STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255192	A. BUILDING **01** B. WING _____	**06/18/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLAIBORNE COUNTY SENIOR CARE	**2124 OLD HWY 61 SOUTH** **PORT GIBSON, MS 39150**

(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 6/18/25 reveals the above facility meets all applicable Federal, State and local emergency preparedness requirements. No deficiencies were cited.	E 000		
K 000	INITIAL COMMENTS 423 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=F	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	K 372		7/27/25

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

Electronically Signed | 07/09/2025

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 372	Continued From page 1 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 six (6) of seven (7) smoke compartments and 41 of 66 residents in the facility on the day of Survey. Findings Include: On 6/18/25 at 8:40 AM, observation revealed unsealed holes around blue data cables at the following smoke barrier walls of the facility: A Hall Smoke Barrier Wall C Hall Smoke Barrier Wall D Hall Smoke Barrier Wall 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 6/18/25.	K 372	On June 19, 2025, the Maintenance Supervisor sealed the holes around blue data cables on A Hall, C Hall, and D Hall smoke barrier walls to prevent the passage of smoke throughout the facility. All residents on A Hall, B Hall and C Hall have the potential to affected by this deficit practice. The Maintenance Director was in-serviced on the importance of ensuring that penetrations in smoke barrier walls were protected by a material capable of restricting the transfer of smoke on June 19, 2025 by the Administrator. The Maintenance Director will conduct a complete audit of all smoke barrier walls to ensure all penetration barriers remain intact monthly times three months to ensure that the facility remains in compliance beginning June 19, 2025. The Maintenance Director will report all findings to the Quality Assurance Committee monthly for three months beginning July 25, 2025.	