| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 255096 | A. BUILDING **01 - MAIN BUILDING 01**<br>B. WING _____ | **02/23/2022** |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **LOUISVILLE HEALTHCARE LLC** | **543 EAST MAIN STREET**<br>**LOUISVILLE, MS 39339** |

| (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<br><br>42 CFR 483.70(a)<br><br>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 345<br>SS=F | Fire Alarm System - Testing and Maintenance<br>CFR(s): NFPA 101<br><br>Fire Alarm System - Testing and Maintenance<br>A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available.<br>9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72<br>This REQUIREMENT is not met as evidenced by:<br>Based on observation and records review, the facility failed to provide a properly maintained fire alarm system as required by NFPA 72 Table 14.3.1. This deficiency standard deficiency affected entire facility on the day of survey.<br><br>Findings include:<br><br>On 2/23/22, at 10:00 AM, observation revealed a trouble signal on the main annunciator panel of the fire alarm system in the facility. Record review also revealed the trouble signal on the annunciator panel were for two (2) smoke detectors and a positive Earth ground of the fire | K 345 | Louisville Healthcare Acknowledges Receipt of the Statement of Deficiencies And proposes this Plan of Correction as Required by Federal and State regulations And statutes applicable to long term care Providers. This plan does not constitute An admission of liability on the part of the Facility, and such liability is hereby Specifically denied. The submission of this Plan does not constitute an agreement by the facility that the surveyor's findings or Conclusions are accurate, that the findings Constitute a deficiency, or the scope or Severity | 3/24/22 |

| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
|---|---|---|
| Electronically Signed | | 03/09/2022 |

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 |
|---|---|---|---|
| | 255096 | A. BUILDING **01 - MAIN BUILDING 01**<br>B. WING _____ | **02/23/2022** |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **LOUISVILLE HEALTHCARE LLC** | **543 EAST MAIN STREET**<br>**LOUISVILLE, MS 39339** |

| (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 345 | Continued From page 1<br>alarm system in the facility.<br><br>The finding was acknowledged by the Administrator and Maintenance Supervisor verified this observation during the exit interview on 2/23/22. . | K 345 | regarding any of the deficiencies Cited are correctly applied.<br><br>K-345<br><br>On 3/1/2022, Tyco SimplexGrinnell came to the facility to replace the m1-11 smoke detector. Spare smoke head was also received from the contractor.<br><br>Johnson Controls has given facility a quote to replace the existing 4010 fire alarm panel due to system has an internal earth ground and parts are no longer available for current system.<br><br>All areas of the building may have Potentially been affected<br><br>Maintenance Director will test fire system weekly until replaced for proper function.<br><br>Facility will continue to test and Maintain its fire alarm system in Accordance with an approved Program complying with NFPA 70 And NFPA 72.<br><br>The maintenance director will report to the Quality Assurance program committee quarterly. All new recommendations will be followed through<br><br>Completion date: 03/24/2022 | |