STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255266	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**03/31/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRANDON COURT	**100 BURNHAM ROAD** **BRANDON, MS 39042**

(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=F	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 all residents in the facility on the day of survey. Findings include: On 3/31/23 at 10:40 AM, observation revealed storage in the stairwells on each floor of the facility. The finding was acknowledged by the Administrator and Maintenance Supervisor verified this observation during the exit interview on 3/31/23.	K 211	a. On 03/31/23 all storage items were cleared out of the stairwells on the east and west wings of the building. b. All residents have the potential to be affected by this deficient practice. c. Facility Administrator in-serviced staff on 04/12/23 and 04/13/23 on Fire regulations to ensure doorways, passageways, and stairwells are free from obstruction at all times. d. Beginning 04/03/23 the Facility Administrator and/or Maintenance Supervisor (when hired) will visually inspect stairwells to ensure that no items are being stored 5 days a week for 4	4/13/23

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

Electronically Signed | 04/17/2023

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K 211	Continued From page 1	K 211	weeks, then monthly for 3 months. Areas of concern will be brought to the Quality Assessment and Improvement Committee for review. The Quality Assessment and Improvement Committee will convene on 04/24/23 to discuss further recommendations as needed. Any additional training and/or disciplinary action will be considered as warranted.	
K 712 SS=F	Fire Drills CFR(s): NFPA 101 Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 19.7.1.4 through 19.7.1.7 This REQUIREMENT is not met as evidenced by: Based on record review and interviews, the facility failed to properly perform fire drills as per NFPA 101 section 19.7.1.2. The deficient practice affected all smoke compartments and residents in facility on the day of survey. Findings Include:	K 712	a. Maintenance Supervisor (when hired) will be in-serviced on the appropriate documentation to be provided for fire drills, the frequency at which these drills should be conducted, the Fire Drill Policy and the correct form used to document fire drills. Facility Administrator will currently implement and monitor fire drills through appropriate documentation, frequency of drills, using the Fire Drill policy and the	4/13/23

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K 712	Continued From page 2 On 3/31/23 at 11:45 AM, the facility could not provide complete and proper documentation of fire drills for the last calendar year (2022). The finding was acknowledged by the Administrator and Maintenance Supervisor verified this observation during the exit interview on 3/31/23.	K 712	correct form used to document fire drills. b. All residents have the potential to be affected by this deficient practice. c. An immediate Fire Drill was held on 04/13/23 on first shift, and drills for second and third shift will be held over the next two months on rotation. d. Beginning 04/13/23 Facility Administrator will monitor monthly for completeness and timeliness that drills are held one per shift per quarter for 3 months. Areas of concerns will be brought to the Quality Assessment and Improvement Committee for review. The Quality Assessment and Improvement Committee will convene on 04/24/23 to discuss further recommendations as needed. Additional training and/or disciplinary action will be considered as warranted.	
K 918 SS=F	Electrical Systems - Essential Electric Syste CFR(s): NFPA 101 Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised	K 918		4/13/23

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K 918	Continued From page 3 under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70) This REQUIREMENT is not met as evidenced by: Based on the review of documentation, the facility failed to properly document records of testing the generator annually as directed by NFPA 110 section 8.4.2, NFPA 99 sections 6.4.4.1.1.3 and 6.4.4.2. This deficient practice had potential of affecting the entire facility on the day of facility survey. Findings include: On 3/31/23 at 11:15 PM, the facility could not produce the documentation for weekly inspections and monthly load test of the generator with the calendar year 2022. Observation also revealed the generator	K 918	a. Maintenance Supervisor (when hired) will be in-serviced by the Facility Administrator on the Generator Testing Policy. This in-service will include the correct way to perform and document generator testing on a weekly and monthly under load basis. The Facility Administrator will currently implement and monitor Generator Testing. This will include performing generator testing on a weekly and monthly under load basis. b. All residents have the potential to be	

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K 918	Continued From page 4 annunciator panel was in trouble mode. The generator was tested and was capable of transferring power to the facility. The finding was acknowledged by the Administrator and Maintenance Supervisor verified this observation during the exit interview on 3/31/23.	K 918	affected by this deficient practice. c. On 04/03/23, weekly generator auto-run testing documented, and will continue on a weekly basis. On 04/12/23 Taylor Power Systems was contacted to inspect recurring trouble light on one of two annunciator panels. It was determined that the deficient annunciator panel belonged to an old generator that is no longer in use at the facility. The annunciator panel was disconnected for power and labeled inactive. On 04/14/23 Taylor Power Systems came to the facility to train Facility Administrator on proper process to complete monthly load test. April monthly load test completed on 04/14/23. d. Beginning 04/13/23 Facility Administrator will monitor monthly for completeness and timeliness that drills are held one per shift per quarter for 3 months. Areas of concerns will be brought to the Quality Assessment and Improvement Committee for review. The Quality Assessment and Improvement Committee will convene on 04/24/23 to discuss further recommendations as needed. Additional training and/or disciplinary action will be considered as warranted.	