STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255136	A. BUILDING **01 - 0101** B. WING _____	**05/17/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TUPELO NURSING AND REHABILITATION CENTER	**1901 BRIAR RIDGE ROAD** **TUPELO, MS 38804**

(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 321 SS=E	Hazardous Areas - Enclosure CFR(s): NFPA 101 Hazardous Areas - Enclosure Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4 hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1 or 19.3.5.9. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door. Describe the floor and zone locations of hazardous areas that are deficient in REMARKS. 19.3.2.1, 19.3.5.9 Area Automatic Sprinkler Separation N/A a. Boiler and Fuel-Fired Heater Rooms b. Laundries (larger than 100 square feet) c. Repair, Maintenance, and Paint Shops d. Soiled Linen Rooms (exceeding 64 gallons) e. Trash Collection Rooms (exceeding 64 gallons) f. Combustible Storage Rooms/Spaces (over 50 square feet) g. Laboratories (if classified as Severe	K 321		6/19/23

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

Electronically Signed | 06/01/2023

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 321	Continued From page 1 Hazard - see K322) This REQUIREMENT is not met as evidenced by: Based on observations, the facility failed to protect hazardous areas in accordance with NFPA 101 sections 19.3.2.1. This deficiency affected two (2) of five (5) smoke compartments and 41 of the 111 residents in the building at the time of survey. Findings include: On 5/17/23 at 10:45 AM, observation revealed the following: Unsealed penetrations in the ceiling of the Server Room of the facility Air transfer grill installed in the Server Room door. A collapsed ceiling in the Boiler Room of the facility Unsealed holes in the ceiling behind the gas dryers in the Laundry Room of the facility The finding was acknowledged by the Administrator and Maintenance Supervisor verified this observation during the exit interview on 5/17/23.	K 321	Please consider this Plan of Correction as Tupelo Nursing and Rehabilitation Center LLC credible allegation of compliance. This Plan of Correction in response to the statement of deficiencies demonstrates our good faith and desire to continue to improve the quality of care and services rendered to our residents. This plan of correction constitutes a written allegation of substantial compliance under Federal Medicare & Medicaid requirements. 1. The unsealed penetrations in the ceiling of the server room of the facility was repaired 5/18/2023 by the Maintenance Supervisor Assistant. On 5/18/2023 Maintenance Supervisor Assistant installed a new door in the server room to replace the door with the air transfer grill. On 5/25/2023 the Maintenance Supervisor and Maintenance Supervisor Assistant repaired the collapsed ceiling in the boiler room of the facility. 2. All Residents residing in the facility have the potential to be affected. 3. On 5/23/2023 the Executive Director initiated an in-service and education with Maintenance Supervisor and Maintenance Supervisor Assistant on the importance of	

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K 321	Continued From page 2	K 321	ensuring that smoke barrier walls are in accordance with NFPA , and any fire wall or ceiling penetrations' will be corrected by maintenance to ensure smoke barriers are intact. 4. The Maintenance Supervisor and Maintenance Supervisor Assistant will conduct regular inspections ensuring no unsealed penetrations are in the ceiling or walls and that facility is in accordance with NFPA	