STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255273	A. BUILDING **01 - NEW WING (85) 01** B. WING _____	**07/30/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOREST HILL NURSING CENTER	**927 COOPER RD** **JACKSON, MS 39212**

(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 363 SS=D	Corridor - Doors CFR(s): NFPA 101 Corridor - Doors Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas resist the passage of smoke and are made of 1 3/4 inch solid-bonded core wood or other material capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Corridor doors and doors to rooms containing flammable or combustible materials have positive latching hardware. Roller latches are prohibited by CMS regulation. These requirements do not apply to auxiliary spaces that do not contain flammable or combustible material. Clearance between bottom of door and floor covering is not exceeding 1 inch. Powered doors complying with 7.2.1.9 are permissible if provided with a device capable of keeping the door closed when a force of 5 lbf is applied. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In	K 363		9/3/19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		08/30/2019

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255273	A. BUILDING **01 - NEW WING (85) 01** B. WING _____	**07/30/2019**

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FOREST HILL NURSING CENTER	**927 COOPER RD** **JACKSON, MS 39212**

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K 363	Continued From page 1 sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies. 19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485 Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc. This REQUIREMENT is not met as evidenced by: Based on observation and testing, the facility failed to properly protect corridor openings as directed by NFPA 19 3.6.3.5. This deficiency affected one (1) of the five (5) smoke compartments and 14 of 71 residents in the facility during the survey. Findings Include: On July 30, 2019 between 10:40 AM and 11:00 AM, observation revealed the corridor doors to Rooms 200, 214, 222, and the Biohazard Room near Room 216 were unable to close to positive latching position and were unable to limit the passage of smoke throughout the facility.	K 363	K363 1. On July 30, 2019, tape obstructing proper closure of doors for rooms 200, 214, 222, and the Biohazard Room near 216 was removed by Environmental Supervisor. On July 30, 2019, 100% door audit of all facility doors were checked per Environmental Supervisor with no other issues noted. 2. Fourteen (14) of Seventy –one (71) residents residing in this facility have the potential to be affected by this deficient practice. 3. On July 31, 2019, Environmental Supervisor started room checks to ensure all doors would close properly five days per week. 4. On July 31, 2019, Environmental Supervisor started room checks five times per week for proper closer for three months. On July 30, 2019, Environmental Supervisor began in-service for all staff regarding Life Safety Code compliance with proper closure of doors within the	

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	255273	A. BUILDING **01 - NEW WING (85) 01** B. WING _____	**07/30/2019**

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K 363	Continued From page 2	K 363	facility. No staff will be allowed to work until in-serviced. The facility Environmental Supervisor will monitor compliance for three months. Any issue will be brought to the Administrator immediately to be addressed. The Quality Assurance (QA) Committee will be informed of any findings for a recommendation in the quarterly meeting.	