STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255212	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**05/22/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COURTYARDS COMM LIVING CENTER	**907 EAST WALKER STREET** **FULTON, MS 38843**

(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=E	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		6/20/25

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

Electronically Signed | 06/04/2025

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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 properly protect hazardous areas as per NFPA 101 chapter 19 .3.2.1.2. and NFPA 8.4.2. This deficiency affected1 one (1) of two (2) smoke compartments and 29 of the 60 residents in the facility on the day of survey. Findings Include: Observation during the building inspection on May 22. 2025 at 12:35 pm revealed the ceiling in the boiler room and soiled linen room on the 100 hall had unsealed penetrations in ceiling.	K 321	Plan of Correction K321 On 05/27/2025, preparations began to repair the unsealed ceiling penetration in the soiled linen closet on hall 100. On 06/03/2025, the unsealed ceiling penetration in the soiled linen room on hall 100 was sealed with new ceiling material. All residents have the ability to be affected on hall 100. On 06/06/25, the ceiling penetration in the boiler room on hall 100 to be properly sealed using fire-resistant barriers to comply with NFPA 101 and NFPA 80 standards. The completed work will be done under the supervision of the Maintenance Director. The Preventative Maintenance Checklist will be updated to include quarterly inspections of all hazardous area ceilings to check for any penetrations or compromised fire-resistant barriers. On 06/02/2025, the Maintenance Director will complete inspections of all hazardous areas weekly x 4weeks beginning June 2, 2025. After the 4 weeks, inspections will be monthly, and inspection results will be documented and reviewed during the facility monthly Quality Assurance and Performance Improvement committee meetings. Any issues identified will be corrected immediately and reviewed for systemic reasons.	

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K 363 SS=E	Corridor - Doors CFR(s): NFPA 101 Corridor - Doors Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas resist the passage of smoke and are made of 1 3/4 inch solid-bonded core wood or other material capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Corridor doors and doors to rooms containing flammable or combustible materials have positive latching hardware. Roller latches are prohibited by CMS regulation. These requirements do not apply to auxiliary spaces that do not contain flammable or combustible material. Clearance between bottom of door and floor covering is not exceeding 1 inch. Powered doors complying with 7.2.1.9 are permissible if provided with a device capable of keeping the door closed when a force of 5 lbf is applied. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies. 19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485 Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc.	K 363		6/20/25

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K 363	Continued From page 3 This REQUIREMENT is not met as evidenced by: Based on observation and testing, the facility failed to properly protect corridor openings as directed by NFPA 19 3.6.3.5. This deficiency affected one (1) of two (2) smoke compartments and 29 pf the 60 residents in the facility on the day or survey. Findings Include: Observations on May 22, 2024 at 12:30 pm revealed the corridor door to the clean linen room and the electrical room on the 100 hallway would not positively latch.	K 363	Plan of Correction K363 On 05/23/25, preparations began to install new latches on the doors to the clean linen room and electrical room on the 100 hallway to repair and to ensure proper positive latching. Repairs will include adding latches with pull chains and adjustments of door hardware. After correction, both doors will be tested to verify compliance and positively latch as required. On 05/23/25, a full inspection of all corridor doors to rooms containing hazardous materials, utility systems, or storage rooms conducted by the Maintenance Director. No additional corridor doors were found to be non-latching at that time. On 06/02/25, new latches were installed on the doors to the clean linen room and electrical room on the 100 hallway to repair and to ensure proper positive latching. Repairs included adding latches with pull chains and adjustments of door hardware. After correction, both doors were tested to verify compliance and positively latch as required. Any newly installed or repaired corridor door will be inspected by the Maintenance Director for positive latching before being put into service.	

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K 363	Continued From page 4	K 363	The Maintenance Director will conduct weekly door inspections x 4 weeks, focusing on corridor and hazardous room doors for function, alignment, and positive latching. After 4 weeks, monthly inspections will be conducted by the Maintenace Director, and findings will be reported during monthly Quality Assurance and Performance Improvement (QAPI) meetings.	