STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255113	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**07/12/2022**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RULEVILLE NURSING AND REHABILITATION CENTER LLC	**800 STANSEL DR** **RULEVILLE, MS 38771**

(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 345 SS=F	Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101 Fire Alarm System - Testing and Maintenance 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. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 This REQUIREMENT is not met as evidenced by: Based on the observation and document review, the facility failed to provide the Fire Alarm in accordance with NFPA 72 Table 14.4.3.2 (27). This standard deficiency affected entire facility on the day of the survey. Findings include: On 7/12/22 at 11:30 AM, observation revealed the facility failed to provide an annual inspection and sensitivity testing documentation for fire alarm system for last calendar year of 2021. The finding was acknowledged by the Administrator and Maintenance Supervisor verified this observation during the exit interview on 7/12/22.	K 345	1. Systronic Systems conducted an annual fire alarm inspection and sensitivity testing on 07/29/2022. A certificate of compliance was issued to the facility on 07/29/2022 as evidence of compliance to verify the fire alarm panel was working properly and the sensitivity test was completed. 2. All residents have the potential to be affected. 3. All Maintenance staff was in-serviced on preventive maintenance by the Executive Director on 07/27/2022 ending on 07/27/2022.	8/9/22

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

Electronically Signed | 08/02/2022

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255113	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**07/12/2022**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RULEVILLE NURSING AND REHABILITATION CENTER LLC	**800 STANSEL DR** **RULEVILLE, MS 38771**

(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	K 345	4. The Maintenance Director scheduled an annual fire alarm inspection and sensitivity test with Systronic Systems to be completed. The next annual fire alarm inspection will be scheduled on 07/29/2023. Any concerns with the fire alarm system will be immediately addressed by the Maintenance Director. The Executive Director will forward concerns and corrections to the next Quality Assurance Committee meeting for further recommendations as needed. The next Quality Assurance Committee meeting will be held on 08/19/2022.	