STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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BRANDON NURSING AND REHABILITATION CENTER	355 CROSSGATE BLVD 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
M 000	Initial Comments The State Agency (SA) conducted an annual recertification survey and three (3) Complaint Investigations (CI MS #24348, CI MS #24323, and CI #24300) from 3/11/24 to 3/15/24. During the survey, the SA determined that the facility was not in compliance with the Minimum Standards for Institutions for the Aged or Infirm, state licensure requirements. The SA investigated MS #24348 for loss of personal items and incontinent care and cited M620. The SA investigated CI MS #24323 related to resident assessment and CI MS #24300 related to staffing and following physician orders, with no citations related to these complaints. During the annual recertification survey, the SA also cited M500, M1020, and M815.	M 000		
M 500	45.17.2 Residents' Rights Residents' Rights. The residents' rights policies and procedures ensure that each resident admitted to the facility: 1. is fully informed, as evidenced by the resident's written acknowledgment, prior to or at the time of admission and during stay, of these rights and is given a statement of the facility's rules and regulations and an explanation of the resident's responsibility to obey all reasonable regulations of the facility and to respect the personal rights and private property of other residents; 2. is fully informed, and is given a written statement prior to or at time of admission and during stay, of services available in the facility, and of related charges including any charges for services covered by the facility's basic per diem rate;	M 500		4/29/24

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M 500	Continued From page 1 3. is assured of adequate and appropriate medical care, is fully informed by a physician or nurse practitioner/physician assistant of his medical conditions unless medically contraindicated (as documented by a physician or nurse practitioner/physician assistant in his medical record), is afforded the opportunity to participate in the planning of his medical treatment, to not be limited in his/her choice of a pharmacy or pharmacist provider in accordance with state law, as referenced in House Bill 1439, which states that the facility shall not limit a resident ' s choice of pharmacy or pharmacy provider if that provider meets the same standards of dispensing guidelines required of long term care facilities, to refuse to participate in experimental research, and to refuse medication and treatment after fully informed of and understanding the consequences of such action; 4. is transferred or discharged only for medical reasons, or for his welfare or that of other residents, or for nonpayment for his stay (except as prohibited by sources of third-party payment), and is given a two weeks advance notice in writing to ensure orderly transfer or discharge. A copy of this notice is maintained in his medical record; 5. is encouraged and assisted, throughout his period of stay, to exercise his rights as a resident and as a citizen, and to this end may voice grievances, has a right of action for damages or other relief for deprivations or infringements of his right to adequate and proper treatment and care established by an applicable statute, rule, regulation or contract, and to recommend changes in policies and services to facility staff and/or to outside representatives of his choice,	M 500		

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M 500	Continued From page 2 free from restraint, interference, coercion, discrimination, or reprisal; 6. may manage his personal financial affairs, or is given at least a quarterly accounting of financial transactions made on his behalf should the facility accept his written delegation of this responsibility to the facility for any period of time in conformance with State law; 7. is free from mental and physical abuse; 8. is free from restraint except by order of a physician or nurse practitioner/physician assistant, or unless it is determined that the resident is a threat to himself or to others. Physical and chemical restraints shall be used for medical conditions that warrant the use of a restraint. Restraint is not to be used for discipline or staff convenience. The facility must have policies and procedures addressing the use and monitoring of restraint. A physician order for restraint must be countersigned within 24 hours of the emergency application of the restraint; 9. is assured security in storing personal possessions and confidential treatment of his personal and medical records, and may approve or refuse their release to any individual outside the facility, except, in the case of his transfer to another health care institution, or as required by law of third-party payment contract; 10. is treated with consideration, respect, and full recognition of his dignity and individuality, including privacy in treatment and in care for his personal needs; 11. is not required to perform services for the facility that are not included for therapeutic purposes in his plan of care;	M 500		

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M 500	Continued From page 3 12. may associate and communicate privately with persons of his choice, may join with other residents or individuals within or outside of the facility to work for improvements in resident care, and send and receive his personal mail unopened, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 13. may meet with, and participate in activities of, social, religious and community groups at his discretion, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 14. may retain and use his personal clothing and possessions as space permits, unless to do so would infringe upon rights of other residents, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 15. if married, is assured privacy for visits by his/her spouse; if both are inpatients in the facility, they are permitted to share a room, unless medically contraindicated (as documented by the attending physician or nurse practitioner/physician assistant in the medical record); and 16. is assured of exercising his civil and religious liberties including the right to independent personal decisions and knowledge of available choice. The facility shall encourage and assist in the fullest exercise of these rights. This Statute is not met as evidenced by:	M 500		

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M 500	Continued From page 4 Level II Based on interviews and facility policy review, the facility failed to ensure residents who smoked were allowed to exercise their right to smoke during the facility's designated smoking times for two (2) of 38 residents who smoke. Findings Include: Review of the facility's policy titled, "Resident Bill of Rights," dated 1/23, revealed, "Each resident has a right to a dignified existence, self-determination, and communication ...in a manner and in an environment that promotes maintenance or enhancement of (his or her) quality of life ... A. Facility residents shall have the right to: ... 15. Self determination, which the facility must promote and facilitate through support of resident choice ..." Resident #6 During an interview on 3/11/24 at 7:39 AM, Resident # 6 stated that they were not receiving their smoking breaks as scheduled or at all. She says that they are already in a nursing home and that the staff should at least honor the smoking time. Resident #6 reports that there appears to be a lot of staff horseplaying around when it comes time to smoke so they have enough people working; they simply do not want to do it. She stated that it upsets not just her but also the other residents. She went on to say that they should be allowed to smoke when they are scheduled to. A record review of Resident #6's "Face Sheet" revealed she was admitted on 11/30/16 by the facility. Her diagnosis is Parkinson's and Nicotine Dependence.	M 500	1. Resident # 6 and # 27 were interviewed by the Director of Nurses on March 11, 2024 regarding concerns with smoking . Resident # 6 and # 27 confirmed issues with staff being available at scheduled smoking times. Resident # 6 and # 27 had no ill effects from this alleged deficient practice. 2.All Residents who smoke have the potential to be affected. 3.An in-service was initiated on March 11, 2024 by the Staff Development Nurse regarding nursing staff on ensuring that Residents who smoke are allowed to exercise their right to smoke during designated smoking times. 4.The facility held a resident council for residents who smoke on March 20, 2024. No other concerns were identified. The Executive Director will monitor scheduled smoking three times week times eight weeks then weekly times two beginning March 25, 2024 to ensure that residents are being allowed to smoke as scheduled. Any concerns will be immediately addressed. The results of the audits will be forwarded to the monthly Quality Assurance Committee on April 24, 2024.	

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M 500	Continued From page 5 A review of the Quarterly Minimum Date Set (MDS) with an Assessment Reference Date (ARD) of 1/23/2024 revealed a Brief Interview for Mental Status (BIMS) score of 15, which indicated Resident #6 is cognitively intact. Resident #27 On 3/11/24 at 9:02 AM, resident #27 reported that workers have not consistently taken them out for their scheduled smoke breaks. He says that it can take 45 minutes to an hour for them to get out, and worse, they may not be able to go out at all during some of the breaks. When he must wait for a long time, the staff tells him that no one is available, but they are trying to find someone to take them out. However, he stated that not finding someone to take them out does not appear to be an issue because he has frequently observed numerous nurses and Certified Nursing Assistants (CNA) simply hanging out at the nurse's desk when it is time for their smoke breaks, making it difficult to think workers are unavailable. Resident # 27 complained that this is extremely frustrating because he has no control over when he can smoke and feels disrespected and unimportant. A review of the "Face Sheet" of Resident #27 revealed that he was admitted to the facility on 8/19/2020. His diagnoses included Major Depressive Disorder and Nicotine Dependence. A review of the Quarterly MDS with an ARD of 1/16/2024 revealed a BIMS score of 13, which indicated Resident #27 is cognitively intact. In an interview with CNA#1 on 3/12/24 at 12:34 PM, she revealed that the residents are ready to	M 500		

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M 500	Continued From page 6 go out at the scheduled times for their smoke breaks; however, the staff is not often available to take them out. The Director of Nursing, indicated in an interview on 3/14/24 at 2:36 PM, that it is the responsibility of the Unit Managers to assign CNAs to take residents out during scheduled smoke breaks. She stated "residents are often not taken when scheduled for their smoke breaks." She revealed they are working on it because she is aware of the negative impact on the residents' feelings. During an interview on 3/15/24 at 10:30 AM, with the Administrator he explained he has only been at this facility for three (3) weeks. The Administrator said he's still trying to get acclimated to this facility. The Administrator said he expects the staff to provide the residents' preferences.	M 500		
M 545	45.19.2 Bedrooms Bedrooms. 1. Location. a. All resident bedrooms shall have an outside exposure and shall not be below grade. Window area shall not be less than one-eighth (1/8) of the required floor area. The window sill shall not be over thirty-six (36) inches from the floor. b. Resident bedrooms shall be located so as to minimize the entrance of unpleasant odors, excessive noise, and other nuisances. c. Resident bedrooms shall be directly accessible from the main corridor of the nursing unit	M 545		4/29/24

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M 545	Continued From page 7	M 545		

providing that accessibility from any public space other than the dining room will be acceptable. In no case shall a resident bedroom be used for access to another resident bedroom.

d. All resident bedrooms shall be so located that the resident can travel from his/her bedroom to a living room, day room, dining room, or toilet or bathing facility without having to go through another resident bedroom.

2. Floor Area. Minimum usable floor area per bed shall be as follows: Private room one-hundred (100) square feet, Multi-bed room eighty (80) square feet, per resident. This provision shall apply only to initial licensure, new construction, additions, and renovations.

3. Provisions for Privacy.

a. Existing Facilities. Cubicle curtains, screening, or other suitable provisions for privacy shall be provided in multi-bed resident bedrooms.

b. Initial Licensure, New Construction, Additions and Renovations. Cubicle curtains, screening, or other suitable provisions for privacy shall be provided in multi-bed resident bedrooms. Cubicle curtains shall completely enclose the bed from three (3) sides.

4. Accommodations for Residents. The minimum accommodations for each resident shall include:

a. Bed. The resident shall be provided with either an adjustable bed or a regular single bed, according to needs of the resident, with a good grade mattress at least four (4) inches thick. Beds shall be single except in case of special

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M 545	Continued From page 8 approval of the licensing agency. Cots and roll-a-way beds are prohibited for resident use. Full and half bed rails shall be available to assist in safe care of residents. b. Pillows, linens, and necessary coverings. c. Chair. d. Bedside cabinet or table. e. Storage space for clothing, toilet articles, and personal belongings including rod for clothes hanging. f. Means at bedside for signaling attendants. g. Bed pans or urinals for residents who need them. h. Over-bed tables as required. 5. Bed Maximum. Bedrooms in new facilities shall be limited to two (2) beds. This Statute is not met as evidenced by: Level II Based on observations, interviews and record review the facility failed to maintain a clean, homelike environment as evidenced by the facility failing to ensure clean linen was available for two (2) of 35 sampled residents. Resident #120 and #194 Findings Include: Resident #120	M 545	1. The Resident #120 and #194 was given linen by the Housekeeping Supervisor on March 11, 2024. Resident # 120 and # 194 were assessed by the Director of Nursing on March 11, 2024. The Resident # 120 and # 194 had no emotional or physical distress from this alleged deficient practice. 2.All Residents have the potential to be affected by this deficient practice. 3.An in-service was initiated on March 15,	

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M 545	Continued From page 9 During an observation and interview on 03/11/24 at 09:15 AM, Resident #120 was observed lying in bed. The room had a strong odor. Resident said he had a bowel movement and needed somebody to clean him up. The resident turned the call light on. On 03/11/24 9:45 at AM, an observation of Resident #120 revealed that the call light was turned off and the resident had not received the care he needed. The resident's brief was saturated with urine and a large amount of brown stool. During an interview on 03/11/24 at 9:50 AM, Certified Nursing Assistant (CNA) #6 revealed the facility does not have any clean sheets at this time. CNA #6 stated that she had explained to the resident that she was not going to get him up until she could get clean sheets. During an interview on 03/11/24 at 10:00 AM with the Registered Nurse (RN) #2, she stated she was told that the facility did not have any clean sheets. She said they told her they would bring some out as soon as they could. During an interview on 03/11/24 at 10:12 AM with Resident #120, he revealed he had received incontinent care but did not want to get up. Resident #120 said he was forced to sit up in the chair because the facility did not have any clean sheets available. The resident said "this has happens several times a week." A record review of Resident #120's Face Sheet revealed the facility admitted the resident on 08/22/22 with diagnoses that included Seizures, Type 2 Diabetes Mellitus, and Angina Pectoris.	M 545	2024 by the Vice President for the Executive Director and Director of Nurses on ensuring that clean linen is available for staff to use. The Director of Nursing initiated an in-service for nursing staff on March 15, 2024 to notify the Executive Director and/or Director of Nurses immediately when clean linen is not available and where to locate additional linen. A linen inventory was completed on March 16, 2024 by the Director of Nursing to ensure that the facility had adequate linen. No issues were identified. 4. The Executive Director and/or Assistant Executive Director will make rounds 3 x week x 4 weeks then weekly x 2 week beginning March 18, 2024 to ensure that clean linen is available for staff to use. Any concerns will be immediately resolved. The results of the audits will be forwarded to the monthly Quality Assurance Committee on April 24, 2024.	

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M 545	Continued From page 10 A record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) 01/02/24 revealed a Brief Interview for Mental Status (BIMS) score of 5, which indicated resident had severe cognitive impairment. Resident #194 On 03/11/24 at 11:06 AM, in an interview an observation of Resident #194, the resident was observed lying in bed. The bed did not have a fitted sheet on the mattress. He stated they told him they were out of sheets, he stated "it happens all the time." Review of Resident #194 Face Sheet revealed Resident #194 was admitted to the facility on 11/10/23 with diagnoses that included Paraplegia, unspecified and Stoneflies of Vertebra, Sacral and Sacrococcygeal region. Review of Resident #194's Quarterly MDS with an ARD of 02/9/24, revealed a BIMS score of 12, which indicated the resident was cognitively intact. Section GG revealed the resident used a wheelchair as mobility and required partial or moderate assistance for transfer from bed to chair. During an interview on 03/15/24 at 8:45 AM, with the Director of Nursing (DON) stated the staff has been trained on where to get the linen when its none on the hall. The DON confirmed most of the staff working in this facility are agency staff and there are different nurses and CNA's working daily. During an interview on 03/15/24 at 09:00 AM, with the Laundry Supervisor explained the facility has plenty of linen. The staff can come to laundry	M 545		

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M 545	Continued From page 11 when there's none on the floor. The supervisor confirmed there are no laundry staff working the 11-7 shift. The staff come in at 6:00 AM. The sheets that's left in the dryer overnight should be folded and the sheets should be placed on the floor for the morning shift. During an interview 3/15/24 at 10:35 AM, with RN #4 confirmed she did an in-service with the staff about the location of the linen because the staff was using the lack of linen as an excuse not to change the resident's beds, which caused residents to stay soiled longer. However, RN #4 also confirmed most of the staff that attended the in-service no longer work for the facility. A record review of the facility's, "Linen Locations In-service" dated 2/14/24 through 2/22/24 revealed the staff was educated on linen is located on each unit in the linen closet. If there is no linen present, go to laundry room. If none is present linen is in the basement then call the laundry supervisor. During an interview on 3/15/24 at 11:10 AM, with the Administrator said he was told that the laundry staff that come in at 6:00 AM should load the carts with linen and place them on the floor so the CNA's will be able to provide care. The Administrator said he did not know the staff did not have linen in the morning to provide care.	M 545		
M 815	45.29.1 Safe Food Handling Procedures Safe Food Handling Procedures. Food shall be prepared, held, and served according to current Mississippi State Department of Health Food Code Regulations.	M 815		4/29/24

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M 815	Continued From page 12 This Statute is not met as evidenced by: Level II Based on observation, staff interviews and facility policy review, the facility failed to ensure foods were stored safely in the walk-in refrigerator, as evidenced by food stored without being labeled or dated with use-by dates and boxes of food stored on the floor in the walk-in freezer for one (1) of two (2) kitchen observations. Findings include: Record review of the facility's policy titled, "Labeling and Dating Foods (Date Marking)," from Health Technologies, Inc. Guidelines & Procedure Manual, 2016 Edition, revealed, "Guideline: All foods will be properly labeled according to the following guidelines. Procedure: ... 2. Date marking for refrigerated storage food items ... Once opened, all ready to eat potentially hazardous food will be re-dated with a use by date according to current safe food storage guidelines or by the manufacturer's expiration date ... 4. Prepared food or opened food items should be discarded when: The food item does not have a specific manufacturer expiration date and has been refrigerated for 7 days. The food item is leftover for more than 3 days. The food item is older than the expiration date." Record review of facility's policy titled, " Food Storage (Dry, Refrigerated, or Frozen), from Health Technologies, Inc. Guidelines & Procedure Manual, 2016 Edition, revealed, "Guideline: Food shall be stored on shelves in clean, dry area, free from contaminants. Food shall be stored at appropriate temperatures and using appropriate	M 815	1.On March 14, 2024 unlabeled food items were immediately removed from the refrigerator and container/boxes were removed from the freezer floor. No residents had no ill effects from the alleged deficient practice. 2.All Residents who receive meals from the dietary department have the potential to be affected. 3.An in-service was initiated on March 14, 2024 by the Dietician to ensure foods were stored safely with labeling and dating and no foods stored on the floor. 4. The Executive Director and/or Assistant Executive Director will make rounds 3 x week x 4 weeks then weekly x 2 beginning March 18, 2024 to ensure that food items are dated/labeled in the refrigerator and no boxes/cartons of food are on the freezer floor. Any concerns will be immediately addressed. The results of the audits will forwarded to the monthly Quality Assurance Committee on April 24, 2024.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	61CM	A. BUILDING: _____ B. WING _____	03/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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M 815	Continued From page 13 methods to ensure the highest level of food safety ..." On 03/11/24 at 7:45 AM, during the initial tour of the kitchen with the Registered Dietician (RD) #2, an observation of the walk-in refrigerator revealed clear containers with unknown substances that were neither labeled nor dated with a use-by date. Observation of the walk-in freezer revealed containers/boxes of food stored on the floor. On 03/14/24 at 9:45 AM, during an interview, RD #1, revealed that their Dietary Manager had been out sick, however today, she had decided not to return. She revealed the facility had recently undergone a Mississippi State Department of Health (MSDH) food establishment inspection for permit to operate and had received a C rating. RD #1 noted that it is the Dietary Manager's reasonability to label and date potentially hazardous foods (PHFs). She also revealed that the organization of the freezer falls on the Dietary Manager, as well as the Dietary staff. RD #1 confirmed and that foods should not be on the floor, including food in the freezer, as it should be (six) 6 inches above the floor to prevent contamination of the food. On 03/14/24 at 9:56 AM, during an interview, RD #2 confirmed that on the initial walk through of the kitchen and observation of the walk-in refrigerator and freezer, there were clear containers with unlabeled, unknown substances that were not labeled or dated with use-by dates. The Dietician also confirmed that there were containers/boxes of food stored on the floor in freezer, which did not protect the food from contamination. She revealed that food should be stored at least 6 inches above the floor on surfaces that are clean and protected from contamination, such as	M 815		

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M 815	Continued From page 14 splashing. RD #2 acknowledged that it is the cook's reasonability to label and date PHFs, and the Dietary Manager should ensure that foods are stored at least six (6) inches above the floor. On 03/14/24 at 03:55 PM, during an interview with the Administrator, he revealed that his expectations for dietary staff was to follow food storage and labeling policies that they had in place. The Administrator also confirmed that the facility had undergone a MSDH food establishment inspection for permit to operate and received a rating of C. He stated the dietary staff was working to bring the C up to a B rating.	M 815		
M 855	45.30.7 Food Preparation Food Preparation. Foods shall be prepared by methods that conserve optimum nutritive value, flavor, and appearance. Also, the food shall be acceptable to the individuals served. A file of tested recipes shall be maintained to assure uniform quantity and quality of products. This Statute is not met as evidenced by: Level II Based on observation and interviews the facility failed to serve the residents food in a manner that was appealing and palatable for two (2) of 35 sampled residents. Residents #5 and #362 Findings include: Resident #5 On 03/11/24 at 08:43 AM in an interview and observation of Resident #5, the resident stated "the food tastes like slop." The resident only	M 855	1. Resident # 5 and Resident # 362 were interviewed on March 12, 2024 by the Dietician regarding palatability of food. Resident # 5 and # 362 had no ill effects from this deficient practice. 2.All Residents who receive meals from the dietary department have the potential to be affected. 3.An in-service was initiated on March 12, 2024 by the Dietician for the dietary staff on ensuring that food served in a manner that was appealing and palatable for	4/29/24

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M 855	Continued From page 15 consumed the cold cereal and milk. A record review of the Face Sheet, for Resident # 5, revealed the facility admitted the resident on 5/24/13, The resident's diagnoses included Type 2 Diabetes Mellitus and Iron Deficiency Anemia. A record review of the March 2024 Physician Orders, for Resident #5, revealed an order for a regular diet. A record review of the Annual Minimum Data Set (MDS), for Resident #5, with an Assessment Reference Date (ARD) of 1/30/24, revealed a Brief Interview for Mental Status (BIMS) score of 15, which indicated the resident was cognitively intact. Resident #362 During an interview on 03/11/24 at 11:13 AM, Resident #362 complained the food "just tasted bad" and was not very appealing. A record review of the Face Sheet, for Resident #362, revealed the facility admitted the resident on 02/21/24, with diagnoses that included Encounter for other Orthopedic Aftercare and Essential Hypertension. A record review of the March 2024 Physician Orders, for Resident #362, revealed an order for a regular diet. Record review of Admission MDS, for Resident #362, with ARD 02/28/24, revealed a BIMS score of 15, which indicated the resident was cognitively intact. On 3/12/24 at 1:00 PM, a lunch tray was tested	M 855	residents. 4.The Executive Director and/or Assistant Executive Director will make rounds 3 x week x 4 weeks then weekly x 2 beginning March 18, 2024 to ensure that food is palatable. There will be five residents interviewed to determine food palatable and acceptable during this time. Any concerns will be addressed. The results of the audits will be forwarded to the monthly Quality Assurance Committee on April 24, 2024.	

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M 855	Continued From page 16 with the Dietician. The lunch contained a hamburger patty with gravy, carrots, black-eyed peas, cornbread, and chocolate cake. The alternate meal was baked ham, scalloped potatoes, and Mexican corn. The Mexican corn, scalloped potatoes and carrots was determined to be bland. All vegetables were bland and had no taste. On 03/12/24 1:18 PM, in an interview, the Dietician stated "the carrots could be a little sweeter." She stated some residents will complain of food being too salty or spicy. On 03/12/24 at 2:53 PM, Resident #362 and personal sitter explained resident ate 50% of lunch meal today. On 03/12/24 at 3:00 PM, during an interview with Certified Nursing Assistant (CNA) #3, she explained Resident #362 has complained to her about the food. CNA #3 stated the resident likes fresh fruits and vegetables and keeps these in her personal refrigerator because the resident does not like the facility's food.	M 855		