STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255174	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**04/12/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIVERSICARE OF MOSS POINT	**3401 MAIN STREET** **MOSS POINT, MS 39563**

(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 345 SS=F	Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101 Fire Alarm System - Testing and Maintenance 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. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 This REQUIREMENT is not met as evidenced by: Based on record review, the facility failed to provide a properly maintained fire alarm system as required by NFPA 72 Table 14.3.1 and section 14.4.5.3.2. This deficiency affected the 96 residents in the facility on the day of survey. Findings include: On 4/12/23 at 11:05 AM, observation and record review revealed the facility was unable to provide the documentation of annual testing of the fire alarm system for the year 2022.	K 345	1) The fire system was previously inspected on 4/20/2022, meeting the annual requirement; the report was placed in the facility Life Safety Book on 4/26/2023. 2) All residents within the facility have the potential to be affected by this issue. 3) Maintenance staff were in-serviced on 4/27/2023 by Administrator regarding the requirement to update and maintain documentation regarding the annual inspection for the fire alarm as required. 4) Fire system inspection documentation and upkeep of the Life Safety book will be	5/15/23

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

Electronically Signed | 05/01/2023

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255174	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**04/12/2023**

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K 345	Continued From page 1 The finding was acknowledged by the Administrator and Maintenance Supervisor verified this observation during the exit interview on 4/12/23.	K 345	brought to QA by Maintenance Supervisor, 1x monthly x3 months.	
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 in accordance with NFPA 101 sections 19.7.1.6 and 19.7.1.7. This deficiency affected entire facility on the day of survey. Findings Include: On 4/12/23, at 10:00 AM, record review revealed facility failed to provide fire drill documentation for 2nd shift and 3rd shift of the 1st quarter in 2023 of the facility.	K 712	1) Fire Drills were performed on 4/17/2023 (11-7 shift), 4/25/2023 (3-11 shift) and 4/28/2023 (7-3 shift) by Maintenance Director and Maintenance Assistant. 2) All residents within the facility have the potential to be affected by this issue. 3) Maintenance staff were in-serviced on 4/27/2023 by Administrator regarding the requirement to update and maintain documentation of (1) fire drill per shift per quarter. 4) Fire drill documentation and upkeep of	5/15/23

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	255174	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**04/12/2023**

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K 712	Continued From page 2 The finding was acknowledged by the Administrator and Maintenance Supervisor verified this observation during the exit interview on 4/12/23.	K 712	the Life Safety book will be brought to QA by Maintenance Supervisor, 1x monthly x3 months.	
K 918 SS=F	Electrical Systems - Essential Electric Syste CFR(s): NFPA 101 Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new	K 918		5/15/23

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K 918	Continued From page 3 installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70) This REQUIREMENT is not met as evidenced by: Based on the review of documentation, the facility failed to properly document records of testing the generator annually as directed by NFPA 110 section 8.4.2, NFPA 99 sections 6.4.4.1.1.3 and 6.4.4.2. This deficient practice had potential of affecting the entire facility on the day of facility survey. Findings include: On 4/12/23 at 11:30 AM, the facility could not produce the documentation for the annual inspection of the generator with the calendar year 2022. The finding was acknowledged by the Administrator and Maintenance Supervisor verified this observation during the exit interview on 4/12/23.	K 918	1) The generator was previously inspected on 9/29/2022, meeting the annual requirement; the report was placed in the facility Life Safety Book on 4/26/2023. 2) All residents within the facility have the potential to be affected by this issue. 3) Maintenance staff were in-serviced on 4/27/2023 by Administrator regarding the requirement to update and maintain documentation regarding the annual inspection for the facility generator as required. 4) Generator inspection documentation and upkeep of the Life Safety book will be brought to QA by Maintenance Supervisor, 1x monthly x3 months.	