STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255252	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**02/04/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MS CARE CENTER OF GREENVILLE	**1221 EAST UNION STREET** **GREENVILLE, MS 38703**

(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 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 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 four (4) of six (6) smoke compartments and 34 of 70 residents in the facility on the day of Survey. Findings Include: On 2/4/25 at 10:00 AM, observation revealed unsealed holes around data lines and electrical piping of the following smoke barrier walls of the	K 372	K372 Subdivision of Building Spaces □ Smoke Barrier Construction 1. Unsealed holes have been sealed with 3M Fire Barrier CP 25WB+ Sealant. 2. All Residents have the potential to be affected. 3. Subdivision of Building Spaces a. Administrator in-serviced Maintenance Staff on 2/5/25 on the importance of ensuring all holes in fire barrier walls are filled with Fire Barrier Sealant.	3/17/25

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

Electronically Signed | 02/26/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255252	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**02/04/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MS CARE CENTER OF GREENVILLE	**1221 EAST UNION STREET** **GREENVILLE, MS 38703**

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K 372	Continued From page 1 facility: First Floor Smoke Barrier Wall near the Dinning Area. Third Floor A Hall Smoke Barrier Wall These smoke barrier walls were incapable of resisting the passage of smoke throughout the facility. The finding was acknowledged by the Administrator and Maintenance Supervisor verified this observation during the exit interview on 2/4/25.	K 372	b. Maintenance Director completed report for all unsealed holes in fire barrier walls have been sealed and completed on 2/4/2025. 4. Findings will be reported to the Quality Assurance Committee on March 17, 2025 by the Maintenance Director. Any upcoming work, which will include running lines or cables through a fire barrier wall, will be reported to the Quality Assurance Committee monthly, to ensure continued compliance. 5.Indicate the date(s) the corrective action(s) will be completed Survey March 17, 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	K374	3/17/25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255252	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**02/04/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MS CARE CENTER OF GREENVILLE	**1221 EAST UNION STREET** **GREENVILLE, MS 38703**

(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 374	Continued From page 2 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 (4) four of (6) six smoke compartments and 34 of 70 residents in the facility on the day of the survey. On 2/4/25 at 9:45 AM, observation revealed the following smoke barrier doors of the facility did not properly close upon activation of the fire alarm and sprinkler systems: Second Floor B Hall Smoke Barrier Doors Third Floor A Hall Smoke Barrier Doors The finding was acknowledged by the Administrator and verified by the Maintenance Supervisor during the exit interview.	K 374	1. Fire doors were adjusted to properly shut on 2/4/25 2. All residents have the potential to be affected. 3. Subdivision of Building spaces a. Administrator Inserviced Maintenance on importance of checking fire doors on 2/5/2025. b. Maintenance checked on fire doors to ensure closing of doors on 2/4/25 with Door company. 4. Findings will be reported to the Quality Assurance Committee on March 17, 2025 by the Maintenance Director. Any upcoming work, which will include running lines or cables through a fire barrier wall, will be reported to the Quality Assurance Committee monthly, to ensure continued compliance. 5. Indicate the date(s) the corrective action(s) will be completed Survey March 17, 2025	