STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255308	A. BUILDING **01** B. WING _____	**05/28/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STONE COUNTY REHABILITATION AND NURSING CTR INC	**1436 EAST CENTRAL AVENUE** **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
E 000	Initial Comments *EMERGENCY PREPAREDNESS* Survey conducted on 5/28/25 reveals the above facility meets all applicable Federal, State and local emergency preparedness requirements. No deficiencies were cited.	E 000		
K 000	INITIAL COMMENTS 42 CFR 483.90(b) 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 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 the observation, the facility failed to	K 372	Preparation and/or execution of this plan	7/15/25

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

Electronically Signed | 06/08/2025

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K 372	Continued From page 1 provide half hour rating in the smoke barrier wall in accordance with NFPA 101 sections 19.3.7.3 and 8.5.6.2. This standard deficiency affected two (2) of four (4) smoke compartments and 31 of 48 residents in the facility on the day of Survey. Findings Include: On 5/28/25 at 10:30 AM, observation revealed unsealed holes around data cables at the following smoke barrier walls of the facility: 100 Hall Smoke Barrier Wall near resident room #109 Smoke Barrier Wall near the Nurses Station and Eye wash station. These smoke barrier walls were incapable of resisting the passage of smoke throughout the facility. The findings were acknowledged by the Administrator and Maintenance Supervisor verified this observation during the exit interview on 5/28/25.	K 372	does not constitute admission or agreement by the provider that a deficiency exist. This response is also not to be construed as an admission of fault by the facility, its employees, agents or other individuals who draft or may be discussed in this response and plan of correction. This plan of correction is submitted as the facility's credible allegation of compliance. 1. The immediate actions taken for the resident's found to have been affected include: The maintenance supervisor was immediately in-serviced on K372 Subdivision of Building Spaces, Smoke Barrier, Existing immediately on 5/28/25 at 10:35 AM. The maintenance supervisor sealed the holes around data cables at the following smoke barrier walls of the facility: 100 Hall Smoke Barrier Wall near resident room #109 and Smoke Barrier Wall near the Nurses Station and Eye wash station on 5/28/2025. The facility provides half hour rating in the smoke barrier wall in accordance with NFPA 101 sections 19.3.7.3 and 8.5.6.2. 2. Identification of other residents having the potential to be affected was accomplished by: The facility has determined that all residents who reside in the facility have the potential to be affected. 3. Actions taken/systems put into place to reduce the risk of future occurrence include: Maintenance supervisor will	

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K 372	Continued From page 2	K 372	conduct in-service of staff K372 on 5/28/2025. Maintenance supervisor will conduct monthly inspections of on Smoke Barrier Walls and doors to ensure compliance. The Administrator inspected the areas noted to ensure compliance with K372. 4. How the corrective actions will be monitored to ensure the practice will not reoccur: The Maintenance Supervisor will bring the results of the monthly inspections to the Quality Assurance meetings until such time consistent substantial compliance has been met. Completion Date: July 15, 2025	
K 374 SS=D	Subdivision of Building Spaces - Smoke Barrie CFR(s): NFPA 101 Subdivision of Building Spaces - Smoke Barrier Doors 2012 EXISTING Doors in smoke barriers are 1-3/4-inch thick solid bonded wood-core doors or of construction that resists fire for 20 minutes. Nonrated protective plates of unlimited height are permitted. Doors are permitted to have fixed fire window assemblies per 8.5. Doors are self-closing or automatic-closing, do not require latching, and are not required to swing in the direction of egress travel. Door opening provides a minimum clear width of 32 inches for swinging or horizontal doors. 19.3.7.6, 19.3.7.8, 19.3.7.9 This REQUIREMENT is not met as evidenced by: Based on observations, the facility failed to	K 374	Preparation and/or execution of this plan	7/15/25

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K 374	Continued From page 3 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 four (4) smoke compartments and 31 of 48 residents in the facility on the day of survey. On 5/28/25 at 9:10 AM, observation revealed the 200 Hall smoke barrier door near resident room #209 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.	K 374	does not constitute admission or agreement by the provider that a deficiency exist. This response is also not to be construed as an admission of fault by the facility, its employees, agents or other individuals who draft or may be discussed in this response and plan of correction. This plan of correction is submitted as the facility's credible allegation of compliance. 1. The immediate actions taken for the resident's found to have been affected include: The maintenance supervisor was immediately in-serviced on K374 Subdivision of Building Spaces, Smoke Barrier, Existing immediately on 5/28/25 at 10:35 AM. The maintenance supervisor repaired the 200 Hall smoke barrier door near resident room #209 of the facility. The door properly closes upon activation of the fire alarm and sprinkler systems. This was completed on 5/28/2025. The facility provides 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. 2. Identification of other residents having the potential to be affected was accomplished by: The facility has determined that all residents who reside in the facility have the potential to be affected. 3. Actions taken/systems put into place to reduce the risk of future occurrence include: Maintenance supervisor will	

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K 374	Continued From page 4	K 374	conduct in-service of staff K374 on 5/28/2025. Maintenance supervisor will conduct monthly inspections of Smoke Barrier Walls and doors to ensure compliance. The Administrator inspected the areas noted to ensure compliance with K374. 4. How the corrective actions will be monitored to ensure the practice will not reoccur: The Maintenance Supervisor will conduct monthly inspections of the smoke barrier doors to ensure compliance and will bring the results of the monthly inspections to the Quality Assurance meetings until such time consistent substantial compliance has been met. Completion Date: July 15, 2025	