STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255319	A. BUILDING _____ B. WING _____	12/05/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNSHINE HEALTH CARE, INC	1677 HIGHWAY 9 NORTH PONTOTOC, MS 38863

(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 facility from 12/03/19 to 12/05/19. During the survey, the SA determined that the the facility was in compliance with Medicare and Medicaid regulations of participation. Census at time of the survey was 58 with a bed capacity of 60.	F 000		

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

Electronically Signed | 01/18/2020

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255319	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**12/04/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNSHINE HEALTH CARE, INC	**1677 HIGHWAY 9 NORTH** **PONTOTOC, MS 38863**

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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 363 SS=D	Corridor - Doors CFR(s): NFPA 101 Corridor - Doors Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas resist the passage of smoke and are made of 1 3/4 inch solid-bonded core wood or other material capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Corridor doors and doors to rooms containing flammable or combustible materials have positive latching hardware. Roller latches are prohibited by CMS regulation. These requirements do not apply to auxiliary spaces that do not contain flammable or combustible material. Clearance between bottom of door and floor covering is not exceeding 1 inch. Powered doors complying with 7.2.1.9 are permissible if provided with a device capable of keeping the door closed when a force of 5 lbf is applied. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In	K 363		1/17/20

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	255319	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**12/04/2019**

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SUNSHINE HEALTH CARE, INC	**1677 HIGHWAY 9 NORTH** **PONTOTOC, MS 38863**

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K 363	Continued From page 1 sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies. 19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485 Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc. This REQUIREMENT is not met as evidenced by: Based on observation and testing, the facility failed to properly protect corridor openings as directed by NFPA 101 section 19.3.6.3.5. This deficiency affected one (1) of four (4) smoke compartments and 14 of 58 residents in the facility during the survey. Findings include: On December 4, 2019 at 10:35 AM, observation revealed damaged corridor doors to the Linen Room and Surveyor Room of the facility. These corridor doors were unable to close to positive latching position and were incapable of limiting the passage of smoke throughout the facility.	K 363	Statements contained herein are intended for the purpose of compliance with Federal and State laws regarding responses to Statements of Deficiencies. The language herein is not intended to be used as an admission against the facility nor is it intended to be used by any third party. It is solely for purposes of compliance with participation requirements of Medicare and Medicaid. 1. On 120519 Maintenance staff was able to make temporary repairs to the Surveyor Room door which provides the limiting of passage of smoke throughout the building. On 01/13/2020 inspections were conducted by the Administrator and the Maintenance Director of all doors protecting corridor openings which resist the passage of smoke. (See Attachment 1.2) 2. On 120519 an in-service was conducted by the DON and Quality Assurance Nurse with staff that the Surveyor Room door is to remain in a closed position at all times. Signage was placed on the Surveyor Room door instructing to Keep Door Closed At All	

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	255319	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**12/04/2019**

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SUNSHINE HEALTH CARE, INC	**1677 HIGHWAY 9 NORTH** **PONTOTOC, MS 38863**

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K 363	Continued From page 2	K 363	Times (See Attachment 2.1 and Attachment 2.2) 3. On 12/09/19 Stevens Construction Company personnel were at the facility and replaced the corridor doors to the Linen Room and installed positive latch which provides the capability of limiting the passage of smoke throughout the facility. (See Attachment 3.1) 4. On 12/09/19 Stevens Construction Company personnel obtained true measurements for the purpose of placing a order for special made replacement fire rated door of the Surveyor Room of the facility. Keith Stevens of Stevens Construction Company has informed the Facility Administrator the door manufacturing company has shipped the door and is scheduled for delivery on 01/23/2020 and will be installed by Stevens Construction Company on 01/24/2020. (See Attachment 3.1) 5. As the deficiency affects 14 of the 58 residents in the facility, random staff members conduct routine rounds and monitor the Surveyor Room door to insure the door remains closed until new door with automatic closure is installed. 6. As the deficiency has the potential to affect all of the residents of the facility, a one on one in-service was conducted by the Administrator with the new Maintenance Director on 12/05/19 that should he find or if reported to him of a corridor door not closing properly, damaged or in need of repair, to report these findings to the Administrator immediately. (See Attachment 6.1) 7. On 01/16/2020 an in-service was	

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	255319	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**12/04/2019**

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K 363	Continued From page 3	K 363	conducted by the Administrator and DON with all staff educating the staff on the purpose of facility regarding fire doors/corridor. The importance and purpose of the doors to properly protect in the event of a fire. That they are to immediately report any suspected problem with the proper function of such doors to the Administrator, Maintenance personnel, their supervisor or charge nurse. (See Attachment 7.1)	

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E 000	Initial Comments ********** Survey conducted on 12/04/19 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

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