STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255339	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**03/04/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHOCTAW RESIDENTIAL CENTER	**135 RESIDENTIAL CENTER RD** **CHOCTAW, MS 39350**

(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 321 SS=D	Hazardous Areas - Enclosure CFR(s): NFPA 101 Hazardous Areas - Enclosure Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4 hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1 or 19.3.5.9. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door. Describe the floor and zone locations of hazardous areas that are deficient in REMARKS. 19.3.2.1, 19.3.5.9 Area Automatic Sprinkler Separation N/A a. Boiler and Fuel-Fired Heater Rooms b. Laundries (larger than 100 square feet) c. Repair, Maintenance, and Paint Shops d. Soiled Linen Rooms (exceeding 64 gallons) e. Trash Collection Rooms (exceeding 64 gallons) f. Combustible Storage Rooms/Spaces (over 50 square feet) g. Laboratories (if classified as Severe	K 321		3/26/25

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

Electronically Signed | 03/26/2025

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K 321	Continued From page 1 Hazard - see K322) This REQUIREMENT is not met as evidenced by: Based on observations, the facility failed to protect hazardous area in accordance with NFPA 101 sections 19.3.2.1. This deficiency affected one (1) of seven (7) smoke compartments in the facility on the day of the survey. Findings include: On 3/4/25 at 9:10 AM, observation revealed unsealed holes around vent piping through the ceiling in the two (2) HVAC Closets of Hall 3 of the 100 Hall. The Findings were acknowledged by the Administrator and Maintenance Supervisor verified this observation during the exit interview on 3/4/25.	K 321	* On 3/4/2025 it was observed on rounding that there were holes around piping entering the ceiling in HVAC closets on hall 3 of the 100 hall. On 3/5/2025 maintenance director did a 100% audit of all HVAC closets in the facility to address the need for any repairs to holes around piping. * All residents have ability to be affected by this alleged deficient practice. * Maintenance director repaired hole around piping entering the ceiling in HVAC closets on 3/06/2025 on Hall 3 on the pink unit. * Maintenance director will monitor all HVAC closets in the facility once a week for eight weeks starting 3/18/2025, then monthly to address the need for any repairs. The maintenance director will make a report to the QAPI committee at the quarterly meeting to determine compliance or if any changes to monitoring should be changed. * The administrator will review the audit weekly for eight weeks starting 3/18/2025, then monthly. The results of the audit will be reported to the Quality Assurance/Performance Improvement meeting on 3/27/2025, then monthly for 2 months, then quarterly until such time consistent substantial compliance has been met.	

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