STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255314	A. BUILDING **01 - WASHINGTON CARE CENTER** B. WING _____	**02/07/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WASHINGTON CARE CENTER	**1920 LISA DRIVE EXTENDED** **GREENVILLE, MS 38703**

(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=E	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		3/13/23

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

Electronically Signed | 02/27/2023

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K 321	Continued From page 1 Hazard - see K322) This REQUIREMENT is not met as evidenced by: Based on observations, the facility failed to properly protect hazardous areas in accordance with NFPA 101 section19.3.2 This deficiency had the potential to affect 24 of 53 residents in the facility on the days of survey. Findings Include: Observation during the building inspection on 2/8/23 at 11:00 AM revealed damaged door to the Soiled Linen Room near the nurse station of the facility. The Soiled Linen Room door was unable to close to positive latching position and was incapable of resisting the passage of smoke throughout the facility. The finding was acknowledged by the Administrator and Maintenance Supervisor verified this observation during the exit interview on 2/8/23.	K 321	Facility failed to properly protect hazardous areas in accordance with NFPA 101 Section 19.3.2. This deficiency had the potential to affect 24 of 53 residents in the facility on the days of the survey. 1. Administrator contacted Riverdale Construction on 2/8/23 regarding the door closure issue. Riverdale Construction came to the facility on 2/9/23 and temporarily repaired door so that it closed properly and order a new door to be installed upon arrival.(Exhibit #11) 2. All fifty-three (53) residents currently residing in the facility of 60 have the potential to be affected by this deficient practice. 3. Administrator initiated in-service with Maintenance Director on 2/9/23 to check door closures on all hazardous areas to ensure compliance. (Exhibit #12) 4. Maintenance Director will monitor all door closures on hazardous areas to ensure properly closure position 2 x weekly x 4 weeks then 1 x weekly x 4 weeks if no new problems identified. (Exhibit #13) A Quality Assurance Committee Meeting was conducted on 2/24/23 (Exhibit #14) and will be conducted monthly x 3 months. Maintenance Director will report	

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K 321	Continued From page 2	K 321	any recurring problem to the monthly Quality Assessment and Improvement Committee. Administrator will take necessary corrective action such as: Individual in services, re-in-service, or contacting outside repair contractor and initiate Quality Assurance and Performance Improvement (QAPI) if warranted. QAPI Committee will make recommendations or changes as needed.	
K 712 SS=D	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 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 record review and interviews, the facility failed to properly perform fire drills as per NFPA 101 section 19.7.1.2. The deficient practice affected all smoke compartments and residents in facility on the day of survey. Findings Include: On 2/7/23 at 11:45 AM, the facility could not provide complete and proper documentation of fire drills. The following fire drill documentation information was not provided during the survey:	K 712	Facility failed to properly perform fire drills as per NFPA 101 Section 19.7.1.2. The deficient practice affected all smoke compartments and residents in facility on the day of the survey. 1. Maintenance Director entered the detailed information for the 2nd shift and for the 3rd and 4th quarters of 2022. (Exhibit #15)	3/13/23

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K 712	Continued From page 3 1. There was no description and details of the fire drills for the 2nd shift for the 3rd and 4th quarters of 2022. The employee/ staff signature page was provided. The finding was acknowledged by the Administrator verified this observation during the exit interview on 2/7/23.	K 712	2. All fifty-three (53) residents currently residing in the facility of 60 residents have the potential to be affected by this deficient practice. 3. Maintenance Director in-serviced on procedure and documentation for conducting facility fire drills. (Exhibit #16) 4. Administrator will monitor fire drills and documentation to ensure proper policies and procedures and documentation of fire drills 1 x monthly x 6 months. (Exhibit #17) A Quality Assurance Committee Meeting was conducted on 2/24/23 (Exhibit #18) and will be conducted for 3 months. Administrator will report any recurring problem to the monthly Quality Assessment and Improvement Committee. Administrator will take necessary corrective action such as: Individual in service and initiate Quality Assurance and Performance Improvement (QAPI) if warranted. QAPI Committee will make recommendations or changes as needed.	