| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 255301 | A. BUILDING **01 - THE CARRINGTON** B. WING _____ | **01/17/2023** |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **CARRINGTON, LLC D/B/A THE CARRINGTON** | **307 REED RD STARKVILLE, MS 39759** |

| (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<br><br>42 CFR 483.70(a)<br><br>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 331 SS=F | Interior Wall and Ceiling Finish<br>CFR(s): NFPA 101<br><br>Interior Wall and Ceiling Finish<br>2012 EXISTING<br>Interior wall and ceiling finishes, including exposed interior surfaces of buildings such as fixed or movable walls, partitions, columns, and have a flame spread rating of Class A or Class B. The reduction in class of interior finish for a sprinkler system as prescribed in 10.2.8.1 is permitted.<br>10.2, 19.3.3.1, 19.3.3.2<br>Indicate flame spread rating(s).<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on observations, the facility failed to maintain the proper interior finish of the ceilings in accordance with NFPA 101 sections 19.3.3.1 and 19.3.3.2. This deficiency affected all 54 residents in the facility on the day of survey.<br><br>Findings Include:<br><br>During the building inspection on 1/17/23 at 1:30 PM, observation revealed the gypsum ceiling on the hallway near Room 301 and in Room 302, 211, and 103 of the facility had been replaced with non-fire rated oriented strand board (or OSB board). The OSB board was not fire retardant and | K 331 | 1. The facility now has proper interior finish of the ceilings in accordance with NFPA 101 sections 19.3.3.1 and 19.3.3.2. The facility contracted with Byrd & Cook Contrcators on January 18, 2023 to replace the non-fire rated board with fire rated sheetrock in the affected areas. This work was completed on January 30, 2023.<br><br>2. All residents were potentially affected by this deficient practice.<br><br>3. The facility contracted Byrd & Cook Contractors to removed non-fire rated | 2/10/23 |

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

Electronically Signed | 01/31/2023

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| K 331 | Continued From page 1<br>there were holes and gaps in the ceiling. The Hallway near Room 301 and Rooms 302, 211, and 103 was incapable of resisting the passage of smoke throughout the facility. The facility maintenance supervisor stated the gypsum ceiling had been heavily damaged by leaks that were the result of frozen sprinkler pipes in the attic in 12/24/22. The unusual incident report was reported to MSDH on 12/24/22. | K 331 | ceiling in the damaged area and replace with fire rated sheetrock, finifsh, prime, and paint areas on January 18, 2023. The work was completed on January 30, 2023.<br><br>4. The Administrator and/or Maintenance Supervisor will make rounds once a week for three months and then monthly for six months to ensure that proper interior finishes of ceiling are maintained throughout the facility. This will begin on February 01, 2023 and ongoing through July 01, 2023. Any issues will be immediately addressed and will be brought to the Quality Assurance Committee. | |
| K 345 SS=F | Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101<br><br>Fire Alarm System - Testing and Maintenance<br>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.<br>9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72<br>This REQUIREMENT is not met as evidenced by:<br>Based on observation and interviews, the facility failed to properly maintain the fire alarm system in accordance with NFPA 101 sections 9.7.5, 9.7.7, 9.7.8, and NFPA 25. This deficiency affected all 54 residents in the facility on the day of survey.<br><br>Findings Include: | K 345 | 1. The facility now has a properly maintained fire alarm system in accordance with NFPA 101 sections 9.7.5, 9.7.7, 9.7.8 and NFPA 25. The facility contracted with Security Solutions on January 18, 2023 to repair the fire panel box that was showing trouble on the line due to ceiling damage from flood issues. | 2/10/23 |

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| K 345 | Continued From page 2<br>During the building inspection on 1/17/23 at 1:40 PM, observation revealed the fire alarm panel was in trouble mode. The facility maintenance supervisor stated the reason for the trouble was that two (2) smoke detectors were recently damaged by water caused by the thawing of frozen sprinkler pipes on 12/24/22. The two (2) damaged smoke detectors had not been replaced. The unusual incident report was reported to MSDH on 12/24/22. | K 345 | The work was completed on January 26, 2023, and the fire was brought back to 100% functionality.<br><br>2. All residents were potentially affetced by this deficient practice.<br><br>3. The facility employed Security Solutions to replace two smoke detectors in the south hallway causing the fire panel to show trouble on January 18, 2023. The work was completed on January 26, 2023 and the fire panel is no longer in trouble mode. A fire inspection of the facility was completed on January 27, 2023 by the Starkville Fire Department and it showed the facility in full compliance.<br><br>4. The Administrator and or Maintenance Supervisor will continue to do routine fire drills, testing of smoke detectors and testing of the fire panel on a weekly basis, and will report any issues that may lead to non-compliance to the Quality Assurrance Committee. | |