STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255233	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**03/05/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AZALEA GARDENS NURSING CENTER	**530 HALL ST** **WIGGINS, MS 39577**

(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 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 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 63 residents in the facility on the day of the survey.	K 341	1.On 3/5/2025, Southern Fire was contacted to address the situation of fire pull station not meeting ADA height requirement as indicated by NFPA 72 and the requirement for a strobe light to be installed on the therapy hall. 2.All residents had the potential to be affected.	4/25/25

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

Electronically Signed | 03/19/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255233	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**03/05/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AZALEA GARDENS NURSING CENTER	**530 HALL ST** **WIGGINS, MS 39577**

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K 341	Continued From page 1 Findings include: On 3/5/25 at 11:00 AM, observation revealed the fire alarm system was renovated and upgraded with a new panel. 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	3.Plan made with Southern Fire to come and correct the issue of installing a new pull station to meet ADA requirement as indicated by NFPA 72 and installing a strobe device on the therapy hall. Southern Fire will begin working on service orders for the pull station and the strobe light on 3/20/2025. 4.Maintenance Department will assess functionality and location of new pull station and strobe device upon installation. A fire drill will be conducted after installation to ensure all upgrades are integrated with the fire panel. Any issues will be reported immediately to the Administrator and will be reviewed by QA once monthly. Completion Date 4/25/2025	
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	K 372		4/25/25

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	255233	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**03/05/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AZALEA GARDENS NURSING CENTER	**530 HALL ST** **WIGGINS, MS 39577**

(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 observations the facility failed to provide the required 30-minute fire resistance rating for smoke barrier walls in accordance with NFPA 101 sections 19.3.7.1, 19.3.7.2. The deficient practice affected seven (7) of seven (7) smoke barrier walls and all 63 residents in the facility on the day of the survey. On 3/5/25 at 10:10 AM, observation revealed unsealed penetrations and improper plumbing pipes extending through all seven (7) smoke barrier walls in the facility. The plumbing pipes were made of plastic, non-fire rated material. All penetrations in smoke barrier walls must be made of fire-rated material.	K 372	1.On 3/5/2025 Maintenance Director was in serviced on 30-minute fire resistance rating required for smoke barrier walls and unsealed penetrations. 2.All residents had the potential to be affected. 3.Maintenance Director will cover exposed plastic pipes with fire rating material on all 7 smoke barrier walls and will caulk any unsealed penetration with fire-rated caulk. 4.Maintenance Department will do check to ensure the new fire rating material over the pipes on the smoke barrier is correctly placed and functional after installation. Maintenance Department will check to ensure the newly fire-rated caulk on the previously unsealed penetrations are accurate and complete. Any issues will be reported immediately to the Administrator and will be reviewed by QA monthly. Completion Date 4/25/2025.	