

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/02/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255159	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 05/06/2025
NAME OF PROVIDER OR SUPPLIER PERRY COUNTY NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 202 BAY AVENUE WEST RICHTON, MS 39476		
(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(b) 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 916 SS=F	Electrical Systems - Essential Electric Syste CFR(s): NFPA 101 Electrical Systems - Essential Electric System Alarm Annunciator A remote annunciator that is storage battery powered is provided to operate outside of the generating room in a location readily observed by operating personnel. The annunciator is hard-wired to indicate alarm conditions of the emergency power source. A centralized computer system (e.g., building information system) is not to be substituted for the alarm annunciator. 6.4.1.1.17, 6.4.1.1.17.5 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on observations, the facility failed to provide a generator required components as in accordance to NFPA 110 section 5.6.6 and NFPA 99 section 6.4.1.1.17. The deficient practice affected the entire facility on the day of the survey. Findings include: On 5/6/25 at 1:45 PM, observation revealed the generator lacked a hard-wired, remote	K 916	*On May 13, 2025, Taylor Power Systems conducted an inspection of the facility's generator. Immediate steps were taken to order a hard-wired, remote annunciator panel for existing generator to be placed and installed outside the generator room in a location that is continuously observed by facility staff, which is located at the Nursing station. The annunciator is hard-wired to monitor all required conditions of the essential electrical system per NFPA 1105.6.6. *All residents have the potential to be affected by this deficient practice.	5/31/25	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

05/20/2025

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 916	Continued From page 1 annunciator panel in a constantly monitored location of the facility (ex. Nurses station or receptionist desk ...). Also, during the survey, it was mentioned that the centralized computer system cannot substitute or suffice as hard-wired generator annunciator panel.	K 916	*On May 8, 2025, the facility's Maintenance Supervisor was in-serviced by the facility Administrator on CMS guidelines regarding National Fire Protection Association(NFPA) 110 section 5.6.6 and (NFPA) 99 section 6.4.1.1.17. *Starting May 30, 2025, the facility Maintenance Supervisor will verify and assess the annunciator's visibility, location, and functionality three times a week for four weeks and then weekly for two months to ensure ongoing compliance with tag K916. The QA & A meeting will be held on May 30, 2025.		