| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255095 | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED 08/07/2025 |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| CARE CENTER OF LAUREL | 935 WEST DR , LAUREL, Mississippi, 39440 |

| (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 |
|---|---|---|---|---|
| E0000 | Initial Comments<br><br>*EMERGENCY PREPAREDNESS* Survey conducted on 8/7//25 revealed the above facility meets all applicable Federal, State and local emergency preparedness requirements.<br><br>No deficiencies were cited. | E0000 | | |
| K0000 | INITIAL COMMENTS<br><br>42 CFR 483.73<br><br>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). | K0000 | | |
| K0521<br>SS = F | HVAC<br><br>CFR(s): NFPA 101<br><br>HVAC<br><br>Heating, ventilation, and air conditioning shall comply with 9.2 and shall be installed in accordance with the manufacturer's specifications.<br><br>18.5.2.1, 19.5.2.1, 9.2<br><br>This STANDARD is NOT MET as evidenced by:<br><br>Based on testing and observations, the facility failed to ensure that heating, ventilation, and air conditioning shall comply with NFPA 101 sections 19.5.2.1, 9.2 and NFPA 90A section 4.3.12.1. This deficiency affected all seven (7) smoke compartments and 87 of the residents in the facility the day of survey. Findings include: On 8/7/25 at 11:30 AM, observation revealed that the corridor was being utilized as a return air plenum for the HVAC system, while testing the fire alarm system. During an interview with the Maintenance Supervisor on 8/7/25 at 11:40 AM, it was stated that the facility had plans to upgrade the HVAC system. However, the Maintenance Supervisor was unable to provide the plans or documentation for the HVAC upgrade at the time of the survey. | K0521 | | |

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 reverse for further 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.

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

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| K0521 SS = F | Continued from page 1<br><br>S/S F | K0521 | | |