STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255307	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**11/20/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN AGE NURSING HOME	**2901 HIGHWAY 82 EAST** **GREENWOOD, MS 38930**

(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 three (3) of eight (8) smoke compartments and affected 40 of 80 residents in the facility on the day of the Survey. Findings Include:	K 372	The facility will seal smoke barrier penetrations with appropriate fire stop sealant identified above doors located on Blue Wing near resident rooms 75 and 76 and wall near the clean linen room and housekeeping room. The facility has determined that all residents located on Blue Wing Hall A and Hall B have the potential to be affected. The facility will monitor all smoke barrier	12/6/24

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

Electronically Signed | 11/27/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255307	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**11/20/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN AGE NURSING HOME	**2901 HIGHWAY 82 EAST** **GREENWOOD, MS 38930**

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K 372	Continued From page 1 On 11/20/24 at 9:15 AM, observation revealed unsealed holes around data white cables at the following smoke barrier walls of the facility: Blue Hall Smoke Barrier Wall near resident rooms #75 and #76. Blue Hall Smoke Barrier Wall near the Clean Linen Room and House Keeping Room. 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 11/30/24.	K 372	compartment walls for any penetrations that could potentially affect all residents. The Maintenance Department will complete a facility audit on smoke barrier compartment walls above all doorways to ensure there are no penetrations. Audit will be completed by 12/6/2024. The Maintenance Director will inspect the smoke barrier compartment walls quarterly for one year to make sure the solution is sustained. The Maintenance Department staff will inspect yearly during annual fire door inspections and after any vendor that has access to the smoke barrier walls.	
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	K 374		12/30/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255307	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**11/20/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN AGE NURSING HOME	**2901 HIGHWAY 82 EAST** **GREENWOOD, MS 38930**

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K 374	Continued From page 2 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 eight (8) smoke compartments and 40 of 80 residents in the facility on the day of the Survey. Findings Include: On 11/20/24 at 8:55 AM, observation revealed the following smoke barrier doors did not close completely: Blue 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 11/30/24.	K 374	The facility will replace faulty fire door latch to secure smoke barrier doors when closing located on Blue Wing Hall B. The facility has determined that all residents located on Blue Wing Hall B have the potential to be affected. The facility will monitor all smoke barrier doors for proper closing that could potentially affect all residents. The Maintenance Director will inspect the smoke barrier doors weekly for 4 weeks beginning 12/2/2024 to ensure proper closing and monthly thereafter to make sure the solution is sustained.	