STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A380	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**02/22/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PONTOTOC NURSING HOME	**176 SOUTH MAIN STREET** **PONTOTOC, MS 38863**

(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 211 SS=E	Means of Egress - General CFR(s): NFPA 101 Means of Egress - General Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency, unless modified by 18/19.2.2 through 18/19.2.11. 18.2.1, 19.2.1, 7.1.10.1 This REQUIREMENT is not met as evidenced by: Based on observation, the facility failed to properly maintain exit egress as per NFPA 101 section 19.2.1, 7.1.10.1. This standard deficiency affected three (3) of six (6) exits and 30 of 44 residents in the facility on the day of survey. Findings include: On 2/22/23 at 10:40 AM, observation revealed the following unmaintained exit egress in the facility: 1. The sidewalk from the B Hall of the facility was blocked/obstructed by a birdhouse and umbrella stand. 2. Plant ferns were stored in the exit stairwell from the C Hall of the facility. 3. A white board was stored in exit stairwell near the elevator of the facility.	K 211	K211 Means of Egress Corrective Action: Corrective Action was completed on 2/22/23 at 1200. 1. Facility Operations removed the umbrella stand and the birdhouse from the B Hall sidewalk. 2. The Administrator removed the fern from the stairwell located on C Hall. 3. The Administrator removed the white board from the exit stairwell near the elevator of the facility. Identification of others: The facility identified all residents as having the potential to be affected.	3/31/23

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

Electronically Signed | 03/17/2023

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 211	Continued From page 1 The finding was acknowledged by the Administrator and verified by the Maintenance Supervisor during the exit interview.	K 211	Systemic Changes: The facility will initiate progressive disciplinary action for any employee who places an obstruction in a fire egress. The Administrator, the Unit Coordinator, and the Administrative Assistant will Audit the egress exits biweekly to assess for the presence of any items of obstruction starting on 3/21/2023. Employee disciplinary action will occur for items found in any egress at the time of the finding. Performance Monitoring: The Administrator will report the environmental audit findings to the Quality Assurance committee monthly for a no less than 6 months.	