STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255116	A. BUILDING **01** B. WING _____	**01/28/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKELAND NURSING AND REHABILITATION CENTER LLC	**3680 LAKELAND LANE** **JACKSON, MS 39216**

(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 1/28/25 reveals the above facility meets all applicable Federal, State and local emergency preparedness requirements. No deficiencies were cited.	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 372 SS=F	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	K 372	1. Unsealed holes identified in Central and North smoke barrier were filled with fire caulk on 2.5.24	3/10/25

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

Electronically Signed | 02/18/2025

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.

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K 372	Continued From page 1 and 8.5.6.2. This standard deficiency affected four (4) of six (6) smoke compartments in the facility and 54 residents on the day of Survey. Findings Include: On 1/28/25 at 11:15 AM, observation revealed unsealed holes around data cables at Central Hall smoke barrier wall of the facility. On 1/28/25 at 11:30 AM, observation also revealed unsealed holes around data cables at North Hall smoke barrier wall of the facility. The Central Hall and The North Hall smoke barrier walls were incapable of resisting the passage of smoke throughout the facility.	K 372	2. All resident within then the facility have the potential to be affected by this deficient practice. 3.Executive Director in-services Maintenance Director on 2.3.25 regarding conducting round observations to ensure there are no unsealed holes in smoke barrier walls. 4. Director of Maintenance to conduct rounds weekly for 4 week, then monthly for 2 months starting 2.3.25 of all smoke barrier walls to ensure no unsealed holes identified and make repairs as needed. Results of rounds provided to Executive Director weekly and reviewed in Quality Assurance Meeting on 3.10.25, and monthly for 2 months	
K 374 SS=F	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	K 374		3/10/25

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K 374	Continued From page 2 This REQUIREMENT is not met as evidenced by: Based on observations, the facility failed to provide 20-minute fire resistance rating smoke barrier door in accordance with NFPA 101 19.3.7.6, 19.3.7.8,19.3.7.9. This standard deficiency affected all smoke compartments and 54 residents on the day of the survey. On 1/28/25 at 11:15 AM. Observation revealed the following smoke barrier doors did not close to resist the passage of smoke through the facility: South Station Hall smoke barrier doors Central Station Hall smoke barrier doors The findings were acknowledged by the Administrator and Maintenance Supervisor verified this observation during the exit interview on 1/28/25.	K 374	1. Vendor contacted Capital Hardware 2.11.25 to come out to make adjustments to smoke barrier doors on Central and South Nurses stations. 2. Maintenance Director in-services on 2.11.25 regarding monitoring proper closure of smoke barrier doors and contact vendor with and issues by the Executive Director 3. Necessary adjustment and repairs made to the South and Central smoke barrier doors on 2.14.25 by Capital Hardware. 4. Maintenance Director to complete visual checks of smoke barrier doors through facility once a week for 4 weeks and then monthly for 2 months beginning 2.17.25. Results of checks reported to Executive Director weekly and reviewed in Quality Assurance Meeting 3.10.25, then monthly for 2 months	
K 923 SS=D	Gas Equipment - Cylinder and Container Storag CFR(s): NFPA 101 Gas Equipment - Cylinder and Container Storage Greater than or equal to 3,000 cubic feet Storage locations are designed, constructed, and ventilated in accordance with 5.1.3.3.2 and 5.1.3.3.3. >300 but <3,000 cubic feet Storage locations are outdoors in an enclosure or within an enclosed interior space of non- or limited- combustible construction, with door (or	K 923		3/10/25

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K 923	Continued From page 3 gates outdoors) that can be secured. Oxidizing gases are not stored with flammables, and are separated from combustibles by 20 feet (5 feet if sprinklered) or enclosed in a cabinet of noncombustible construction having a minimum 1/2 hr. fire protection rating. Less than or equal to 300 cubic feet In a single smoke compartment, individual cylinders available for immediate use in patient care areas with an aggregate volume of less than or equal to 300 cubic feet are not required to be stored in an enclosure. Cylinders must be handled with precautions as specified in 11.6.2. A precautionary sign readable from 5 feet is on each door or gate of a cylinder storage room, where the sign includes the wording as a minimum "CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING." Storage is planned so cylinders are used in order of which they are received from the supplier. Empty cylinders are segregated from full cylinders. When facility employs cylinders with integral pressure gauge, a threshold pressure considered empty is established. Empty cylinders are marked to avoid confusion. Cylinders stored in the open are protected from weather. 11.3.1, 11.3.2, 11.3.3, 11.3.4, 11.6.5 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on observations, the facility failed to provide 20-minute fire resistance rating smoke barrier door in accordance with NFPA 101 19.3.7.6, 19.3.7.8,19.3.7.9. This standard deficiency affected all smoke compartments and 54 residents on the day of the survey. On 1/28/25 at 11:15 AM. Observation revealed the following smoke barrier doors did not close to resist the passage of smoke through the facility:	K 923	1. Maintenance Director placed empty oxygen cylinder in proper storage container on 1.28.25. Facility contacted Lincare to receive another cylinder storage unit on 2.6.25 2. All 54 resident on units have the potential of being affected by this deficient practice.	

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K 923	Continued From page 4 South Station Hall smoke barrier doors Central Station Hall smoke barrier doors The findings were acknowledged by the Administrator and Maintenance Supervisor verified this observation during the exit interview on 1/28/25.	K 923	3. Maintenance Director, Central Supply, and nursing staff in-services on 2.3.24 by Executive Director regarding proper storage of oxygen cylinder tanks in respiratory storage area. 4. Central Supply aide and Maintenance Director to conduct checks of respiratory storage area 2 times per week for 4 weeks, then weekly for 3. Results of checks provided Executive Director weekly and reviewed in Quality Assurance Meeting on 3.10.25, then monthly for 2 months.	