STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255278	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**04/15/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HILLCREST NURSING CENTER	**1401 FIRST AVENUE NORTHEAST** **MAGEE, MS 39111**

(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 89 residents in the facility on the day of the survey.	K 341	Administrator contacted local vendor on 4/15/25, to get quote to properly install fire alarm control panel and system to meet NFPA 101 Section 9.6.6. Work completed on 4/28/25. All residents who reside in the facility have the potential to be affected.	5/19/25

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

Electronically Signed | 05/01/2025

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 341	Continued From page 1 Findings include: On 4/15/25 at 11:25 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 far from the exit doors and missing smoke detectors at the smoke barrier doors of the facility. The fire alarm panel is a major component of the fire alarm system, so all the other components such as pull stations, and smoke detectors should have been upgraded.	K 341	On 4/15/25, the Administrator in serviced the maintenance director regarding pull stations and smoke detectors not in close proximity to the exit doors and smoke barrier doors. On 4/30/25, A Quality Assessment (QA) was held to discuss findings from survey exit and systemic changes needed to ensure deficient practice does not reoccur. Beginning 4/28/25, the Maintenance Director will perform an audit weekly for 4 weeks and then monthly times 2 months to ensure fire alarm control panel and system is installed and functioning correctly. The QA Committee will review the audits on a monthly basis for 3 months to ensure ongoing compliance with F tag 761 beginning on May 19, 2025.	