STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255233	A. BUILDING _____ B. WING _____	11/27/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AZALEA GARDENS NURSING CENTER	530 HALL ST WIGGINS, MS 39577

(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
F 000	INITIAL COMMENTS The State Agency (SA) conducted an annual recertification survey, from 11/25/19 to 11/27/19. During the survey, the SA determined the facility was not in compliance with Medicare and Medicaid requirements of participation. The SA cited the regulatory deficiencies F550, F578, F656, F684, and F686. At the time of survey, the census was 78, and the facility held a license for 99 beds.	F 000		
F 550 SS=E	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. §483.10(b) Exercise of Rights.	F 550		12/24/19

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

Electronically Signed | 12/24/2019

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F 550	Continued From page 1 The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States. §483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility. §483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is not met as evidenced by: Based on resident and staff interviews, record review, and policy review, the facility failed to assist three (3) of six (6) residents in Resident Council Group Meeting, who wanted to vote in the General election on 11/6/2019; Resident #20, #44 and #54. Findings include: Review of the facility's "Residents Right to Vote" policy, dated 9/18, revealed: Prior to an election, the Social Worker, Social Service designee, or assigned staff member should identify the residents who choose to vote, and identify the residents who need to register. During an interview, with the residents at a group meeting, on 11/25/19 at 3:00 PM, Resident #20, #44 and #54, stated they did not get to vote in the general election, and expressed the desire to vote.	F 550	1. Resident #20,#44 and #54 were made aware of their right to vote and the facilities plan to ensure they can exercise their right to vote on 12/3/2019 by the Social Services Director. 2.All residents who wish to vote have the potential to be affected. 3. A resident council meeting was held with the Social Services Director on 12/3/2019 to discuss the facilities policy and procedure to accommodate residents who wish to exercise their right to vote during an election. The following policies and procedures were discussed by the Social Services Director during the resident council meeting on 12/3/2019. The Social Services Director will establish and maintain a list of all residents who have expressed the desire to vote in upcoming elections. Each resident will be	

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F 550	Continued From page 2 Review of the most recent Minimum Data Set (MDS) assessments, revealed, Resident # 20, Resident #44 and Resident #54 had Brief Mental Status (BIMS) scores of 15, which indicated no cognitive impairment. During an interview, on 11/25/19 at 3:25 PM, the Social Worker stated Resident #20, #44 and #54 did not indicate to her they wanted to vote.	F 550	approached prior to the election and it will be documented in the medical record if they wish to exercise their right to vote in any upcoming elections. The Social Services Director will post in writing a notice of upcoming elections in a highly visible area. The Social Services Director will also post upcoming elections on the information monitors. All policies and procedures discussed during the resident council meeting held on 12/3/2019 are effective as of 12/3/2019. 4.The Social Services Director will report monthly to the Quality Assurance committee and Quality Assurance Performance Improvement program committee on the residents right to vote and any updates to the list of residents that wish to exercise their right to vote. This will be monitored and reported to each committee until 12/01/2020 for review and recommendation.	
F 578 SS=D	Request/Refuse/Dscntnue Trmnt;Formlte Adv Dir CFR(s): 483.10(c)(6)(8)(g)(12)(i)-(v) §483.10(c)(6) The right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. §483.10(c)(8) Nothing in this paragraph should be construed as the right of the resident to receive the provision of medical treatment or medical services deemed medically unnecessary or inappropriate. §483.10(g)(12) The facility must comply with the	F 578		12/24/19

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F 578	Continued From page 3 requirements specified in 42 CFR part 489, subpart I (Advance Directives). (i) These requirements include provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the resident's option, formulate an advance directive. (ii) This includes a written description of the facility's policies to implement advance directives and applicable State law. (iii) Facilities are permitted to contract with other entities to furnish this information but are still legally responsible for ensuring that the requirements of this section are met. (iv) If an adult individual is incapacitated at the time of admission and is unable to receive information or articulate whether or not he or she has executed an advance directive, the facility may give advance directive information to the individual's resident representative in accordance with State Law. (v) The facility is not relieved of its obligation to provide this information to the individual once he or she is able to receive such information. Follow-up procedures must be in place to provide the information to the individual directly at the appropriate time. This REQUIREMENT is not met as evidenced by: Based on record review, facility policy review, and interviews, the facility failed to honor resident's rights regarding a Do Not Resuscitate (DNR) code status for one (1) of 20 records reviewed, Resident #74. Findings include: Review of the facility's "Cardiopulmonary	F 578	1. On 10/6/2019 at 9:18 PM, resident #74 was found unresponsive and Cardiopulmonary Resuscitation was initiated by the nurse. Nurse failed to check the resident's code status and initiated Cardiopulmonary Resuscitation. Cardiopulmonary Resuscitation was continued on resident #74 by nurse until emergency services arrived and notified nurse of do not resuscitate code status.	

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F 578	Continued From page 4 Resuscitation (CPR) Policy", dated 10/18, revealed, it is the policy of this facility to adhere to resident's rights to formulate advance directives, and the facility will implement guidelines regarding cardiopulmonary Resuscitation (CPR). Review of the facility's "Resident Rights", dated 01/19, revealed: the facility will protect and promote the rights of the resident. A resident has the right to exercise his or her rights as a resident of the facility. Review of the facility's "Advance Directives Policy", dated 11/18, revealed: The facility Do Not Resuscitate (DNR) definition indicates that, in case of respiratory or cardiac failure, the resident, legal guardian. health care proxy, or representative (sponsor) has directed that no cardiopulmonary resuscitation (CPR) or other life sustaining treatments or methods are to be used. Review of the physicians orders for Resident #74, revealed an order dated 5/9/18, for a DNR code status. Review of the "Advanced Care Planning" form, dated 5/9/18, revealed Resident #74's family elected the DNR code status. Record Review of nurses notes, dated 10/6/19 at 9:18 PM, revealed Resident #74 was found unresponsive and Cardiopulmonary Resuscitation (CPR) was initiated by the nurse. The nurses notes revealed CPR was performed for five (5) minutes, prior to the fire department's arrival. During an interview, on 11/26/19 at 4:44 PM, Firefighter #1 stated on 10/6/19, upon responding to the 911 call for Resident #74, the Chief	F 578	Cardiopulmonary Resuscitation was discontinued on resident #74 at this time. Resident #74 had a physician order dated 5/9/2018 for a do not resuscitate code status and an Advance Directive dated for 5/9/2018 stating do not resuscitate. Nurse was in-serviced on 10/8/2019 by director of nursing. 2. All residents with advance directives have the potential to be affected. 3. All nurses have been in-serviced on resident rights with emphasis on advance directives and code status completed on 12/24/2019 by the director of nursing. The assistant director of nursing will monitor advance directives related to code status through the electronic health record and maintain a current list on the medication cart. The code status list will be monitored as needed and with any new discharges or admits. The resident code status was added to the emergency code cart on 11/27/2019 and will be updated and maintained by the assistant director of nursing as needed and with any new discharges or admits. The director of nursing conducted in-services on code status for all licensed nurses followed by individual return demonstration of code procedure completed on 12/24/2019. 4. The director of nursing will conduct a mock code drill to include policy and procedure related to advance directives and code status with individual licensed nurses each month until 5/31/2020. The director of nursing will report findings to	

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F 578	Continued From page 5 obtained the medical records, and discovered Resident #74 had a DNR code status. Firefighter #1 stated, CPR was ceased at that time. During an interview, on 11/26/19 at 4:46 PM, the Deputy Coroner stated he was told the staff had performed CPR, and Resident #74 could not be revived. During an interview, on 11/26/19 at 5:52 PM, the Director of Nursing (DON) confirmed CPR was initiated on Resident #74, when found unresponsive. The DON stated Resident #74 was a DNR.	F 578	the Quality Assurance and Quality Assurance Performance Improvement program committee for review and recommendation.	
F 656 SS=G	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized	F 656		12/24/19

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F 656	Continued From page 6 rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv)In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. This REQUIREMENT is not met as evidenced by: Based on record review, staff interview and facility policy review, the facility failed to develop/implement the care plan for pain medication as needed, during wound care, for Resident #22; and failed to implement the care plan for Resident #74, regarding the code status for two (2) of 20 care plans reviewed. Findings include: Review of the facility's "Comprehensive Care Plans" policy, dated 9/18, revealed, it is the policy of this facility to develop and implement a comprehensive person-centered care plan for each resident, consistent with resident rights, that includes measurable objectives and timeframes to meet a resident's medical, nursing and mental	F 656	1.Care plan for resident #74 has been reviewed and updated according to advance directive and code status on 11/27/2019. Care plan for resident #22 has been reviewed and updated to reflect assess for pain prior to and during wound care on 11/27/2019. 2. All residents have the potential to be effected. 3. All care plans were reviewed and updated by the care plan coordinator on 11/27/2019 to ensure advance directives and code status are followed. All resident's care plans were reviewed and updated by the care plan coordinator on	

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F 656	Continued From page 7 and psychosocial needs that are identified in the resident's comprehensive assessment. Resident #22 Review of Resident #22's comprehensive care plan, initiated 9/18/19, revealed the resident had interventions for Ultram 50 milligrams (mg) every six (6) hours as needed for pain. Observation of wound care, on 11/26/2019 at 9:00 AM, and interview with Registered Nurse (RN) #1, revealed, Resident #22 cried out "OWWW" and drew her left leg upward toward her chest, during wound care. RN #1 confirmed Resident #22 did not receive pain medication prior to wound care. RN #1 continued to clean Resident #22's wound care with normal saline. RN #1 measured the wound, washed her hands, applied gloves and cleaned the wound again. Resident #22 cried out "OWWW" a second time. RN #1 applied Sure Prep to the wound edges, Santyl to the wound bed, covered the wound with foam dressing and wrapped the left heel with Kerlix. During an interview, on 11/26/19 at 5:33 PM, RN #2/Care Plan Nurse confirmed he did not develop a care plan related to pain, for Resident #22's left heel pressure ulcer. RN #2 stated he notified the doctor and received an order, for pain medication routinely and as needed. Resident #74 Review of the Comprehensive Care Plan, initiated 7/25/19, revealed, Resident #74 had a DNR code status. Review of the nurses notes, dated 10/6/19 at 9:18	F 656	11/27/2019 to ensure that any resident who may have a wound will be assessed for pain prior to and during wound care. Care plans will be reviewed and updated weekly during the interdisciplinary care plan team meeting and as needed by the care plan coordinator effective 12/4/2019. 4. Care plans for new residents, residents who change their advance directive and residents with wounds will be reviewed by the interdisciplinary care plan team weekly to ensure accuracy and compliance effective 12/4/2019. Results will be discussed in the monthly Quality Assurance and Quality Assurance Performance Improvement meeting for review and recommendations by the committee.	

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F 656	Continued From page 8 PM, revealed Resident #74 was found unresponsive and Cardiopulmonary Resuscitation (CPR) was initiated by staff. During an interview, on 11/26/19 at 5:25 PM, RN #2/Care Plan Nurse revealed he expects the staff to follow the care plan.	F 656		
F 684 SS=D	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on record review, interviews and facility policy review, the facility failed to honor the resident's wishes and physician's orders regarding code status for one (1) of 20 resident records reviewed, Resident #74. Resident #74 had orders for a Do Not Resuscitate (DNR) code status and Cardiopulmonary Resuscitation (CPR) was initiated, when the resident was found unresponsive and without a pulse. Findings include: Review of the facility's "Advance Directives Policy", dated 11/18, revealed: The advance directives will be respected in accordance with state law and facility policy. Information about	F 684	1. On 10/6/2019 at 9:18 PM, resident #74 was found unresponsive and Cardiopulmonary Resuscitation was initiated by the nurse. Nurse failed to check the resident's code status and initiated Cardiopulmonary Resuscitation. Cardiopulmonary Resuscitation was continued on resident #74 by nurse until emergency services arrived and notified nurse of do not resuscitate code status. Cardiopulmonary Resuscitation was discontinued on resident #74 at this time. Resident #74 had a physician order dated 5/9/2018 for a do not resuscitate code status and an Advance Directive dated for 5/9/2018 stating do not resuscitate. Nurse was in-serviced on 10/8/2019 by director	12/24/19

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F 684	Continued From page 9 whether or not the resident has executed an advance directive shall be displayed prominently in the medical record. A resident will not be treated against his or her own wishes. The facility's Do Not Resuscitate (DNR) definition indicated in case of respiratory or cardiac failure, the resident, legal guardian. health care proxy, or representative (sponsor) has directed that no cardiopulmonary resuscitation (CPR) or other life sustaining treatments or methods are to be used. Review of the physicians orders and "Advance Care Planning" document, dated 5/9/18, revealed the resident/representative chose a DNR code status. Review of Nurses Notes, dated 10/6/19 at 9:18 PM, revealed Resident #74 was found unresponsive and without a pulse. Resident #74 was assisted to the floor, and CPR was initiated per nurse. The nurses notes documented 911 was called at 7:30 PM. The fire department arrived at 7:35 PM, and CPR ceased at that time. Resident #74 was pronounced at 7:42 PM. The nurses notes revealed the resident was resuscitated for five (5) minutes, prior to the fire department's arrival. During an interview, on 11/26/19 at 4:44 PM, Firefighter #1 stated he responded to the call the night Resident #74 died. Firefighter #1 said the Chief got the medical records and confirmed Resident #74 was a DNR code status and CPR was discontinued. During an interview, on 11/26/19 at 5:52 PM, the Director of Nursing (DON) confirmed the Charge Nurse found Resident #74 unresponsive, without a pulse, and initiated CPR. The DON said CPR	F 684	of nursing. 2. All residents with advance directives have the potential to be affected. 3. All nurses have been in-serviced on resident rights with emphasis on advance directives and code status completed on 12/24/2019 by the director of nursing. The assistant director of nursing will monitor advance directives related to code status through the electronic health record and maintain a current list on the medication cart. The code status list will be monitored as needed and with any new discharges or admits. The resident code status was added to the emergency code cart on 11/27/2019 and will be updated and maintained by the assistant director of nursing as needed and with any new discharges or admits. The director of nursing conducted in-services on code status for all licensed nurses followed by individual return demonstration of code procedure completed on 12/24/2019. 4. The director of nursing will conduct a mock code drill to include policy and procedure related to advance directives and code status with individual licensed nurses each month until 5/31/2020. The director of nursing will report findings to the Quality Assurance and Quality Assurance Performance Improvement program committee for review and recommendation.	

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F 684	Continued From page 10 ceased after they found out Resident #74 was a DNR code status.	F 684		
F 686 SS=G	Treatment/Svcs to Prevent/Heal Pressure Ulcer CFR(s): 483.25(b)(1)(i)(ii) §483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that- (i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and (ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, record review, and facility policy review, the facility failed to assist the resident for pain at time of treatment for one (1) of three (3) pressure ulcers observed, Resident #22. Resident #22 cried out in pain during wound care treatment, without the nurse assessing and/or providing pain management prior to continuing the wound care. Findings include: Review of the facility's "Wound Treatment Management Policy", dated 11/18, revealed: the policy is to promote wound healing of various types of wound, it is the policy of this facility to	F 686	1. On 11/26/2019 at 9:00 am resident #22 received wound care treatment. During observation of Resident #22's wound care treatment the wound care nurse failed to assist the resident for pain at the time of treatment. Resident #22 was assessed for pain during wound care on 11/26/2019 at 9:00 am by registered nurse. Physician was notified of pain and discomfort during wound care treatment and an order was given by the physician to medicate resident thirty minutes to one hour prior to wound care. Registered nurse was in-serviced regarding pain management before and during wound care on 11/26/2019 by director nursing. All residents with wound treatments were	12/24/19

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F 686	Continued From page 11 provide evidence-based treatments in accordance with current standards of practice and physician orders. Characteristics of the wound, includes the pressure ulcer stage, size, and presence of pain. During an observation of Resident #22's wound care, and interview with Registered Nurse (RN) #1, on 11/26/2019 at 9:00 AM, revealed the resident lying in bed on her right side, with no obvious signs of pain or distress. Resident #22 cried out "OWWW", and drawed her left leg up towards her chest, during the wound care performed by RN #1. RN #1 stated she had not given Resident #22 pain medication prior to wound care. RN #1 continued to clean Resident #22's wound with normal saline, measured the wound, washed her hands, applied gloves, and cleaned the wound again. Resident #22 cried out "OWWW" a second time. RN #1 applied Sure Prep to the wound edges, Santyl to the wound bed, covered the wound with foam dressing, and wrapped it with Kerlix. At no time during the wound care process, was Resident #22 offered pain medication, nor did the nurse discontinue treatment when the resident cried out. Review of Resident #22's physicians orders, dated 9/16/19, revealed an order for Ultram 50 milligrams (mg) one (1) every six (6) hours as needed for pain. During an interview, on 11/26/19 at 10:00 AM, Certified Nursing Assistant (CNA) #1 confirmed Resident #22 only complains of pain when the nurses do her wound care. During an interview, on 11/26/19 at 11:00 AM, RN #1 confirmed Resident #22 did not receive pain	F 686	evaluated for potential pain associated with wound care on 11/27/2019 by registered nurse. 2.All residents have the potential to be effected. 3.All nurses were in-serviced on pain management related to wound care and treatments on 11/27/2019 by the director of nursing. All residents with wound treatments were evaluated for potential pain associated with wound care on 11/27/2019 by a registered nurse. An assessment tab has been added to the treatment log on 12/24/2019 to document potential pain prior to and during wound treatment by the assistant director of nursing. All nurses were in-serviced by the assistant director of nursing completed on 12/24/2019 implementing the pain assessment tab. 4. Wound care observations will be conducted weekly by the director of nursing to ensure potential pain during wound treatment is being properly assessed. The director of nursing will randomly select and monitor wound treatments effective 11/27/2019 weekly for six weeks and as needed. Resident wound care and treatment plan will be discussed weekly during the interdisciplinary team care plan meeting. Results will be reported monthly to the Quality Assurance and Quality Performance Improvement Program committee for review and	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255233	A. BUILDING _____ B. WING _____	11/27/2019

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F 686	Continued From page 12 medication, prior to wound care to the left heel. RN #1 stated Resident #22 normally does not complain of pain. RN #1 confirmed she should have stopped the treatment when the resident complained of pain. RN #1 stated she thought the State Agency (SA) would have a problem with her stopping the treatment. During an interview, on 11/26/19 at 5:58 PM, the Director of Nursing (DON) stated residents are assessed prior to wound care treatments. The DON stated, "I would have stopped as soon as the resident cried out in pain during the wound treatment and got her some pain medication." A review of Resident #22's Quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 9/22/19, revealed Resident #22 had a Brief Interview for Mental Status (BIMS) score of 6, which indicated the resident is cognitively impaired.	F 686	recommendations.	

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	255233	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**11/26/2019**

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K 000	INITIAL COMMENTS 42 CFR 483.70(a) Based on observation and interviews, the facility failed to properly maintain exit egress as per NFPA 101 section 19.2.2.2.6. This deficiency practice affected one (1) of seven (7) exits and 11 of 66 residents in facility on day of survey. Findings include: On November 24, 2019 at 2:40 PM, observation revealed hay bales and other holiday decorations obstructing the means of egress to the Main Entrance of the facility.	K 000		
K 343 SS=D	Fire Alarm System - Notification CFR(s): NFPA 101 Fire Alarm - Notification 2012 EXISTING Positive alarm sequence in accordance with 9.6.3.4 are permitted in buildings protected throughout by a sprinkler system. Occupant notification is provided automatically in accordance with 9.6.3 by audible and visual signals. In critical care areas, visual alarms are sufficient. The fire alarm system transmits the alarm automatically to notify emergency forces in the event of a fire. 19.3.4.3, 19.3.4.3.1, 19.3.4.3.2, 9.6.4, 9.7.1.1(1) This REQUIREMENT is not met as evidenced by: Based on observation, the facility failed to properly maintain the fire alarm system in accordance to NFPA 101 section 9.6.3. The deficient practice affected one (1) of seven (7) and 12 of 78 residents in the facility on day of	K 343	All residents have the potential to be affected. Facility has scheduled for electronic controls to synchronize the visual and	1/3/20

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

Electronically Signed | 12/24/2019

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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	255233	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**11/26/2019**

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K 343	Continued From page 1 survey. Findings include: During testing of the fire alarm system on November 26, 2019 at 11:30 AM, observation revealed unsynchronized fire alarm strobe lights on the 300 Hall (Northwest Wing) of the facility. The fire alarm system was still functioning correctly and was able to notify emergency services.	K 343	alarming sound of the fire alarms located on the 300 hall. This report will be provided to the Life Safety Department once it is received. Monthly fire alarm drills conducted by the maintenance technician and administration are initiated to ensure the visual and alarming sound is in proper working order. All visual and fire alarms sounds will be monitored by the maintenance and administration department.	

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E 000	Initial Comments ********** Survey conducted on 11/26/19 reveals the above facility meets all applicable Federal, State and local emergency preparedness requirements. No deficiencies were cited.	E 000		

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

Electronically Signed | 12/24/2019

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