

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255300		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 0... B. WING		(X3) DATE SURVEY COMPLETED 03/02/2026	
NAME OF PROVIDER OR SUPPLIER WILLOW CREEK RETIREMENT CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 49 WILLOW CREEK LANE , BYRAM, Mississippi, 39272			
(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 483.09 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				
K0919 SS = F Bldg. 01	Electrical Equipment - Other CFR(s): NFPA 101 Electrical Equipment - Other List in the REMARKS section any NFPA 99 Chapter 10, Electrical Equipment, requirements that are not addressed by the provided K-Tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. Chapter 10 (NFPA 99) This STANDARD is NOT MET as evidenced by: Based on testing, the facility failed to have a properly installed annunciator panel for the generator as per NFPA 99 section 6.4.1.17. This deficiency affected 79 all residents in the facility on the day of survey. Findings Include: On 3/3/26, at 10:45 AM, observation and testing determined that the facility's annunciator for the 250-kW generator was inoperable, as no indicator lights illuminated during testing.		K0919				

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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E0000	Initial Comments *EMERGENCY PREPAREDNESS* Survey conducted on 03/03/26 revealed the above facility meets all applicable Federal, State and local emergency preparedness requirements. No deficiencies were cited.			E0000			

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