STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255322	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING **01 - DUNBAR VILLAGE ...** B. WING	**07/31/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DUNBAR VILLAGE TERRACE	**725 DUNBAR AVE 725 DUNBAR AVE, BAY SAINT LOUIS, Mississippi, 39520**

(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
K0000	INITIAL COMMENTS 42 CFR 483.90(a) The facility meets the applicable provisions of the 2012 (existing) Edition of the Life Safety Code (LSC) of the National Fire Protection Association (NFPA).	K0000		08/15/2025
K0341 SS = D Bldg. 01	Fire Alarm System - Installation CFR(s): NFPA 101 Fire Alarm System - Installation A fire alarm system is installed with systems and components approved for the purpose in accordance with NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm Code to provide effective warning of fire in any part of the building. In areas not continuously occupied, detection is installed at each fire alarm control unit. In new occupancy, detection is also installed at notification appliance circuit power extenders, and supervising station transmitting equipment. Fire alarm system wiring or other transmission paths are monitored for integrity. 18.3.4.1, 19.3.4.1, 9.6, 9.6.1.8 This STANDARD is NOT MET as evidenced by: Based on observations, the facility failed to maintain a complete manual fire alarm system as directed by NFPA 72 Chapter 10, and NFPA 101 section 9.6. The deficient practice affected all smoke compartments and all 57 residents in facility on the day of survey. Findings Include: On 7/29/25 at 11:45 AM, observation revealed a “trouble signal” on the fire alarm system panel in the facility. The Maintenance Supervisor was unable to reset the fire alarm panel to “normal” mode. The fire alarm was tested, still functionally, and was able to notify emergency forces.	K0341	The following plan of correction is not intended to be an admission of guilt or used for any purpose other than the purpose stated herein. The Maintenance Supervisor was able to reset the alarm panel to “normal” mode upon discovery on 7/29/25 in the presence of the su. The alarm was immediately tested by the Maintenance Supervisor on 7/29/25 and was determined to be still functioning and able to notify emergency forces. All residents have the potential to be affected by failing to maintain a complete manual fire alarm system as directed by NFPA (National Fire Protection Association) 72 Chapter 10, and NFPA 101 section 9.6. On 7/29/25, the Maintenance Supervisor began inservicing all staff that when the alarm sounds, staff must call 911 and alert the Maintenance Supervisor or Maintenance Technician immediately. Inservicing completed by 8/4/2025. On 7/30/25, the Maintenance Supervisor added a sign by the annunciator panel instructing to call 911 and alert the Maintenance Supervisor or Maintenance Technician when the alarm sounds. On 7/30/25, the Maintenance Supervisor, Maintenance Technician or Registered Nurse Supervisor began the practice of checking the annunciator panel every morning to ensure there is no “trouble signal.” Findings of the Quality Assessment and Performance Improvement will be reported to the Quality Assessment and Assurance Committee on 9/3/25 and monthly thereafter for review. Any systemic changes will be made as needed. The revisions will be developed and approved by the Quality Assessment and Assurance Committee to ensure the Plan of Correction is achieved and sustained. The Quality Assessment and Assurance	09/03/2025

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 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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255322	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - DUNBAR VILLAGE ... B. WING	(X3) DATE SURVEY COMPLETED 07/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DUNBAR VILLAGE TERRACE	725 DUNBAR AVE 725 DUNBAR AVE, BAY SAINT LOUIS, Mississippi, 39520

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K0341 SS = D Bldg. 01		K0341	Continued from page 1 Committee includes, but is not limited to, the Medical Director (or his designee), Administrator, Director of Nursing, Infection Preventionist, and at least two other members of the staff.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255322	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/31/2025

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DUNBAR VILLAGE TERRACE	**725 DUNBAR AVE 725 DUNBAR AVE, BAY SAINT LOUIS, Mississippi, 39520**

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E0000	Initial Comments *EMERGENCY PREPAREDNESS* Survey conducted on 7/29/25 revealed the above facility meets all applicable Federal, State and local emergency preparedness requirements. No deficiencies were cited.	E0000		08/15/2025

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