STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255282	A. BUILDING _____ B. WING _____	06/06/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLINTON HEALTHCARE LLC - SNF	1251 PINEHAVEN ROAD 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
F 000	INITIAL COMMENTS A standard survey was conducted at Clinton Healthcare from June 2, 2019 through June 6, 2019. The standard survey revealed that the facility was in substantial compliance with the requirements of participation in Medicare/Medicaid. The facility's census on June 2, 2019 was 108 residents, and the facility held a license for 121 residents.	F 000		

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

Electronically Signed | 06/21/2019

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
	255282	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**06/04/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLINTON HEALTHCARE LLC - SNF	**1251 PINEHAVEN ROAD 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 372 SS=D	Subdivision of Building Spaces - Smoke Barrie CFR(s): NFPA 101 Subdivision of Building Spaces - Smoke Barrier Construction 2012 EXISTING Smoke barriers shall be constructed to a 1/2-hour fire resistance rating per 8.5. Smoke barriers shall be permitted to terminate at an atrium wall. Smoke dampers are not required in duct penetrations in fully ducted HVAC systems where an approved sprinkler system is installed for smoke compartments adjacent to the smoke barrier. 19.3.7.3, 8.6.7.1(1) Describe any mechanical smoke control system in REMARKS. This REQUIREMENT is not met as evidenced by: Based on observations the facility failed to provide the required 30-minute fire resistance rating for smoke barrier walls in accordance with NFPA 101 sections 19.3.7.3, 8.5, 8.5.6. This deficient practice has the potential of affecting two (2) of seven (7) smoke compartments and (24) of (111) residents in the facility on the day. Findings include: On June 4, 2019 at 11:40 AM, observation revealed open, unsealed penetration on both	K 372	A. The facility has taken measures to maintain smoke barriers to resist the passage of smoke. On June 4, 2019, the maintenance supervisor filled the open, unsealed penetration on both sides of the smoke barrier wall located on the South Front Hall of the facility using flame stopper 5000 flexible intumescent sealant smoke fire and draft stop. B. This practice has the potential of affecting two (2) of seven (7) smoke	6/21/19

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	255282	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**06/04/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLINTON HEALTHCARE LLC - SNF	**1251 PINEHAVEN ROAD** **CLINTON, MS 39056**

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K 372	Continued From page 1 sides of smoke barrier wall located on the 'South Front' Hall of the facility. The finding was acknowledged by the Administrator and verified by the Maintenance Supervisor during the exit interview.	K 372	compartments and up to (24)residents in the facility. The maintenance supervisor was in-serviced by the administrator to ensure all penetrations on both sides of the smoke barrier will be sealed immediately following any work that includes penetrating the smoke barrier walls in the facility. C. Rounds will be conducted by the maintenance supervisor and/or administrator after any work has been performed that includes penetrating the smoke barrier walls in the facility. D. The findings of said rounds will be forwarded to the QAPI committee, and changes will be made as necessary to maintain compliance.	

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E 000	Initial Comments * EMERGENCY PREPAREDNESS * Survey conducted on 6/4/19 reveals the above facility meets all applicable Federal, State and local emergency preparedness requirements. No deficiencies were identified.	E 000		

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