STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255127	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**05/16/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TISHOMINGO COMM LIVING CENTER	**1410 WEST QUITMAN STREET** **IUKA, MS 38852**

(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 211 SS=D	Means of Egress - General CFR(s): NFPA 101 Means of Egress - General Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency, unless modified by 18/19.2.2 through 18/19.2.11. 18.2.1, 19.2.1, 7.1.10.1 This REQUIREMENT is not met as evidenced by: Based on observation and testing, the facility failed to properly maintain exit egress as per NFPA 101 section 19.2.2.2.4. This standard deficiency affected two (2) of three (3) smoke compartments and 22 of 68 residents in the facility on the day of survey. Findings include: On 5/16/23 at 11:00 am, observation revealed the exit doors near Resident Room 228 did not disengage and open upon activation of the fire alarm system.	K 211	1. On 5/18/23, a contractor repaired the exit door near Resident Room 228, whereby it disengages and opens upon activation of the fire alarm system. 2. 22 of 68 residents have the potential to be affected by the alleged deficient practice. 3. On 6/13/23 Administrator in-serviced Maintenance Director on ensuring aisles, passageways, corridors, exist discharges, exit locations, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency. On 5/18/23 Maintenance Director in-serviced staff on ensuring aisles, passageways, corridors, exist	6/22/23

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

Electronically Signed | 06/19/2023

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 211	Continued From page 1 The finding was acknowledged by the Administrator and Maintenance Supervisor verified this observation during the exit interview on 5/16/23.	K 211	discharges, exit locations, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency. The maintenance director will check all exit doors weekly X 4 week then monthly thereafter. Any issues will be immediately corrected. 4. The Maintenance Director will report results of the audit to Quality Assurance Performance Improvement Committee (QAPI) monthly starting 6/22/23 and as needed for review/revision.	