STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255104	A. BUILDING **01** B. WING _____	**04/08/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRENADA LIVING CENTER	**1950 GRANDVIEW DRIVE** **GRENADA, MS 38901**

(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 The survey conducted on 4/8/25 revealed the above facility meets all applicable Federal, State and local emergency preparedness requirements.	E 000		
K 000	INITIAL COMMENTS 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)	K 321		5/13/25

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

Electronically Signed | 04/24/2025

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 321	Continued From page 1 f. Combustible Storage Rooms/Spaces (over 50 square feet) g. Laboratories (if classified as Severe Hazard - see K322) This REQUIREMENT is not met as evidenced by: Based on observations, the facility failed to protect hazardous areas in accordance with NFPA 101 sections 19.3.2.1.2. This deficiency affected one (1) of six (6) smoke compartments in the building at the time of the survey. Findings include: During the building inspection on 4/8/25 at 1:10 PM, observation revealed no door to Laundry Room on the Service Hall of the facility. The Laundry Room was not properly fire protected separated without door and was incapable of resisting the passage of smoke throughout the facility.	K 321	1) On 04/11/2025, an initial Quality Assurance and Performance Improvement (QAPI) was held and Root Cause Analysis was conducted by the Interdisciplinary Team (IDT) on 04/11/2025 and based on findings there was no door to the Laundry Room on the Service Hall to ensure proper fire protection separated without a door and was incapable of resisting the passage of smoke throughout the facility. The Laundry Room door was installed on 04/22/2025 by the Maintenance Director. The Service Hall door was ordered on 04/11/2025 and will be replaced by an outside vendor to ensure protection of hazardous areas in accordance with NFPA 101 sections 19.3.2.1.2 related to smoke compartments doors protecting hazardous areas in accordance with NFPA 101 sections 19.3.2.1.2. 2) Current census of eighty-three residents have the potential to be affected by this deficient practice. 3) A quality review of smoke compartment doors in the facility was conducted on 04/11/2025 by the Maintenance Director to ensure protection of hazardous areas in accordance with NFPA 101 sections 19.3.2.1.2 related to smoke compartments. The Administrator and	

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K 321	Continued From page 2	K 321	Registered Nurse (RN) Staffing Director educated the Maintenance Director on 04/11/2025 on ensuring protection of hazardous areas in accordance with NFPA 101 sections 19.3.2.1.2 related to smoke compartments. The RN Staffing Director educated licensed nurses, Certified Nurses Assistants (CNAs), and non-direct care staff starting on 04/11/2025 on ensuring protection of hazardous areas in accordance with NFPA 101 sections 19.3.2.1.2 related to smoke compartments and will be completed by 04/25/2025. Newly hired licensed nurses, Certified Nurses Assistants (CNAs), and non-direct care staff will be educated in orientation and as needed on ensuring protection of hazardous areas in accordance with NFPA 101 sections 19.3.2.1.2 related to smoke compartments. 4) Beginning on 04/14/25, the Administrator and/or Maintenance Director will monitor smoke compartment doors to ensure protection of hazardous areas in accordance with NFPA 101 sections 19.3.2.1.2 related to smoke compartments weekly for 4 weeks and then monthly for 3 months. Audits will be monitored, documented, and maintained by the Director of Nurses. Areas of concern will be reported to the QAPI Committee for review. The QAPI Committee will convene on 05/12/2025 to discuss further recommendations as needed and once a month for 3 months.	

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K 321	Continued From page 3	K 321	Additional training and/or disciplinary action will be considered as warranted.	