

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

PRINTED: 06/19/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255226	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 05/24/2023
NAME OF PROVIDER OR SUPPLIER NATCHEZ REHABILITATION AND HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 344 ARLINGTON AVENUE NATCHEZ, MS 39120		
(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 372 SS=D	Subdivision of Building Spaces - Smoke Barrie CFR(s): NFPA 101 Subdivision of Building Spaces - Smoke Barrier Construction 2012 EXISTING Smoke barriers shall be constructed to a 1/2-hour fire resistance rating per 8.5. Smoke barriers shall be permitted to terminate at an atrium wall. Smoke dampers are not required in duct penetrations in fully ducted HVAC systems where an approved sprinkler system is installed for smoke compartments adjacent to the smoke barrier. 19.3.7.3, 8.6.7.1(1) Describe any mechanical smoke control system in REMARKS. This REQUIREMENT is not met as evidenced by: Based on the observation, the facility failed to provide half hour rating in the smoke barrier wall in accordance with NFPA 101 sections 19.3.7.3 and 8.5.6.2. This standard deficiency affected two (2) of three (3) smoke compartments and 25 of 51 residents in the facility on the day of Survey. Findings Include: On 5/24/23 at 9:30 AM, observation revealed unsealed holes around yellow data cables at A Hall smoke barrier wall of the facility. The A Hall	K 372	Preparation and submission of this plan of correction by Natchez Rehabilitation and Healthcare Center does not constitute an admission or agreement by the provider of the truth of the facts alleged or the correctness of the conclusions set forth in the statement of deficiencies. The plan of correction is prepared and submitted solely pursuant to the requirements under state and federal laws.	7/1/23	

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

TITLE

(X6) DATE

Electronically Signed

06/12/2023

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 372	Continued From page 1 smoke barrier wall 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 5/24/23.	K 372	1. On 5/24/23, the unsealed holes around the data lines at A Hall smoke barrier wall were immediately sealed with fire rated caulk by Maintenance Director. 2. On 5/24/23, the Maintenance Director performed a complete inspection of the facility to ensure there were no other areas that would allow the passage of smoke throughout the facility; no other issues were noted. 3. On 5/24/23, an in-service was conducted by the Administrator with the facility Maintenance Director on the requirements and processes of identifying, correcting, and preventing damage to smoke barrier walls that would allow passage of smoke throughout the facility. 4. Effective 6/7/23, the facility Maintenance Director will perform a weekly inspection of the fire walls to ensure there are no penetrations. This inspection will be conducted weekly for four (4) weeks then monthly thereafter. A report of audit findings will be submitted by the facility Maintenance Director to the Quality Assurance Performance Improvement committee monthly for three (3) months for further review and recommendations. The Administrator is responsible for monitoring and compliance.		