STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255171	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**10/05/2021**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINONA MANOR HEALTH CARE AND REHABILITATION CENTER	**627 MIDDLETON ROAD** **WINONA, MS 38967**

(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 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 355 SS=D	Portable Fire Extinguishers CFR(s): NFPA 101 Portable Fire Extinguishers Portable fire extinguishers are selected, installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers. 18.3.5.12, 19.3.5.12, NFPA 10 This REQUIREMENT is not met as evidenced by: Based on observations, the facility failed to select, installed, inspected, and maintained in portable fire extinguishers in accordance with NFPA 101 section 19.3.5.12 and NFPA 10, Standard for Portable Fire Extinguishers. The deficient practice affected the entire facility on the day of the survey. Findings Include: On 10/5/21 at 10:15 AM, observation revealed 12 of 14 fire extinguishers in the facility were late and overdue for 12-year inspection. The 12 fire extinguishers were dated 2008. The findings were acknowledged by the Administrator and Maintenance Supervisor verified this observation during the exit interview on 10/5/21.	K 355	1. On 10/04/2021 a Root Cause Analysis (RCA) was completed by the Quality Assurance Performance Improvement (QAPI) Committee related to select, installed, inspected, and maintained in portable fire extinguishers in accordance with NFPA 101 section 19.3.5.12 and NFPA 10, Standard for Portable Fire Extinguishers. On 10/05/2021 an outside vendor repaired and replaced 12 fire extinguishers in the facility. 2. Quality Review was conducted on 10/13/2021 by the Assistant Executive Director (Asst. ED) and Maintenance Director to ensure select, installed, inspected, and maintained in portable fire extinguishers in accordance with NFPA 101 section 19.3.5.12 and NFPA 10, Standard for Portable Fire Extinguishers.	11/15/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		10/14/2021

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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	255171	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**10/05/2021**

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K 355	Continued From page 1	K 355	Issues or concerns were addressed as they were identified. 3. On 10/13/2021 the Executive Director (ED) educated the Maintenance Director on ensuring select, installed, inspected, and maintained in portable fire extinguishers in accordance with NFPA 101 section 19.3.5.12 and NFPA 10, Standard for Portable Fire Extinguishers. Newly hired maintenance staff will be educated on ensuring select, installed, inspected, and maintained in portable fire extinguishers in accordance with NFPA 101 section 19.3.5.12 and NFPA 10, Standard for Portable Fire Extinguishers. 4. Asst. ED/Maintenance Director will conduct a Quality Monitor five (5) times for two (2) weeks, then monthly for six (6) months to ensure select, installed, inspected, and maintained in portable fire extinguishers in accordance with NFPA 101 section 19.3.5.12 and NFPA 10, Standard for Portable Fire Extinguishers. The findings of these quality monitoring will be reported to the QAPI Committee monthly.	