STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255207	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**05/23/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLAZA COMMUNITY LIVING CENTER	**4403 HOSPITAL ROAD** **PASCAGOULA, MS 39581**

(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 363 SS=D	Corridor - Doors CFR(s): NFPA 101 Corridor - Doors Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas resist the passage of smoke and are made of 1 3/4 inch solid-bonded core wood or other material capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Corridor doors and doors to rooms containing flammable or combustible materials have positive latching hardware. Roller latches are prohibited by CMS regulation. These requirements do not apply to auxiliary spaces that do not contain flammable or combustible material. Clearance between bottom of door and floor covering is not exceeding 1 inch. Powered doors complying with 7.2.1.9 are permissible if provided with a device capable of keeping the door closed when a force of 5 lbf is applied. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In	K 363		6/21/23

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

Electronically Signed | 06/17/2023

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 363	Continued From page 1 sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies. 19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485 Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc. This REQUIREMENT is not met as evidenced by: Based on the observation, the facility failed to provide Corridor Doors in accordance with NFPA 101 sections 19.3.6.3. This standard deficiency affected two (2) of three (3) smoke compartments and 67 of 91 residents in the facility on the day of Survey. Findings Include: On 5/23/23 at 10:30 AM, observation revealed the Resident Rooms entry doors were missing the latch bolt of the door hardware in the following resident rooms: South Hall Resident Room S-8 South Hall Resident Room S-17 North Hall Resident Room N-28 These resident rooms were incapable of resisting the passage of smoke throughout the facility.	K 363	The Maintenance Supervisor replaced the latch bolt of the door hardware to rooms South-eight (8), South seventeen (17) and North twenty eight (28) on 5/23/2023. Residents who reside in rooms 8, 17, and 28 have the potential to be affected in the case of a fire within the facility. The Maintenance Supervisor was educated by the Administrator on 5/30/2023 on the life safety code guidelines per facility protocol. The Maintenance Supervisor verified that all latch bolts were in place throughout the facility and on all residents room on 06/09/2023. The Quality Assurance Performance Improvement (QAPI) Team met on 5/24/2023 to discuss the missing hardware from rooms 8, 17 and 28. The Maintenance Supervisor will initially verify that all rooms have the correct latch bolts according to life safety code regulations and report the information to the administrator. Any adverse findings will be corrected immediately and reported to the	

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K 363	Continued From page 2 The finding was acknowledged by the Administrator and Maintenance Supervisor verified this observation during the exit interview on 5/23/23.	K 363	monthly QAPI meeting for review and recommendation.	