STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255210	A. BUILDING **01** B. WING _____	**12/11/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE CREST GUEST HOME INC	**133 PINE STREET** **HAZLEHURST, MS 39083**

(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 12/11/24 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 483.90(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 341 SS=F	Fire Alarm System - Installation CFR(s): NFPA 101 Fire Alarm System - Installation A fire alarm system is installed with systems and components approved for the purpose in accordance with NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm Code to provide effective warning of fire in any part of the building. In areas not continuously occupied, detection is installed at each fire alarm control unit. In new occupancy, detection is also installed at notification appliance circuit power extenders, and supervising station transmitting equipment. Fire alarm system wiring or other transmission paths are monitored for integrity. 18.3.4.1, 19.3.4.1, 9.6, 9.6.1.8	K 341		1/31/25

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

Electronically Signed | 12/30/2024

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255210	A. BUILDING **01** B. WING _____	**12/11/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE CREST GUEST HOME INC	**133 PINE STREET** **HAZLEHURST, MS 39083**

(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 341	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on observations, the facility failed to have properly installed fire alarm control panel and system as per NFPA 101 section 9.6.6. The deficient practice affected all 47 residents in the facility on the day of the survey. Findings include: On 12/11/24 at 11:15 AM, observation revealed the fire alarm system was renovated and upgraded with a new panel and smoke detectors. The fire alarm system did not meet the current NFPA 72 guidelines. Observation also revealed pull stations that were too high from the finished floor and missing horn/strobe devices. The fire alarm panel is a major component of the fire alarm system, so all the other components such as pull stations, and horn strobes should have been upgraded.	K 341	. All residents have the potential to be affected. . Our fire alarm vendor will replace our nonworking smoke detector in front of room 117, correct the height of our pull station in room 124 and replace the 4 year batteries in our fire alarm system. . Maintenance department will conduct a 100% audit on all smoke detectors, confirming all smoke detectors are functioning correctly. Also our maintenance department will conduct a 100% audit on all fire alarm pull stations confirming they are at the required 4ft height form the floor. . Maintenance will have weekly audits in 6 rooms for three weeks to ensure all smoke detectors & pull stations are working properly. Our completion date will be 1/31/2025	
K 345 SS=F	Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101 Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available.	K 345		1/31/25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255210	A. BUILDING **01** B. WING _____	**12/11/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE CREST GUEST HOME INC	**133 PINE STREET** **HAZLEHURST, MS 39083**

(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 345	Continued From page 2 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 This REQUIREMENT is not met as evidenced by: Based on record review, the facility failed to provide a properly maintained fire alarm system as required by NFPA 72 Table 14.3.1 and section 14.4.5.3.2. This deficiency affected all 47 residents in the facility on the day of the survey. Findings include: On 12/11/24 at 11:40 AM, record review revealed that the facility was unable to provide the documentation of annual and sensitivity inspection of the fire alarm system for the last two years. On 12/11/24 at 11:50 AM, record review also revealed the facility was unable to provide the documentation showing the problems and findings (from the October 2024 fire alarm inspection report) were not addressed and corrected. The problems and findings included the following: 1. Bad smoke detector in front of Room 117 of the facility, 2. Bad pull station in front of room 124 of the facility 3. Bad and 4-year-old batteries in the fire alarm panel	K 345	. All residents have the potential to be affected. . Fire X company will replace our nonworking smoke detector front of room 117, correct the height of our pull station in room 124 and replace the 4 year batteries in our fire alarm system. . Maintenance department will conduct a 100% audit on all smoke detectors, confirming all smoke detectors are functioning correctly. Also our maintenance department will conduct a 100% audit on all fire alarm pull stations confirming they are at the required 4ft height form the floor. . Maintenance will have weekly audits in 6 rooms for eight weeks to ensure all smoke detectors & pull stations are working properly. Our completion date will be 1/31/2025	