

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

PRINTED: 01/31/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255161	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 01/06/2025
NAME OF PROVIDER OR SUPPLIER NMMC BALDWIN NURSING FACILITY			STREET ADDRESS, CITY, STATE, ZIP CODE 739 4TH STREET SOUTH BALDWIN, MS 38824		
(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. 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 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 _____ 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 observations and record review, the facility failed to meet Standard for the Inspection, Testing and Maintenance of the Water-Based Fire Protection System components as required by NFPA 25, 5.2.1. The deficient practice had the potential to affect the entire facility on the day of survey.	K 353	1. Corrective action was initiated on 1/6/2025 at which time the Facility's Operation Manager contacted Fireline. Fireline scheduled a facility sprinkler system inspection to be completed on 1/8/2025. 2. The facility identifies all residents as	2/15/25	

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

TITLE

(X6) DATE

Electronically Signed

01/20/2025

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.

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

PRINTED: 01/31/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255161	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 01/06/2025
NAME OF PROVIDER OR SUPPLIER NMMC BALDWIN NURSING FACILITY			STREET ADDRESS, CITY, STATE, ZIP CODE 739 4TH STREET SOUTH BALDWIN, MS 38824		
(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 353	Continued From page 1 Findings Include: On 1/6/25 at 12:30 PM, observation and record review revealed the facility failed to provide the Annual inspection of the fire sprinkler system of the last year of 2024 and/or current year of 2025. The last known date was red tag on the sprinkler riser on 3/31/23. The finding was acknowledged by the Administrator and Maintenance Supervisor verified this observation during the exit interview on 1/6/25.	K 353	having the potential to be affected. 3.The Facility Operations Manager scheduled annual sprinkler system inspections to occur annually. The Facility Operations Manager also placed a scheduled electronic work order reminder in the facility's electronic work order system. 4.The results based from verbal exit from the State Survey Team will be reported to the Quality Assurance and Performance Improvement (QAPI) Committee on 1/28/2025. These rounds/results along with the written statement of deficiencies report (CMS-2567) were up for review at our QAPI follow-up meeting on 1/28/2025. Recommendations from this committee were implemented as required and will be monitored until compliance is achieved and will be reviewed on-going.		
K 372 SS=D	Subdivision of Building Spaces - Smoke Barrier 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	K 372		2/15/25	

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

PRINTED: 01/31/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255161	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 01/06/2025
NAME OF PROVIDER OR SUPPLIER NMMC BALDWIN NURSING FACILITY			STREET ADDRESS, CITY, STATE, ZIP CODE 739 4TH STREET SOUTH BALDWIN, MS 38824		
(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 372	Continued From page 2 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 two (2) of seven (7) smoke compartments in the facility on the day of the survey. Findings Include: On 1/6/25 at 10:45 AM, observation revealed F Hall smoke barrier doors did not close upon activation of the fire alarm system. The F Hall 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 1/6/25.	K 372	1. Corrective action was initiated on 1/6/2025 at which time the Facility's Operation Technician adjusted the smoke barrier doors ensuring they would close upon activation of the fire alarm system. 2. The facility identifies all residents as having the potential to be affected. 3. The Facility's Operation Technician will screen all smoke barrier doors in the facility weekly for one month (January) starting 1/20/2025, then every two weeks for one month (February), then once monthly (March) for possible significant changes, and will be a continued focus on Environment of Care (EOC) rounds each month going forward. 4. The results based from verbal exit from the State Survey Team will be reported to the Quality Assurance and Performance Improvement (QAPI) Committee on 1/28/2025. These rounds/results along with the written statement of deficiencies report (CMS-2567) were up for review at our QAPI follow-up meeting on 1/28/2025. Recommendations from this committee were implemented as required and will be monitored until compliance is achieved and will be reviewed on-going.		