STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255207	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**02/23/2021**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLAZA COMMUNITY LIVING CENTER	**4403 HOSPITAL ROAD** **PASCAGOULA, MS 39581**

(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
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 341 SS=F	Fire Alarm System - Installation CFR(s): NFPA 101 Fire Alarm System - Installation A fire alarm system is installed with systems and components approved for the purpose in accordance with NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm Code to provide effective warning of fire in any part of the building. In areas not continuously occupied, detection is installed at each fire alarm control unit. In new occupancy, detection is also installed at notification appliance circuit power extenders, and supervising station transmitting equipment. Fire alarm system wiring or other transmission paths are monitored for integrity. 18.3.4.1, 19.3.4.1, 9.6, 9.6.1.8 This REQUIREMENT is not met as evidenced by: Based on observations, the facility failed to maintain a complete manual fire alarm system as directed by NFPA 72 Chapter 10, and NFPA 101 section 9.6. The deficient practice affected all seven (7) smoke compartments and 101 residents in facility on the day of survey.	K 341	This plan of correction constitutes a written allegation of compliance for the deficiencies cited. Submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet the requirements	3/22/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		03/25/2021

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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K 341	Continued From page 1 Findings Include: On 2/23/21 at 10:20 AM, observation revealed a "trouble signal" on the fire alarm system panel in the facility. The fire alarm system panel read "unable to detect two (2) malfunctioning smoke detectors" in the facility. The Maintenance Supervisor stated the fire alarm company had been contacted correct the trouble signal issue. The finding was acknowledged by the Administrator and Maintenance Supervisor verified this observation during the exit interview on 2/23/21.	K 341	established by the State and Federal law. 1. The fire alarm panel system and components, to include the two malfunctioning smoke detectors, in the facility were inspected by Southern Fire on March 9, 2021. As shown on the invoice dated March 22, 2021 from Southern Fire, they replaced the malfunctioning smoke detectors and replaced the module on the heat detector panel to put the fire alarm system panel showing normal operations. 2. All residents in the facility have the potential to be affected by this practice. 3. The facility used Southern Fire to inspect and repair the fire alarm system panel and smoke detectors. This company will serve as a back up to current company, American Fire, to service the facility's fire alarm panel system and smoke detectors if needed. 4. The Maintenance Director or Administrator will conduct weekly Life Safety rounds of the facility's fire alarm system to monitor compliance and assure that the fire alarm system is functioning at a normal capacity. 5. Weekly Life Safety rounds will begin the week of March 22, 2021. The results of the rounds will be reviewed at the facility's Quality Assurance Performance Improvement meeting to monitor compliance monthly for a period of 12 months to end on March 21, 2022.	

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