STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255106	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**05/24/2022**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRANDON NURSING AND REHABILITATION CENTER	**355 CROSSGATE BLVD** **BRANDON, MS 39042**

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K 000	INITIAL COMMENTS 42 CFR 483.70(a) This facility was surveyed under the Centers for Medicare Medicaid Services (CMS) COVID-19 Emergency Declaration Blanket 1135 Waivers for Health Care Provider. 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, the facility failed to properly maintain exit egress as per NFPA 101 section 19.2.1, 7.1.10.1. This standard deficiency affected one 1 of 12 exits and in the facility on the day of survey. Findings include: On 5/24/22 at 10:15 AM, observation revealed slide bolts above 48 inches on the Garden Cafe Area door of the facility. The door in the Garden	K 211	1. The Garden Cafe Area door slide blots have been removed from the door to allow exit egress continuously without obstruction. 2. All Residents have potential to be affected by the with exit egress free of obstruction. 3. Maintenance staff were inserviced 5/27/22 by the Executive Director regarding exit egress continuously maintained to be free of obstruction. Maintenance staff are making exit egress audit rounds five times weekly starting	6/30/22

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

Electronically Signed | 07/07/2022

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K 211	Continued From page 1 Cafe Area is 1 of 12 required exits in the facility. The height of the slide bolts shall be below 48 inches from the floor of the facility and obstructed exit capability to the Garden Cafe Area door of the facility. The finding was acknowledged by the Administrator and verified by the Maintenance Supervisor during the exit interview.	K 211	5/27/22 observing exit egress to be free of obstruction. 4. Maintenance staff are making exit egress audit rounds five times weekly starting 5/27/22 times six weeks. Exit Egress round audit results will be reported to Quality Assurance meeting monthly starting 6/16/22 by the maintenance director with evaluation of the plan and recommendation for changes if indicated.	
K 221 SS=D	Patient Sleeping Room Doors CFR(s): NFPA 101 Patient Sleeping Room Doors Locks on patient sleeping room doors are not permitted unless the key-locking device that restricts access from the corridor does not restrict egress from the patient room, or the locking arrangement is permitted for patient clinical, security or safety needs in accordance with 18.2.2.2.5 or 19.2.2.2.5. 18.2.2.2, 19.2.2.2, TIA 12-4 This REQUIREMENT is not met as evidenced by: Based on observations, the facility failed to protect hazardous area in accordance with NFPA 101 section 19.3.2.1. This deficiency affected 4 of 12 smoke compartments and 80 of 217 residents in the facility on the day of survey. Findings include: On 5/24/22 at 11:45 AM, observation revealed the	K 221	1. Unsealed large hole in ceiling of biohazard room near room 402 has been repaired 5/28/22. Basement door has been repaired to close to positive latching position 5/28/22. Missing ceiling tiles in janitor supply room have been replaced 5/28/22. Unit 3 soiled utility room missing ceiling tiles have been replaced 5/28/22. 2. All residents have potential to be affected by hazardous areas with hazards repaired or replaced.	6/30/22

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K 221	Continued From page 2 following in the hazardous areas of the facility: Unsealed large hole in the ceiling of Biohazard Room near Room 402 of the facility The Basement door was incapable to close to positive latching position Missing ceiling tiles in the Janitor Supply Room of the facility Damage ceiling in the Unit 3 Soiled Utility Room of the facility Each of the hazardous areas were 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 5/24/22.	K 221	3. The maintenance staff were inserviced 5/27/22 by the Executive Director regarding hazardous areas with repair or replacement of the hazard area. The Maintenance staff are making hazardous audits rounds five times weekly starting 5/27/22 to identify and correct areas in need of repair or replacement. 4. Hazardous audit rounds will be completed five times weekly starting 5/27/22 times six weeks to identify and correct areas in need of repair or replacement. Hazardous rounds audits results will be reported to Quality Assurance meetings monthly starting 6/16/22 with recommendation for change if indicated.	
K 325 SS=D	Alcohol Based Hand Rub Dispenser (ABHR) CFR(s): NFPA 101 Alcohol Based Hand Rub Dispenser (ABHR) ABHRs are protected in accordance with 8.7.3.1, unless all conditions are met: * Corridor is at least 6 feet wide * Maximum individual dispenser capacity is 0.32 gallons (0.53 gallons in suites) of fluid and 18 ounces of Level 1 aerosols * Dispensers shall have a minimum of 4-foot horizontal spacing * Not more than an aggregate of 10 gallons of fluid or 135 ounces aerosol are used in a single	K 325		6/30/22

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K 325	Continued From page 3 smoke compartment outside a storage cabinet, excluding one individual dispenser per room * Storage in a single smoke compartment greater than 5 gallons complies with NFPA 30 * Dispensers are not installed within 1 inch of an ignition source * Dispensers over carpeted floors are in sprinklered smoke compartments * ABHR does not exceed 95 percent alcohol * Operation of the dispenser shall comply with Section 18.3.2.6(11) or 19.3.2.6(11) * ABHR is protected against inappropriate access 18.3.2.6, 19.3.2.6, 42 CFR Parts 403, 418, 460, 482, 483, and 485 This REQUIREMENT is not met as evidenced by: Based on observations, the facility failed to provide alcohol-based hand rub dispenser (ABHR) in accordance with NFPA 101 section 8.7.3.1. This deficiency affected 4 of 12 smoke compartments in the facility on the day of survey. Findings include: On 5/24/22 at 11:45 AM, observation revealed hand sanitizer dispensers installed above light switches in the Dining Area and near Resident Rooms 107, 206, and 229 of the facility. The finding was acknowledged by the Administrator and Maintenance Supervisor verified this observation during the exit interview on 5/24/22.	K 325	1. Hand sanitizer dispensers above light switches in the dining area and near resident rooms 107, 206, and 229 have been removed and relocated 5/28/22 2. 2. Maintenance staff have been inserviced 5/27/22 by the Executive Director regarding placement of hand sanitizer dispensers. Maintenance staff will make daily hand sanitizer rounds starting 5/27/22 observing placement of hand sanitizer dispensers to not be above an elctrical source. 3. Maintenance staff will make hand sanitizer daily rounds starting 5/27/22 times six weeks observing placement of hand sanitizer dispensers to not be above an elctrical source. Hand sanitizer rounds audit results will be discussed at Quality Assurance meetings monthly startingh 6/16/22 with reports by the maintenance director with recommendation to changes	

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K 325	Continued From page 4	K 325	to the plan if indicated.	