

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/11/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255050	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 02/22/2023
NAME OF PROVIDER OR SUPPLIER JEFFERSON DAVIS COMMUNITY HOSPITAL ECF			STREET ADDRESS, CITY, STATE, ZIP CODE 1320 WINFIELD STREET PRENTISS, MS 39474		
(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 374 SS=D	Subdivision of Building Spaces - Smoke Barrier CFR(s): NFPA 101 Subdivision of Building Spaces - Smoke Barrier Doors 2012 EXISTING Doors in smoke barriers are 1-3/4-inch thick solid bonded wood-core doors or of construction that resists fire for 20 minutes. Nonrated protective plates of unlimited height are permitted. Doors are permitted to have fixed fire window assemblies per 8.5. Doors are self-closing or automatic-closing, do not require latching, and are not required to swing in the direction of egress travel. Door opening provides a minimum clear width of 32 inches for swinging or horizontal doors. 19.3.7.6, 19.3.7.8, 19.3.7.9 This REQUIREMENT is not met as evidenced by: Based on observations, the facility failed to provide 20-minute fire resistance rating smoke barrier door in accordance with NFPA 101 sections 19.3.7.6, 19.3.7.8, 19.3.7.9. This standard deficiency affected two (2) of three (3) smoke compartments and 22 of 44 residents in the facility on the day of survey. On 2/22/23 at 10:15 AM, observation revealed the 600 Hall smoke barrier doors of the facility did not properly close to positive latching position. The	K 374	1. The Maintenance Assistant made necessary adjustments to the "Gravity Door Coordinator" to insure appropriate closing of 600 hall smoke barrier doors. This corrective action was completed on 2/22/23. 2. All 500, 600 and 800 hall residents have the potential to be affected by this deficient functioning of the smoke barrier doors.		3/6/23

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

03/06/2023

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.

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K 374	Continued From page 1 600 Hall smoke barrier doors were incapable of resisting the passage of smoke throughout the facility. The finding was acknowledged by the Administrator and verified by the Maintenance Supervisor during the exit interview.	K 374	3. The Maintenance Director or Designee will be responsible for testing the smoke barrier door closing function weekly for three months and monthly thereafter. The Maintenance Director or Designee will be responsible for documenting this weekly test. All documentation will be available to review upon request. 4. The Maintenance Director or Designee will correct the issue immediately and report any irregularity or malfunction to the Administrator and Quality Assurance Committee for review.		