STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255114	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**06/28/2022**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLEVELAND NURSING AND REHABILITATION CENTER	**4036 HIGHWAY 8 EAST** **CLEVELAND, MS 38732**

(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 341 SS=F	Fire Alarm System - Installation CFR(s): NFPA 101 Fire Alarm System - Installation A fire alarm system is installed with systems and components approved for the purpose in accordance with NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm Code to provide effective warning of fire in any part of the building. In areas not continuously occupied, detection is installed at each fire alarm control unit. In new occupancy, detection is also installed at notification appliance circuit power extenders, and supervising station transmitting equipment. Fire alarm system wiring or other transmission paths are monitored for integrity. 18.3.4.1, 19.3.4.1, 9.6, 9.6.1.8 This REQUIREMENT is not met as evidenced by: Based on observations, the facility failed to maintain a complete manual fire alarm system as directed by NFPA 72 Chapter 10, and NFPA 101 section 9.6. The deficient practice had potential to effect entire facility on the day of the survey.	K 341	1. Facility was immediately placed on Fire Watch on 6/28/22 at 9:45 AM until 6/29/22 at 2:30 PM. The Mississippi State Department of Health was notified of Fire Watch on 6/28/22 at 9:50 AM by Kathy	8/11/22

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

Electronically Signed | 07/21/2022

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255114	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**06/28/2022**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLEVELAND NURSING AND REHABILITATION CENTER	**4036 HIGHWAY 8 EAST** **CLEVELAND, MS 38732**

(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 341	Continued From page 1 Findings Include: On 6/28/22 at 9:50 AM, observation revealed a "trouble signal" on the fire alarm system panel in the facility. The Maintenance Supervisor was unable to reset the fire alarm panel to "normal" mode. The fire alarm system will still functional and able to be initiated by all fire alarm system components (pull stations, smoke detectors, sprinkler systems, and etc.). The finding was acknowledged by the Administrator and Maintenance Supervisor verified this observation during the exit interview on 6/28/22.	K 341	Conrod, Executive Director. Systronic Systems replaced dual zone model in control panel and bypassed part of sprinkler tamper circuit on 6/29/22 and sprinkler system was back functioning. 2. All residents had the potential to be affected. 3. All staff in-serviced on Fire Watch beginning 6/28/22 and ending on 6/30/22 by the Maintenance Director and Staff Development Nurse. 4. Starting 7/14/22, the maintenance director will test sprinkler weekly x 4 weeks, then monthly and test the fire alarm system weekly. Any concerns will be immediately addressed. The results of the audit will be forwarded to the Executive Director beginning on 7/22/22. The Executive Director will forward the results of the audits to the monthly Quality Assurance and Performance Improvement (QAPI) committee on 8/4/22. The monthly QAPI committee will determine the frequency and continuation of the audits based on the results achieved and make recommendations as needed.	