STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255299	A. BUILDING **01** B. WING _____	**02/18/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINEYARD COURT NURSING CENTER	**2002 5TH STREET NORTH** **COLUMBUS, MS 39705**

(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 2/18/25 reveals the above facility meets all applicable Federal, State and local emergency preparedness requirements. No Deficiencies Cited:	E 000		
K 000	INITIAL COMMENTS 42 CFR 483.90(a) The facility does not meets 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 observations, the facility failed to	K 372	I. Certified Fire Barrier Door Inspector	3/24/25

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

Electronically Signed | 03/06/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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K 372	Continued From page 1 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 two (2) of five (5) smoke compartments and 33 of 54 residents in the facility on the day of survey. On 2/18/25 at 10:00 AM, observation revealed the East Hall smoke barrier doors of the facility did not properly close upon activation of the fire alarm and sprinkler systems. The finding was acknowledged by the Administrator and verified by the Maintenance Supervisor during the exit interview on 2/18/25.	K 372	and Contractor assessed East Hall smoke barrier doors on February 26, 2025. Quote from inspector and contractor received to supply and replace two sets of interior fire door and frames. II. Residents identified by the electronic medical record in the computer software system currently residing in the facility have the potential to be affected by the alleged deficient practice. III. One-on-one education provided with Maintenance Supervisor by facility Administrator on February 18, 2025, regarding guidelines on fire door inspections and criteria that must be met. Maintenance Supervisor educated by Facility Administrator on February 18, 2025, that each fire smoke barrier door will be inspected at each fire drill conducted each quarter and must document on a new form called Fire and Smoke Door Inspection Form initiated by Administrator. Administrator educated Maintenance Supervisor on February 18, 2025, regarding fire smoke barrier doors must be inspected annually by a certified fire smoke barrier door inspector. Maintenance Supervisor will inspect fire smoke barrier doors weekly for four weeks then monthly for two months to ensure all fire smoke barrier doors function properly beginning February 24, 2025. IV. Maintenance Supervisor will inspect fire smoke barrier doors weekly for four weeks then monthly for two months to	

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K 372	Continued From page 2	K 372	ensure all fire smoke barrier doors function properly beginning February 24, 2025. Administrator will review findings of the Maintenance Supervisor's observation audits of the Fire Alarm Systems weekly for four weeks and then monthly for two months beginning February 24, 2025. Findings of the observations will be reported monthly to the Facility Quality Assurance Committee for further review and recommendation to ensure ongoing compliance beginning March 24, 2025.	