STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255206	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**11/08/2022**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AURORA HEALTH AND REHABILITATION	**310 EMERALD DRIVE** **COLUMBUS, MS 39702**

(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 321 SS=F	Hazardous Areas - Enclosure CFR(s): NFPA 101 Hazardous Areas - Enclosure Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4 hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1 or 19.3.5.9. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door. Describe the floor and zone locations of hazardous areas that are deficient in REMARKS. 19.3.2.1, 19.3.5.9 Area Automatic Sprinkler Separation N/A a. Boiler and Fuel-Fired Heater Rooms b. Laundries (larger than 100 square feet) c. Repair, Maintenance, and Paint Shops d. Soiled Linen Rooms (exceeding 64 gallons) e. Trash Collection Rooms (exceeding 64 gallons) f. Combustible Storage Rooms/Spaces (over 50 square feet) g. Laboratories (if classified as Severe	K 321		12/21/22

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

Electronically Signed | 12/01/2022

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255206	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**11/08/2022**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AURORA HEALTH AND REHABILITATION	**310 EMERALD DRIVE** **COLUMBUS, MS 39702**

(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 321	Continued From page 1 Hazard - see K322) This REQUIREMENT is not met as evidenced by: Based on observations, the facility failed to protect hazardous area in accordance with NFPA 101 sections 19.3.2.1. This deficiency affected all smoke compartments in the building at the time of survey. Findings include: On 11/8/22 at 1:20 PM, observation revealed open holes in the walls and ceilings in the following hazardous areas of the facility: Hot Water Heater Room for Halls 1 and 2 Hot Water Heater Room for Halls 2 and 3 Hot Water Heater Room Hall 4 and Kitchen Hot Water Heater Room for Halls 5 and 6 These hazardous areas were incapable of resisting the passage of smoke throughout the facility. The finding was acknowledged by the Administrator and Maintenance Supervisor	K 321	1.The hole in the walls and ceilings in Hot Water Heater Room for Halls 1 and 2, Hot Water Heater Room for Halls 2 and 3, and Hot Water Heater Room for Hall 4 and Kitchen were repaired on 11/10/2022 by the Plant Operations Manager. The hole in the walls and ceiling in Hot Water Heater Room for Halls 5 and 6, will be repaired by a contractor by 12/21/2022. 2. All other Hot Water Heater Rooms were inspected by the POM on 11/14/2022 and found to be in compliance. 3. The Plant Operations Manager or Plant Operations Assistant will inspect all Hot Water Heater rooms monthly for open holes in the walls and ceiling. Any negative findings will be repaired immediately. 4. The Administrator will conduct 100% quality assurance audits to validate that the Hot Water Heater Rooms do not reveal any open holes in the walls or ceiling. Audits began on 11/14/2022 and will continue for the next 6 weeks or until the stated deficient practice has been resolved and/or until 100% compliance is achieved. Negative findings will be addressed immediately. Beginning 12/13/2022 and for the next 3 months, the Administrator will review the data obtained from the quality assurance audits,	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255206	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**11/08/2022**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AURORA HEALTH AND REHABILITATION	**310 EMERALD DRIVE** **COLUMBUS, MS 39702**

(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 321	Continued From page 2 verified this observation during the exit interview on 11/8/22.	K 321	analyzing for patterns/trends and report monthly in the Quality Assurance/Performance Improvement meeting. The Quality Assurance/Performance Improvement Committee will make recommendations as needed.	