| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255286 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 0... B. WING | (X3) DATE SURVEY COMPLETED 01/14/2026 |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| PINE VIEW HEALTH AND REHABILITATION CENTER | 1304 WALNUT ST , WAYNESBORO, Mississippi, 39367 |

| (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 |
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| 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 | | |
| K0372<br>SS = D | Subdivision of Building Spaces - Smoke Barrie<br><br>CFR(s): NFPA 101<br><br>Subdivision of Building Spaces - Smoke Barrier Construction<br><br>2012 EXISTING<br><br>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.<br><br>19.3.7.3, 8.6.7.1(1)<br><br>Describe any mechanical smoke control system in REMARKS.<br><br>This STANDARD is NOT MET as evidenced by:<br><br>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 38 of 85 residents and two (2) of four (4) smoke compartments in the facility on the day of Survey. Findings Include: On 1/14/26 at 10:05 AM, observation revealed unsealed holes around blk/blue data cables and electrical piping at 100 Hall smoke barrier wall near the Beauty Shop of the facility. The 100 Hall smoke barrier wall was 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 1/14/26. | K0372 | | |

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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| K0372 K0374 SS = D<br>SS = D<br><br>Bldg. 01 | Subdivision of Building Spaces - Smoke Barrie<br><br>CFR(s): NFPA 101<br><br>Subdivision of Building Spaces - Smoke Barrier Doors<br><br>2012 EXISTING<br><br>Doors in smoke barriers are 1-3/4-inch thick solid bonded wood-core doors or of construction that resists fire for 20 minutes. Nonrated protective plates of unlimited height are permitted. Doors are permitted to have fixed fire window assemblies per 8.5. Doors are self-closing or automatic-closing, do not require latching, and are not required to swing in the direction of egress travel. Door opening provides a minimum clear width of 32 inches for swinging or horizontal doors.<br><br>19.3.7.6, 19.3.7.8, 19.3.7.9<br><br>This STANDARD is NOT MET as evidenced by:<br><br>Based on observations, the facility failed to provide 20-minute fire resistance rating smoke barrier door in accordance with NFPA 101 sections 19.3.7.6, 19.3.7.8, 19.3.7.9. This standard deficiency affected 28 of 85 residents and two (2) of four (4) Smoke Compartments in the facility on the day of survey. On 1/14/26 at 9:45 AM, observation revealed the smoke barrier doors near residents' room #137 of the facility did not properly close upon activation of the fire alarm and sprinkler systems. The striker part of the door hardware at the top of the doors would hit the top of the door frame and not allow the doors to properly close. The finding was acknowledged by the Administrator and verified by the Maintenance Supervisor during the exit interview on 1/14/26. | K0372 K0374 | | |

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| E0000 | Initial Comments<br><br>*EMERGENCY PREPAREDNESS* Survey conducted on 01/14/26 revealed the above facility meets all applicable Federal, State and local emergency preparedness requirements. No deficiencies were cited. | E0000 | | |

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