STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255136	A. BUILDING **01 - 0101** B. WING _____	**02/28/2022**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TUPELO NURSING AND REHABILITATION CENTER	**1901 BRIAR RIDGE ROAD** **TUPELO, MS 38804**

(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) This facility was surveyed under the Centers for Medicare Medicaid Services (CMS) COVID-19 Emergency Declaration Blanket 1135 Waivers for Health Care Provider. 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 372 SS=F	Subdivision of Building Spaces - Smoke Barrie CFR(s): NFPA 101 Subdivision of Building Spaces - Smoke Barrier Construction 2012 EXISTING Smoke barriers shall be constructed to a 1/2-hour fire resistance rating per 8.5. Smoke barriers shall be permitted to terminate at an atrium wall. Smoke dampers are not required in duct penetrations in fully ducted HVAC systems where an approved sprinkler system is installed for smoke compartments adjacent to the smoke barrier. 19.3.7.3, 8.6.7.1(1) Describe any mechanical smoke control system in REMARKS. This REQUIREMENT is not met as evidenced by: Based on observations the facility failed to provide the required 30-minute fire resistance rating for smoke barrier walls in accordance with NFPA 101 sections 19.3.7.3, 8.5, 8.5.6. This deficiency affected two (2) of the six (6) compartments and all 93 residents in the facility on day of survey. On February 28, 2022, at 10:10 AM, observation	K 372	Please consider this Plan of Correction as Tupelo Nursing and Rehabilitation Center LLC credible allegation of compliance. This Plan of Correction in response to the statement of deficiencies demonstrates our good faith and desire to continue to improve the quality of care and services rendered to our residents. This plan of correction constitutes a	4/15/22

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		03/23/2022

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K 372	Continued From page 1 revealed the ceiling in the facility was being used as 30-minute smoke barrier. Observation also revealed no smoke barrier compartmentation and the following deficiencies in smoke barrier ceiling in the facility: 1. A 36" X 30" opening in the smoke barrier ceiling in Room #A-8 of the facility 2. A 12" X 12" square hole cut in the smoke barrier ceiling in Room #C-6 of the facility 3. A 4' X 2' X 1' (feet) in the smoke barrier ceiling in Room #C-6 of the facility 4. The wood beams and plywood were also exposed in Room #C-6 of the facility 5. An 8" X 4" hole in the smoke barrier ceiling in Activity Room of the facility The finding was acknowledged by the Administrator and Maintenance Supervisor verified this observation during the exit interview on February 28, 2022.	K 372	written allegation of substantial compliance under Federal Medicare & Medicaid requirements. 1.The facility contracted services with Serv Pro on 3/2/2022 to do a complete abatement of rooms A8 and C6. Mold abatement was completed on rooms A8 and C6 and closed off to prevent accessibility to rooms until roof replacement completed. Nations Roof scheduled to start roof replacement 4/19/2022. Serv Pro initiated extreme abatement to rooms A8 and C6 3/16/2022, post remediated rooms are not in use. Rebuild will be completed after new roof has been completed. All repairs to be completed by 6/30/2022. The 8"x4" hole in the smoke barrier ceiling in Activity Room of the facility was repaired by Maintenance Director on 3/4/2022. 2. All residents residing in the facility have the potential to be affected. 3.Administrator completed education with Maintenance Director on 3/15/2022 on the importance of ensuring that smoke barrier walls are in accordance with NFPA , and any fire wall or ceiling penetrations' will be corrected by maintenance to ensure smoke barriers are intact. 4. Beginning week of 3/7/2022 the Quality Improvement (QI) team will conduct room inspections three times per week times	

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K 372	Continued From page 2	K 372	three months to ensure no further breaches in smoke barriers and remediated rooms remain leak free. Any finding will be immediately reported to Maintenance Director for repairs. Results of the audits will be reviewed by the Executive Director weekly and presented to the Quality Assurance committee monthly. The Quality Assurance committee will determine the frequency or discontinue of audits based upon results achieved. Date of compliance: 4/15/2022	