MSDH - Health Facilities Licensure and Certification

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 _____	C 03/15/2024

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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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 620	45.21.4 Urinary incontinence Urinary incontinence. Residents with urinary incontinence shall be assessed for need of bladder retraining program. An indwelling catheter will not be used unless the resident ' s clinical condition indicates that catheterization is necessary. These residents shall receive treatment and services to prevent urinary tract infections. This Statute is not met as evidenced by: Level II Based on observation, interviews, record reviews, and facility policy review, the facility failed to ensure residents were not left soiled for	M 620	1. Resident # 167 was given incontinent care on March 11, 2024 by Certified Nursing Assistant. Resident # 167 was interviewed by the Director of Nursing on March 13, 2024 regarding timely	4/29/24

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M 620	Continued From page 7 extended periods of time and received incontinent care timely for one (1) of four (4) dependent residents reviewed for activities of daily living/incontinent care. Resident #167 Findings include: Record review of the facility policy "Incontinent Care" with a reviewed date of 1/15 revealed "POLICY: To provide routine, preventive skin, perineal care to residents after an incontinent episode ..." On 03/11/24 at 10:27 AM, Resident #167 reported she has to wait for long periods of time to be changed especially on night shift and sometimes only gets changed once a night. On 03/12/24 at 9:28 AM, observed Resident #167 lying in bed, she reported the night shift took long periods of times to come change her last night and she stayed wet for hours again. Resident # 167 stated "This happens all the time and my daughter has already spoken to the staff about it." On 03/12/24 at 2:00 PM, during an interview with Certified Nurse Aide (CNA)#3, she explained Resident #167 is total assistance for Activities of Daily Living (ADL)s and incontinent of bowel and bladder. CNA #3 stated the resident's daughter visits frequently and often complains about different things. CNA #3 revealed there are times when the resident has complained to her about the night shift not changing her and confirmed that in the past, there have been times when she has noticed the resident was soaked with urine on the first morning rounds. On 03/12/24 at 3:20 PM, during an interview with Social Service #1, she confirmed that Resident	M 620	incontinent care. Resident # 167 had no ill effects from this alleged deficient practice. 2.All Residents who require assistance with incontinent care have the potential to be affected. 3.An in-service was initiated by the Director of Nursing for nursing staff on March 15, 2024 ensuring that residents who require incontinent care receive timely assistance. 4.The Director of Nurses and/or Unit Mangers will make rounds 3 x week x 4 weeks then weekly x 2 beginning on March 18, 2024 to ensure that incontinence care is provided timely. 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 620	Continued From page 8 #167's daughter did complain to her about the resident's care and especially about the resident not getting changed frequently on the shift and has stayed soiled and wet for long periods of time. Social Service #1 revealed the facility held an interdisciplinary team meeting including Director of Nursing (DON), the Assistant Administrator, and the new Administrator and everyone was aware of the complaint. During an observation on 03/13/24 at 5:40 AM, during an incontinent check with the Director of Nurses (DON) revealed a strong urine and bowel movement (BM) odor noted upon entering the room. Observation revealed a pillowcase between the legs of Resident #167 that was soaked with dark colored urine and a large amount of BM. The resident reported the pillowcase was put there because of the urine dripping so much out of the brief and it takes so long for staff to change her. The resident stated she had to do something because they do not change me when I am wet. It was noted that the pillowcase was folded and placed perfectly between the resident's legs in the groin area. On 03/13/24 at 6:00 AM, during an interview with the DON, she confirmed there was the pillowcase placed between the resident's legs and that the resident was heavily soiled. She stated she does not expect any resident to have to put anything between their legs to absorb urine. The DON stated she expects staff to complete care every two hours or more frequently as needed. On 03/13/24 at 6:50 AM, during an interview with CNA #8, he explained the last time he changed any resident was around 3:30 AM. He stated he does not know where the pillowcase came from and did not know how it got under Resident #167.	M 620		

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M 620	Continued From page 9 At 9:50 AM on 03/13/24, during an interview with Licensed Practical Nurse (LPN)#8, the night nurse on 400 hall, she explained she makes rounds initially when she comes on to assure all residents are in their room. She stated she makes rounds opposite of the CNAs, but she revealed her rounds are only to make sure the residents are in bed and does not check the residents for being soiled or wet. She stated she does not have time for that but expects the CNAs to change and reposition all residents who are dependent on staff for care. On 03/14/24 at 4:30 PM, during an interview with the Assistant Director of Nurses (ADON), she explained she had spoken to resident's daughter about three (3) months ago and the daughter mostly talked about her mother staying wet and soiled for long periods of time. On 03/15/24 at 10:49 AM, during an interview with the DON and Assistant Administrator, they both explained they don't remember what or when the team met with Resident #167's daughter or what the concern was about. At 11:00 AM on 03/15/24, during an interview with Assistant Administrator, she explained had spoken to Resident #167's daughter over the phone last month regarding quality of care but was not aware the concerns voiced were still a problem. She stated she expects staff to not allow residents to be left soiled or wet for long periods of time. A record review of Resident #167's "Face Sheet" revealed the facility readmitted the resident, on 02/05/24 with diagnoses that included Cerebrovascular Disease, Unspecified, Type 2	M 620		

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M 620	Continued From page 10 Diabetes Mellitus, Unspecified Convulsions, and Essential (primary) Hypertension. A record review of Resident #167's Admission Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 02/12/24, revealed a Brief Interview for Mental Status (BIMS) score of 5, which indicated severe cognitive impairment. Section E revealed the resident did not reject care in the seven (7) day look back period. Section GG indicated the resident is dependent on staff for showers. Section H revealed the resident is always incontinent of bowel and bladder.	M 620		