STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255342	A. BUILDING _____ B. WING _____	02/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MS CARE CENTER OF RALEIGH	309 MAGNOLIA DR/HIGHWAY 35 SOUTH RALEIGH, MS 39153

(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 recertification survey at the facility from 2/5/19 - 2/7/19. During the survey the SA determined the facility was in compliance with Medicare and Medicaid regulations for participation. The census at the time of the survey was 109 with a bed capacity of 121.	F 000		

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

Electronically Signed | 02/27/2019

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255342	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**02/12/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MS CARE CENTER OF RALEIGH	**309 MAGNOLIA DR/HIGHWAY 35 SOUTH RALEIGH, MS 39153**

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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 352 SS=F	Sprinkler System - Supervisory Signals CFR(s): NFPA 101 Sprinkler System - Supervisory Signals Automatic sprinkler system supervisory attachments are installed and monitored for integrity in accordance with NFPA 72, National Fire Alarm and Signaling Code, and provide a signal that sounds and is displayed at a continuously attended location or approved remote facility when sprinkler operation is impaired. 9.7.2.1, NFPA 72 This REQUIREMENT is not met as evidenced by: Based on observation and testing the fire alarm system, the facility failed to provide automatic sprinkler system supervisory signals in accordance by NFPA 101 Chapter 9.7.2.1, NFPA 72 Chapter 17.12.2. The deficient practice affected three (3) of three (3) smoke compartments and 113 of 113 residents in facility on the day of survey. Findings Include: During testing on 2-12-19 at 10:15AM, observation revealed the initiate of the fire sprinkler system (via inspector test valve) did not activate the fire alarm system. The fire sprinkler system was incapable of activating the fire alarm	K 352	1. After issues with water pressure from the City of Raleigh and adjusting the new flow valve installed by American Fire and Safety Company, the facility fire sprinkler system is working properly as of 2/15/2019. Due to systems continued false alarm readings, fire watches were put in place from 2/14/19 to 2/15/19. 2. All residents have the potential to be affected by deficient practice. 3. Maintenance staff will perform monthly test to ensure the fire sprinkler system activates the fire alarm system. Monitor will be on-going X 4 months, then quarterly. 4. Maintenance Director will present	2/15/19

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255342	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**02/12/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MS CARE CENTER OF RALEIGH	**309 MAGNOLIA DR/HIGHWAY 35 SOUTH RALEIGH, MS 39153**

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K 352	Continued From page 1 system within the minimum requirement of 90 seconds. Two (2) sprinkler inspector valve tests were performed for the time durations of 340 seconds and 235 seconds. The finding was acknowledged by the Administrator and Maintenance Supervisor verified this observation during the exit interview on 2-12-19.	K 352	Monthly Sprinkler system check to Safety Committee and QAPI Committee to ensure continued compliance.	

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	255342	A. BUILDING _____ B. WING _____	02/12/2019

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E 000	Initial Comments *EMERGENCY PREPAREDNESS* Survey conducted on 2/12/19 reveals the above facility meets all applicable Federal, State and local emergency preparedness requirements. No deficiencies were identified.	E 000		

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