

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255072		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILD... B. WING		(X3) DATE SURVEY COMPLETED 06/16/2026	
NAME OF PROVIDER OR SUPPLIER WINSTON COUNTY NURSING HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 17560 EAST MAIN STREET , LOUISVILLE, Mississippi, 39339			
(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
K0000 Bldg. 01	INITIAL COMMENTS 42 CFR 483.09 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).			K0000			
K0916 SS = F Bldg. 01	Electrical Systems - Essential Electric Syste CFR(s): NFPA 101 Electrical Systems - Essential Electric System Alarm Annunciator A remote annunciator that is storage battery powered is provided to operate outside of the generating room in a location readily observed by operating personnel. The annunciator is hard-wired to indicate alarm conditions of the emergency power source. A centralized computer system (e.g., building information system) is not to be substituted for the alarm annunciator. 6.4.1.1.17, 6.4.1.1.17.5 (NFPA 99) This STANDARD is NOT MET as evidenced by: Based on observations and testing, the facility failed to provide all the generators required components as in accordance with NFPA 110 section 5.6.6 and NFPA 99 section 6.4.1.1.17. The deficient practice affected all 155 residents in the facility on the day of survey. Findings include: On 6/16/26 at 2:30 PM, observation revealed the generator for the Cypress, Elm, Hickory and Oak Cottages lacked a complete remote annunciator panel in a constantly monitored location of the facility (ex. Nurses station or receptionist desk...). Observation and testing also revealed that nonworking generator annunciator panel in			K0916			

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 reverse for further 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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE
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K0916 SS = F Bldg. 01	Continued from page 1 Dogwood Cottage of the facility.	K0916					
K0345 SS = E Bldg. 01	Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101 Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 This STANDARD is NOT MET as evidenced by: Based on observation and testing, the facility failed to provide a properly maintained fire alarm system as required by NFPA 72 Table 14.3.1 and section 14.4.5.3.2. This deficiency affected 47 of 155 residents in the facility on day of survey. Findings include: On 6/16/26 at 11:30 AM, observation revealed the fire alarm panel in the Dogwood Building was in "trouble mode". Observation also revealed the fire alarm system functions properly when tested.	K0345					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255072		(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - WINSTON CO... B. WING		(X3) DATE SURVEY COMPLETED 06/16/2026	
NAME OF PROVIDER OR SUPPLIER WINSTON COUNTY NURSING HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 17560 EAST MAIN STREET , LOUISVILLE, Mississippi, 39339			
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K0000 Bldg. 02	INITIAL COMMENTS 42 CFR 483.09 The facility meets the applicable provisions of the 2012 (existing) Edition of the Life Safety Code (LSC) of the National Fire Protection Association (NFPA). There were no LSC deficiencies cited during this survey.			K0000			

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E0000	Initial Comments *EMERGENCY PREPAREDNESS* Survey conducted on 06/16/26 revealed the above facility meets all applicable Federal, State and local emergency preparedness requirements. No deficiencies were cited.			E0000			

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