STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255118	A. BUILDING **01** B. WING _____	**05/19/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF MERIDIAN	**4728 HIGHWAY 39 NORTH** **MERIDIAN, MS 39301**

(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 5/19/25 revealed 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(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 374 SS=F	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	K 374		6/23/25

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

Electronically Signed | 06/11/2025

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K 374	Continued From page 1 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 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 seven (7) smoke compartments and 34 of 98 residents in the facility on the day of the survey. On 5/19/25 at 11:00 AM, observation revealed the smoke barrier door near Room 11 of the facility did not properly close and latch upon activation of the fire alarm system. The finding was acknowledged by the Administrator and verified by the Maintenance Supervisor during the exit interview.	K 374	1) The Maintenance Director ensured the smoke barrier doors closed and latched upon activation on fire system on 5/19/2025. 2) All residents have to potential to be affected by this deficient practice. 3) On 5/19/2025 the Administrator in-serviced the Maintenance Director on Subdivision of Building Service Spaces-Smoke Barrier Policy and ensuring all smoke barrier doors close and latch upon activation of fire alarm system. Maintenance Director monitored smoke doors for proper closure and latching during fire drills on 5/29/25 amd 5/30/25, no deficients noted. 4) To monitor the performance of our corrective action and to ensure sustainability, the Maintenance Director will ensure the smoke barrier doors close and latch upon activation of fire alarm system weekly x 12 weeks beginning on 5/19/2025. Any negative findings will be brought to the QAPI meeting monthly for a minimum of three months, 6/23/2025 beginning for review and revision as necessary. The QAPI Committee will review the findings and determine if there is a need to alter our corrective action.	
K 712 SS=F	Fire Drills CFR(s): NFPA 101 Fire Drills Fire drills include the transmission of a fire alarm	K 712		6/23/25

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K 712	Continued From page 2 signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 19.7.1.4 through 19.7.1.7 This REQUIREMENT is not met as evidenced by: Based on record review and interviews, the facility failed to properly perform fire drills as per NFPA 101 section 19.7.1.2. The deficient practice affected all smoke compartments and residents in the facility on the day of the survey. Findings Include: On 5/19/25 at 11:30 AM, the facility could not provide complete and proper documentation of fire drills for the last calendar year 2024 and the 1st & 2nd quarters of 2025.	K 712	On 5/19/25 100 % audit done on documentation for fire drills for the last calendar year of 2024, and 1st and 2nd quarters of 2025 by Maintenance Manager. A fire drill was conducted on each shift between 5/29/25 and 5/30/25. 2) All residents of the facility have the potential to be affected by this deficient practice. 3) The Administrator in-serviced the Maintenance Director on 5/19/2025 on Fire Drill Policy, frequency of drills and proper documentation of drills. 4) To monitor the performance of our corrective actions and to ensure the sustainability, the Maintenance Director will conduct fire drills monthly on alternating shifts to ensure the drills are conducted quartedrly on all shifts and documentions will be provided for 3 months beginning ion 5/19/2025. Any negative findings will be brought to the QAPI meeting monthly for a minimum of three months, 6/23/2025 beginning for review and revision as necessary. The QAPI Committee will review the findings and determine if there is a need to alter	

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K 712	Continued From page 3	K 712	our corrective action.	
K 918 SS=F	Electrical Systems - Essential Electric Syste CFR(s): NFPA 101 Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)	K 918		6/23/25

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K 918	Continued From page 4 This REQUIREMENT is not met as evidenced by: Based on the review of documentation, the facility failed to properly document records of testing the generator annually as directed by NFPA 110 section 8.4.2, NFPA 99 sections 6.4.4.1.1.3 and 6.4.4.2. This deficient practice affected all 98 residents in the facility on the day of the survey. Findings include: On 5/19/25 at 11:20 AM, the facility could not produce the documentation for monthly load test of the generator with the calendar year 2024 and for the months January through April of 2025.	K 918	1) On 5/19/25 the Maintenance Director located and audited weekly testing and monthly load testing of the generator documentation and checked accuracy and completion for the calerdar your of 2024 and 1st and 2nd quarter of 2025. 2) All residents of the center have the potential to be affected by this deficient practice. 3) On 5/20/25 the Administrator in-serviced the Maintenance Director on the proper documentation of the generator load testing and location of documentation to be kept in a binder in the Administrator's office. 4)To monitor the performance of our corrective actions and to ensure sustainablity, the Maintenance Director will ensure documentation of the generator loading testing weekly for 12 weeks is in place in binder beginning 5/22/25. Administratior to audit binder weekly x 12 weeks to ensure documentation is in place and completed. Any negative findings will be brought to the QAPI meeting monthly for a minimum of three months, 6/23/2025 beginning for review and revision as necessary. The QAPI Committee will review the findings and determine if there is a need to alter our corrective action.	