5/24, following a State Agency Annual Survey on 6/12/24, in accordance with 42 Code of Federal Regulations, Part 483: Requirements for Long Term Care Facilities. During this Comparative Federal Monitoring Survey, the facility was found not to be in compliance with the Requirements for Participation in Medicare and Medicaid. The findings that follow demonstrate noncompliance with Title 42, Code of Federal Regulations, 483.90 (a) et seq. (Life Safety from Fire).	K 000			
K 521 SS=D	HVAC CFR(s): NFPA 101 HVAC Heating, ventilation, and air conditioning shall comply with 9.2 and shall be installed in accordance with the manufacturer's specifications. 18.5.2.1, 19.5.2.1, 9.2 This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview, the facility failed to maintain fire dampers. The deficient practice affected 2 of 8 smoke compartments. The facility had a capacity for 121 beds with a census of 105 on the day of the survey. The findings include:	K 521	On 8/8/24, Specialty Heating and Cooling, a contract company, Inspected and tested for proper operation of the smoke dampers. No repairs were noted, all functioning properly. All residents have the potential to be affected.	9/10/24	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

08/23/2024

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 521	Continued From page 1 Observation during the building inspection tour, on 8/5/24, revealed facility had a spring loaded fire damper at Administrator's office. An interview, on 8/5/24, with the Maintenance Director revealed that facility had several spring loaded fire dampers at the new side and the facility was not aware of maintenance requirements on the fire dampers. Record review, on 8/5/24, revealed no evidence on maintenance of the fire dampers at the facility. The census of 105 was verified by the Administrator. The findings were acknowledged by the Administrator and the Maintenance Director during the exit interview.	K 521	On 8/8/24, Specialty Heating and Air Cooling, a contract company, Trained both Maintenance Director and Assistant on inspecting, testing and maintenance of smoke dampers. Including but not limited to q 4 year inspections. The Administrator was also on-site for education/in-service. A written list of inspection will be documented at least every 4 years and as needed by Maintenance Director or contract company. The Administrator will monitor for compliance and ensure documentation is maintained in the Administrators office or the electronic Life safety/ Maintenance system for review on an annual basis. The Inspection and testing report from Specialty Heating and Cooling and education was presented to the Quality Assurance and Performance Improvement Committee on 8/13/2024, the committee reviewed the plan with no further recommendations.		
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	K 918			9/10/24

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K 918	Continued From page 2 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. The deficient practice affected 8 of 8 smoke compartments. The facility had a capacity for 121 beds with a census of 105 on the day of the survey. The findings include: Observation during the building inspection tour on 8/5/24 revealed facility did not have a remote manual stop for the generator.	K 918	On 8/5/2024, Taylor Generator Sudden Services was contacted regarding providing a remotd manual stop station for the generator. On 8/8/24 The Order for correction of deficit practice was made, by the Regional Maintenance Director to Taylor Generator Sudden Services. All residents have the potential to be affected. Maintenance Staff educated on 8/5/2024 on requirement for a remote manual stop		

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K 918	Continued From page 3 An interview, on 8/5/24 with the Maintenance Director revealed that facility was not aware of this deficiency. The census of 105 was verified by the Administrator. The findings were acknowledged by the Administrator and the Maintenance Director during the exit interview. 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.	K 918	station for the generator by Administrator during Life Safety Code Survey. On 8/8/24 The Order for correction of deficit practice was made, by the Regional Maintenance Director to Taylor Generator Sudden Services. Taylor Generator has ordered necessary supplies and E stop will be installed by 09/10/2024, or sooner if possible. on 8/23/2024, the administrator was provided written verification of order and installation date confirmation. The facility administrator will monitor to ensure E stop is installed and functioning by 9/10/2024 to prevent in advert 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 of the building. The plan was reviewed by the Quality Assurance and Performance Improvement Committee on 8/13/2024, with no recommendations. The administrator will report completion update to the next committee meeting scheduled for 9/10/2024.		
K9999	FINAL OBSERVATIONS The facility was found to be in compliance with Title 42, Code of Federal Regulations, 483.73 et seq. (Emergency Preparedness).	K9999			