STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255119	A. BUILDING **01** B. WING _____	**02/12/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF AMORY	**1215 EARL FRYE DRIVE** **AMORY, MS 38821**

(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 2/12/25 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=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	K 372	1. 3M Barrier CP WB+ was used to	3/14/25

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

Electronically Signed | 03/06/2025

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K 372	Continued From page 1 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 all (5) Five smoke compartments and 98 of 113 residents in the facility on the day of Survey. Findings Include: On 2/14225 at 10:30 AM, observation revealed unsealed holes around data cables and electrical piping at the following smoke barrier walls of the facility: 1. A Hall Smoke Barrier Wall 2. C Hall Smoke Barrier Wall 3. D Hall Smoke Barrier Wall These smoke barrier walls were incapable of resisting the passage of smoke throughout the facility.	K 372	reinstate the one half hour fire resistance rating in the smoke barriers in the gaps around data cable and electrical piping at the A,C, and D Hall Smoke Barriers such that these smoke barriers will resist the passage of smoke, by the Maintenance Director 2/18/2025. 2. All residents have the potential to be affected by this deficient practice. 3. Smoke barrier walls will be monitored for penetrations by the Maintenance Supervisor after contractors complete work. The Maintenance Supervisor was educated on Smoke Barrier precautions on 3/4/2025 by the Administrator. 4. Maintenance Supervisor will monitor smoke barrier walls for penetrations weekly x four weeks, then monthly x two months. The results of the monitoring will be addressed in the Quality Assurance and Performance Improvement (QAPI) meeting on 3/13/2025 and then monthly for a minimum of three consecutive months to assure continued compliance. Any variance will be addressed immediately	
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	K 374		3/14/25

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	255119	A. BUILDING **01** B. WING _____	**02/12/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF AMORY	**1215 EARL FRYE DRIVE** **AMORY, MS 38821**

(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 374	Continued From page 2 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 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 sections 19.3.7.6, 19.3.7.8, 19.3.7.9. This standard deficiency affected (3) three of five (5) smoke compartments and 49 of 113 residents in the facility on the day of survey. On 2/12/25 at 11:15 AM, observation revealed the following smoke barrier doors of the facility did not properly close upon activation of the fire alarm and sprinkler systems: 1. B Hall Smoke Barrier Doors 2. C Hall Smoke Barrier Doors These smoke barrier doors were incapable of resisting the passage of smoke throughout the facility.	K 374	1. Smoke barrier doors on B hall and C hall were adjusted to close properly and resist the passage of smoke by the Maintenance Supervisor on 2/18/2025. 2. All residents have the potential to be affected by this deficient practice. 3. Smoke barrier doors will be monitored for proper closure by the Maintenance Supervisor monthly to ensure resistance of the passage of smoke throughout the facility. 4. Maintenance Supervisor will ensure that smoke barrier doors are closing properly weekly x four weeks, monthly x two months, then on a quarterly basis. The results of the monitoring will be addressed in the Quality Assurance and Improvement (QAPI) meeting on 3/13/2025 and then monthly for a minimum of three consecutive months to assure continued compliance. Any variance will be addressed immediately.	