STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25E115	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**04/11/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAK GROVE RETIREMENT HOME	**209 OAK CIRCLE** **DUNCAN, MS 38740**

(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 271 SS=D	Discharge from Exits CFR(s): NFPA 101 Discharge from Exits Exit discharge is arranged in accordance with 7.7, provides a level walking surface meeting the provisions of 7.1.7 with respect to changes in elevation and shall be maintained free of obstructions. Additionally, the exit discharge shall be a hard packed all-weather travel surface. 18.2.7, 19.2.7 This REQUIREMENT is not met as evidenced by: Based on observation, the facility failed to properly arrange exit discharge in accordance to NFPA 101 sections 19.2.7 & 7.7.1. These deficiencies practice affected one (1) of seven (7) exits in the facility. Findings include: On 4/11/23 at 10:00 AM, observation revealed the South Hall exit door did not release and open upon activation and testing of the fire alarm and sprinkler systems. The South Hall exit door is a required exit leading to public way.	K 271	K271 Discharge from Exits 1. Correction action accomplished for alleged deficient practice: On 4/11/2023, a fire drill was conducted to address the ability of the exit doors to release upon activation and testing of the fire alarm and sprinkler systems. Immediately the facility was placed under Fire Watch monitoring by assigned staff members every 30 minutes. The Johnson Control company was called to assess, evaluate, and correct the door alarms/magnetic ability to release upon activation and testing of the fire alarm and sprinkler systems. The door company of Stanley Door Grands/Securitas Systems related to the installation of the doors and inability to	5/25/23

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

Electronically Signed | 05/09/2023

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K 271	Continued From page 1 The finding was acknowledged by the Administrator and Maintenance Supervisor verified this observation during the exit interview on 4/11/23.	K 271	release during activating and testing of the fire alarm and sprinkler systems 2. All residents have potential to be affected by this deficient practice. 3. Measure put in place to ensure the alleged deficient practice does not reoccur. On 4/11/2023 and in-service of all staff was completed by the Administrator/Maintenance on Fire Drills that included the door□s ability to release upon activation and testing of the fire alarm and sprinkler systems, and the facility being placed on Fire Watch. On 4/11/2023, Maintenance/staff was in serviced by the Administrator on Fire Watch responsibility and purpose. On 4/11/2023 the Life Safety book containing Fire Watch alarm monitoring and Fire drills were reviewed by the Administrator for proper documentation. The monthly fire drills will be reviewed by the Administrator to include the checking of all exit doors for release during activation and testing of the fire alarm and sprinkler systems. The Maintenance Director will report to the Administrator of any issues found during Fire Drill and Sprinkler system check will be repair immediately 4. The Maintenance Director will be responsible and ensure the deficient practice beginning 4/11/2023 has been corrected by having weekly x2, and then monthly fire drill and sprinkler system completed. The Administrator will review monthly activation and testing of Fire Drill and Sprinkler system documentation. All deficient findings will be followed up with	

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K 271	Continued From page 2	K 271	the corporate office for proper planning toward repairs. The Administrator will report findings to the Quality Assurance Committee monthly that includes all the facility department leaders of the MD, ADM, DON, ADON, IP, MDS, MTN, SSD, DM, BOM, Rehab, and ACT on a monthly and quarterly basis in person/telephone. Quality Assurance will review findings and make recommendations for changes and/or revisions as needed.	
K 341 SS=F	Fire Alarm System - Installation CFR(s): NFPA 101 Fire Alarm System - Installation A fire alarm system is installed with systems and components approved for the purpose in accordance with NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm Code to provide effective warning of fire in any part of the building. In areas not continuously occupied, detection is installed at each fire alarm control unit. In new occupancy, detection is also installed at notification appliance circuit power extenders, and supervising station transmitting equipment. Fire alarm system wiring or other transmission paths are monitored for integrity. 18.3.4.1, 19.3.4.1, 9.6, 9.6.1.8 This REQUIREMENT is not met as evidenced by: Based on observations, the facility failed to maintain a complete manual fire alarm system as directed by NFPA 72 Chapter 10, and NFPA 101 section 9.6. The deficient practice affected all	K 341	K341. Fire Alarm System-Installation 1. Correction action accomplished for alleged deficient practice: On 4/11/2023, a fire drill was conducted	5/25/23

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K 341	Continued From page 3 smoke compartments and all 57 residents in facility on the day of survey. Findings Include: On 4/11/23 at 9:30 AM, observation revealed a "trouble signal" on the fire alarm system panel in the facility. The Maintenance Supervisor was unable to reset the fire alarm panel to "normal" mode. The finding was acknowledged by the Administrator and Maintenance Supervisor verified this observation during the exit interview on 4/11/23.	K 341	during annual survey and on the alarm, panel reveal trouble signal, the fire alarm panel was unable to be reset. Immediately on 4/11/2023, Johnson Control was notified, and a repair ticket placed for 911 on the fire panel and doors. On 4/11/2023, the facility was placed under Fire Watch monitoring with assigned staff members requiring every 30 minutes documentation. Johnson Control arrived 4/11/2023 with two repairmen to troubleshoot and repair Fire Alarm Panel troubles. Batteries in the Simplex 4007ES panel was replaced. The panel box continued to show trouble signal and the Johnson Control rep to return in the am with assistance. Johnson Control arrived 4/12/2023 and stated the doors installed by Stanley/Securitas Systems was the potential issue related to the door inability to release during activating and testing of the fire alarm and sprinkler systems On 4/12/2023, a 911 call was placed into Stanley/Securitas System for potential door repair causing fire alarm panel issues. On 4/14/2023 Stanley/Securitas System arrived and stated he was changing the relay switch, but Johnson Control must come back and reset the fire panel. On 4/14/2023 Johnson Control was called for an additional visit related to Securitas visit findings, fire panel continue to show trouble signal, and facility remaining under fire watch. On 4/17/2023 Johnson Control arrived and troubleshooting of south door, traced wiring to verify wiring configuration,	

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K 341	Continued From page 4	K 341	programmed relay on card 4 (IO3), wired to added relay and performed a fire drill to test the system for proper operation. On 4/17/2023 The fire panel was clear of any trouble signals, fire drill performed, and doors released as required during fire drill and sprinkler system check. On 4/27/2023, facility contacted Life Safety and was instructed Fire Watch could be stopped. 2. All residents have potential to be affected by this deficient practice. 3. Measure put in place to ensure the alleged deficient practice does not reoccur. On 4/11/2023 and in-service of all staff was completed by the Administrator/Maintenance on fire panel not resetting, potential for alarms to go off, and thus the facility has been placed on Fire Watch until the doors are repaired. On 4/11/2023, Maintenance/staff was in serviced by the Administrator on Fire Drills and notification of Administrator on any issues with the fire panel. All fire drills will be completed by the Maintenance Director to include the monitoring of the fire panel alarms. The Maintenance Director will report to the Administrator of any issues found during Fire Drill and Sprinkler system check will be repair immediately 4. The Maintenance Director will be responsible and ensure the deficient practice beginning 4/11/2023 has been corrected by having weekly x2, and then monthly fire drill and sprinkler system completed. The Administrator will review activation and testing of Fire Drill and	

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K 341	Continued From page 5	K 341	Sprinkler system documentation and checking the fire panel for issues. All deficient findings will be followed up with the corporate office for proper planning toward repairs. The Administrator will report findings to the Quality Assurance Committee monthly that includes all the facility department leaders of the MD, ADM, DON, ADON, IP, MDS, MTN, SSD, DM, BOM, Rehab, and ACT on a monthly and quarterly basis in person/telephone. Quality Assurance will review findings and make recommendations for changes and/or revisions as needed.	