STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255293	A. BUILDING _____ B. WING _____	11/09/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHELBY HEALTH AND REHABILITATION CENTER	1108 CHURCH STREET SHELBY, MS 38774

(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 annual recertification survey of 11/7-9/18 revealed the facility was in substantial compliance and has met all requirements of 42 CFR Part 483 with no health deficiencies cited. At the time of survey, the census was 56, and the facility held a license for 60 beds.	F 000		

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

Electronically Signed | 11/16/2018

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
	255293	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**11/08/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHELBY HEALTH AND REHABILITATION CENTER	**1108 CHURCH STREET** **SHELBY, MS 38774**

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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 364 SS=D	Corridor - Openings CFR(s): NFPA 101 Corridor - Openings Transfer grilles are not used in corridor walls or doors. Auxiliary spaces that do not contain flammable or combustible materials are permitted to have louvers or be undercut. In other than smoke compartments containing patient sleeping rooms, miscellaneous openings are permitted in vision panels or doors, provided the openings per room do not exceed 20 square inches and are at or below half the distance from floor to ceiling. In sprinklered rooms, the openings per room do not exceed 80 square inches. Vision panels in corridor walls or doors shall be fixed window assemblies in approved frames. (In fully sprinklered smoke compartments, there are no restrictions in the area and fire resistance of glass and frames.) 18.3.6.5.1, 19.3.6.5.2, 8.3 This REQUIREMENT is not met as evidenced by: Based on observation, the facility failed to properly protect corridor openings as directed by NFPA 101 section 19.3.6.4.1.This deficiency affected one (1) of six (6) smoke compartments and six (6) of 54 residents in the facility on the day of survey. Findings include:	K 364	1. On 11/19/18, a hardwired smoke detector was installed in the copier room. 2. Inspection of the center completed by the Maintenance department on 11/09/18 revealed that there were no other rooms affected. 3. Maintenance department educated regarding all rooms without corridor doors	11/26/18

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	255293	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**11/08/2018**

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K 364	Continued From page 1 On November 8, 2018 at 11:00 AM, observation revealed the Copier Room was not protected by a hard wired smoke detector. The corridor doors to the Copier Room were removed which would allow the passage of smoke throughout the facility.	K 364	require hardwired smoke detectors. Corridor doors will not be removed without installation of a hardwired smoke detector. 4. The Maintenance Director will perform preventative maintenance rounds annually to include all required fire system inspections to ensure compliance. Maintenance director will document findings, and the findings will be reported to the Administrator. An independent contractor will perform smoke detector sensitivity testing biannually. Findings will be reported to the Safety Committee and the Quality Assurance and Performance Improvement team.	

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E 000	Initial Comments *EMERGENCY PREPAREDNESS* Survey conducted on 11/8/18 reveals the above facility meets all applicable Federal, State and local emergency preparedness requirements. No deficiencies were identified.	E 000		

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