

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255115		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILD... B. WING		(X3) DATE SURVEY COMPLETED 08/20/2026	
NAME OF PROVIDER OR SUPPLIER MANHATTAN COMMUNITY CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 4540 MANHATTAN RD , JACKSON, Mississippi, 39206			
(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				
K0341 SS = F Bldg. 01	Fire Alarm System - Installation CFR(s): NFPA 101 Fire Alarm System - Installation A fire alarm system is installed with systems and components approved for the purpose in accordance with NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm Code to provide effective warning of fire in any part of the building. In areas not continuously occupied, detection is installed at each fire alarm control unit. In new occupancy, detection is also installed at notification appliance circuit power extenders, and supervising station transmitting equipment. Fire alarm system wiring or other transmission paths are monitored for integrity. 18.3.4.1, 19.3.4.1, 9.6, 9.6.1.8 This STANDARD is NOT MET as evidenced by: Based on observations, the facility failed to maintain a complete manual fire alarm system as directed by NFPA 72 Chapter 10, and NFPA 101 section 9.6. The deficient practice affected all smoke compartments and all 167 of 167 residents in facility on the day of survey. Findings include: On 8/20/26 at 11:00 AM, observation revealed a "Trouble Signal – Dialer Account-2 Fail" condition displayed on the facility's fire alarm control panel. The Maintenance Supervisor was unable to reset the fire alarm panel to "Normal" mode. The Maintenance Supervisor contacted the		K0341				

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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K0341 SS = F Bldg. 01	Continued from page 1 monitoring company and placed the fire alarm system in test mode. After testing was completed, the Maintenance Supervisor contacted the monitoring company to remove the system from test mode. The Maintenance Supervisor then asked whether the monitoring company had received the signal from a manual pull station. The monitoring company reported that it had not received the signal notification. The Administrator was notified that the fire alarm system was not functioning properly. The Maintenance Supervisor notified the facility's fire alarm service company, Systronics, of the problem, and Systronics dispatched technicians to the facility to investigate and repair the system. The Administrator notified the facility that it was placed under the facility's Emergency Operations Plan (EOP) Fire Watch Plan until the fire alarm system was restored to an operable condition. The finding was acknowledged by the Administrator, and the Maintenance Supervisor verified the observation during the exit interview on 8/20/26.			K0341			

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E0000	Initial Comments *EMERGENCY PREPAREDNESS* Survey conducted on 08/20/26 revealed the above facility meets all applicable Federal, State and local emergency preparedness requirements. No deficiencies were cited.			E0000			

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