

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

PRINTED: 01/06/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255212	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/31/2019
NAME OF PROVIDER OR SUPPLIER COURTYARDS COMM LIVING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 907 EAST WALKER STREET/PO BOX 69 FULTON, MS 38843		
(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 re-certification survey at Courtyard CLC from of Fulton October 29, 2019 To October 31, 2019 During the survey, The State Agency determined that facility was in compliance with Medicare and Medicaid requirements of participation.	F 000			

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

TITLE

(X6) DATE

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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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255212	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 10/30/2019
NAME OF PROVIDER OR SUPPLIER COURTYARDS COMM LIVING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 907 EAST WALKER STREET/PO BOX 69 FULTON, MS 38843		
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K 000	INITIAL COMMENTS 42 CFR 483.70(a) 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 361 SS=D	Corridors - Areas Open to Corridor CFR(s): NFPA 101 Corridors - Areas Open to Corridor Spaces (other than patient sleeping rooms, treatment rooms and hazardous areas), waiting areas, nurse's stations, gift shops, and cooking facilities, open to the corridor are in accordance with the criteria under 18.3.6.1 and 19.3.6.1. 18.3.6.1, 19.3.6.1 This REQUIREMENT is not met as evidenced by: Based on observations, the facility failed to properly protect corridors as per NFPA 101 section 19.3.6.1. This deficiency affected one (1) of four (4) smoke compartments and 18 of the 49 residents in the facility on the day of survey. Findings include: On October 30, 2019 at 11:00 AM, observation revealed no corridor door on the Puzzle Room and Bistro Area of the facility. In addition, the Puzzle Room and Bistro Area were not electronically supervised by smoke detection system. Observation also revealed no hard-wired smoke detector in the location of the fire alarm dialer.	K 361	1. System sensor smoke detectors were installed in the Bistro, Puzzle Room, and in the fire alarm dialer room on 11/6/19. 2. All residents have the potential to be affected. 3. Maintenance Director will monitor facility monthly x three months and then as needed to ensure smoke detectors are installed as needed according to NFPA 101 section 19.3.6.1. 4. Maintenance Director will report findings to Quality Assurance and performance Improvement Committee monthly x three months and then as needed.		11/7/19

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(X6) DATE

Electronically Signed

11/19/2019

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E 000	Initial Comments ***** Survey conducted on 10/30/19 reveals the above facility meets all applicable Federal, State and local emergency preparedness requirements. No deficiencies were cited.	E 000			

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