STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255325	A. BUILDING **1A - WISTERIA GARDENS** B. WING _____	**09/10/2021**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WISTERIA GARDENS	**5420 HIGHWAY 80 EAST PEARL, MS 39208**

(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 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 9/7/21 at 11:15AM, observation revealed all fire extinguishers in the facility were late and overdue for 12-year inspection. All the fire extinguishers were dated 2007. The findings were acknowledged by the Administrator and Maintenance Supervisor verified this observation during the exit interview on 9/7/21.	K 355	K355 On 9/7/2021, the administrator contacted Martin Blough Co for fire extinguisher service and replacement of all fire extinguishers in the facility. All residents residing in the facility have the potential to be effected by this deficient practice. On 9/14/2021, Martin Blough Co replaced all extinguishers throughout the facility. On 9/15/2021, the facility administrator in-serviced the maintenance supervisor to verify the dates of extinguishers are audited when conducting the monthly fire extinguisher checks.	10/15/21

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

Electronically Signed | 10/15/2021

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255325	A. BUILDING **1A - WISTERIA GARDENS** B. WING _____	**09/10/2021**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WISTERIA GARDENS	**5420 HIGHWAY 80 EAST** **PEARL, MS 39208**

(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 355	Continued From page 1	K 355	The facility maintenance supervisor will verify the fire extinguisher dates with routine monthly fire extinguisher checks.	