

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 61BC	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 03/31/2023
NAME OF PROVIDER OR SUPPLIER BRANDON COURT		STREET ADDRESS, CITY, STATE, ZIP CODE 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) COMPLETE DATE
M1245	45.41.1 Date of Construction & Life Safety... Date of Construction and Life Safety Code Compliance. 1. Buildings constructed after the effective date of these regulations shall comply with the edition of the Life Safety Code (NFPA 101) effective on the date of construction. 2. Buildings constructed prior to the effective date of these regulations shall comply with Chapter 13 of the Life Safety Code (NFPA 101), 1985 edition. This Statute 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: 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.	M1245	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 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	4/13/23

Mississippi State Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

04/17/23

MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 61BC	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 03/31/2023
NAME OF PROVIDER OR SUPPLIER BRANDON COURT		STREET ADDRESS, CITY, STATE, ZIP CODE 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) COMPLETE DATE
M1245	Continued From page 1	M1245	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.	