STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255148	A. BUILDING **02 - NEW MAIN BUILDING** B. WING _____	**07/14/2022**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODLANDS REHABILITATION AND HEALTHCARE CENTER	**102 WOODCHASE PARK DRIVE** **CLINTON, MS 39056**

(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 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. Findings Include:	K 341	1.Southeastern Sprinkler was notified of the trouble shooting on 7/12/2022 and repairs were initiated to ensure the trouble signal was corrected. 2.Each of the 132 residents in the facility on July 12, 2022 had the potential to be affected.	8/15/22

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

Electronically Signed | 07/29/2022

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.

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K 341	Continued From page 1 On 7/12/22 at 10:50 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 7/12/22.	K 341	3.Inservice was completed on 7/15/2022 by the Administrator for all staff in regards to reporting abnormal lights or sound coming from alarm panel to the Maintenance Director and Administrator. 4.Maintenance Director will make daily rounds on panel for the first 4 weeks and then weekly for three months.	
K 343 SS=D	Fire Alarm System - Notification CFR(s): NFPA 101 Fire Alarm - Notification 2012 EXISTING Positive alarm sequence in accordance with 9.6.3.4 are permitted in buildings protected throughout by a sprinkler system. Occupant notification is provided automatically in accordance with 9.6.3 by audible and visual signals. In critical care areas, visual alarms are sufficient. The fire alarm system transmits the alarm automatically to notify emergency forces in the event of a fire. 19.3.4.3, 19.3.4.3.1, 19.3.4.3.2, 9.6.4, 9.7.1.1(1) This REQUIREMENT is not met as evidenced by: Based on observations, the facility failed to provide a positive alarm sequence in accordance with NFPA 101 section 9.6.3.4 are permitted in buildings protected throughout by a sprinkler system and occupant notification is provided automatically in accordance with NFPA 101 section 9.6.3 by audible and visual signals. The	K 343	1.Load test and weekly non load test were conducted on the week of July 18, 2022, with no concerns noted. The Maintenance Director and Maintenance Assistant were educated by the Administrator on July 18, 2022 regarding generator sets to be inspected weekly,	8/15/22

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K 343	Continued From page 2 deficient practice had potential to effect 34 of 128 residents in the facility on the day of the survey. Findings Include: On 7/12/22 at 11:50 AM, observation revealed the fire alarm strobe (audio visual) was not functioning near Front nursing station of the facility. The finding was acknowledged by the Administrator and Maintenance Supervisor verified this observation during the exit interview on 7/12/22.	K 343	exercised under load thirty (30) minutes, twelve (12) times a year in 20 to 40 day intervals, and exercised once every thirty-six (36) months for four (4) continuous hours. 2.Each of the 132 residents in the facility on July 12, 2022 had the potential to be affected. 3.The Divisional Maintenance Director educated the Maintenance department on proper documentation entered in our internal system for generator testing on July 19, 2022. 4.Beginning July 18, 2022, the Maintenance Director will conduct weekly generator tests daily for one (1) week and then twice (2) a week for three (3) months, and monthly load test weekly for three months thereafter. All findings will be submitted to the Quality Performance Improvement Committee meeting monthly for (3) months for review and recommendations. The Maintenance Director is responsible for monitoring and compliance.	
K 712 SS=F	Fire Drills CFR(s): NFPA 101 Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of	K 712		8/15/22

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K 712	Continued From page 3 established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 19.7.1.4 through 19.7.1.7 This REQUIREMENT is not met as evidenced by: Based on the document review, the facility failed to provide the fire drill in accordance with NFPA 110 section 19.7.1.6 and 19.7.1.7. This standard deficiency affected entire facility on the day of the survey. Findings include: On 7/12/22 at 10:20 AM, document review revealed the facility could not produce fire drill documentation last calendar years of 2021 and 2022. The finding was acknowledged by the Administrator verified this observation during the exit interview on 7/12/22.	K 712	1.Fire Drills were immediately held on all three shifts the week of July 18, 2022. The Maintenance Director was educated by the Administrator on July 18, 2022 in regards to fire drills being held at expected and unexpected times under varying conditions, at least quarterly each shift. 2.Each of the 132 residents in the facility on July 12, 2022 had the potential to be affected. 3. The Divisional Maintenance director educated the maintenance director and maintenance assistant on July 19, 2022 in regards to required documentation for fire drills to be completed and where these reports will be stored. 4.Beginning July 18, 2022, The Maintenance Director will conduct weekly fire drills randomly on all three shifts for two weeks and then weekly for three (3) months and then to normal mandatory drills after that. All findings will be submitted to the Quality Performance Improvement Committee meeting monthly for (3) months for review and recommendations. The Maintenance Director is responsible for monitoring and compliance.	

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K 918 SS=F	Electrical Systems - Essential Electric Syste CFR(s): NFPA 101 Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70) This REQUIREMENT is not met as evidenced by: Based on the review of documentation, the	K 918	1.Load test and weekly non load test	8/15/22

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K 918	Continued From page 5 facility failed to properly document records of testing the generator annually as directed by NFPA 99 sections 6.4.4.1.1.3 and 6.4.4.2. This deficient practice had potential of affecting the entire facility on the day of facility survey. Findings include: On 7/12/22 at 10:15 AM, the facility could not produce all the documentation for monthly load test and weekly inspection of the generator with the calendar years of 2021 and 2022. The finding was acknowledged by the Administrator verified this observation during the exit interview on 7/12/22.	K 918	were conducted on the week of July 18, 2022, with no concerns noted. The Maintenance Director and Maintenance Assistant were educated by the Administrator on July 18, 2022 regarding generator sets to be inspected weekly, exercised under load thirty (30) minutes, twelve (12) times a year in 20 to 40 day intervals, and exercised once every thirty-six (36) months for four (4) continuous hours. 2.Each of the 132 residents in the facility on July 12, 2022 had the potential to be affected. 3.Divisional Maintenance Director educated the Maintenance department on proper documentation entered in our internal system for generator testing on July 19, 2022. 4.Beginning July 18, 2022, the Maintenance Director will conduct weekly generator tests daily for one (1) week and then twice (2) a week for three (3) months, and monthly load test weekly for three months thereafter. All findings will be submitted to the Quality Performance Improvement Committee meeting monthly for (3) months for review and recommendations. The Maintenance Director is responsible for monitoring and compliance.	