STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255210	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**08/08/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE CREST GUEST HOME INC	**133 PINE STREET** **HAZLEHURST, MS 39083**

(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 four (4) smoke compartments in the facility on the day of Survey. Findings Include: On 8/8/23 at 9:30 AM, observation revealed	K 372	K372 1. Smoke barrier penetrations- unsealed holes around blue data cables at 200 hall near Resident room 219 have been repaired and sealed with Red Fire Barrier Sealant on 8/9/2023 by the Maintenance Supervisor. 2. All areas with utility wires/data cables within facility have the potential to have smoke barriers compromised.	9/6/23

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

Electronically Signed | 08/24/2023

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255210	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**08/08/2023**

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K 372	Continued From page 1 unsealed holes around blue data cables at 200 Hall smoke barrier wall near Resident Room 219 of the facility. The 200 Hall 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 8/8/23.	K 372	3. The Maintenance Supervisor was in-serviced by the Administrator on 8/8/23 regarding smoke barrier penetrations and requirements. The Maintenance Supervisor made facility rounds 8/8/23 and inspected all exiting areas with data cable wires with no issues. The Maintenance Supervisor will make Smoke Barrier Penetration Rounds observing, and repairing identified smoke barrier penetrations weekly times 8 weeks. The Maintenance Supervisor will follow-up behind contactors installing or repairing wires/data cables and repair smoke barrier penetrations post visit. Weekly rounds results and concerns will be reported to the Administrator. 4. Corrective actions will be monitored by the Quality Assurance committee monthly starting 8/24/23 with reports by the Administrator regarding Smoke Barrier Penetration Rounds results with the plan evaluated and recommendations for changes to the plan if indicated.	