STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255266	A. BUILDING _____ B. WING _____	C 07/31/2024

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
F 000	INITIAL COMMENTS The State Agency (SA) conducted a Complaint Investigation (CI), MS #23096, MS #23929, MS #25202, MS #25457, MS#25633, MS #25981, MS#25988, MS #26014, MS #26016, and MS #26018, at the facility from 7/28/24 through 7/31/23. MS #23929 was investigated related to Administration. MS #25202 was investigated related to Resident Rights and Infection Control. MS #25457 was investigated regarding Quality of Care related to lack of responsible party notification of change. MS #25633 was investigated related to Physical Environment. MS #25981 was investigated related to Nursing Services. MS #25988 was investigated related to Physical Environment and Resident Rights. MS #26014 was investigated related to Infection Control. MS #26016 was investigated related to Resident Abuse and Resident Neglect. MS #26018 was investigated related to Physical Environment and Resident Abuse. During the survey, the SA determined the facility was not in compliance with the requirements for participation in Medicare and Medicaid and there were three (3) deficiencies cited. Investigation for MS #23929 resulted in one citation, F572. Investigation for MS #25988 and MS #26018 and MS#25202 resulted in two citations, F584 and F561. The facility held a license for 106 beds, with a census of 85 at the time of survey.	F 000		
F 561 SS=D	Self-Determination CFR(s): 483.10(f)(1)-(3)(8) §483.10(f) Self-determination. The resident has the right to and the facility must promote and facilitate resident self-determination	F 561		9/2/24

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

Electronically Signed | 08/15/2024

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 561	Continued From page 1 through support of resident choice, including but not limited to the rights specified in paragraphs (f)(1) through (11) of this section. §483.10(f)(1) The resident has a right to choose activities, schedules (including sleeping and waking times), health care and providers of health care services consistent with his or her interests, assessments, and plan of care and other applicable provisions of this part. §483.10(f)(2) The resident has a right to make choices about aspects of his or her life in the facility that are significant to the resident. §483.10(f)(3) The resident has a right to interact with members of the community and participate in community activities both inside and outside the facility. §483.10(f)(8) The resident has a right to participate in other activities, including social, religious, and community activities that do not interfere with the rights of other residents in the facility. This REQUIREMENT is not met as evidenced by: Based on observations, interviews, and facility policy review, the facility failed to ensure that two (2) of nine (9) sampled residents had the opportunity to exercise their autonomy regarding preferences related to choice of bathing schedules and clothing. Residents #1 and #2 Findings included: Record review of the facility's policy titled "Resident's Rights Policy," reviewed 12/23, revealed "Every resident in this facility has the	F 561	1. On 7/30/2024, linens were not yet in the building due to a delay in housekeeping. Fresh linens and towels were immediately transported to the main building where residents are housed upon notification of the shortage. 2. 83 out of 83 residents have the potential to be affected by this deficient practice. 3. On 8/1/2024, this facility began a new	

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F 561	Continued From page 2 right to: ...Retire and rise in accordance with reasonable requests ..." On 7/30/24 at 9:50 AM, during an observation and interview with Resident #2, the resident stated that she did not have any washcloths to use on the morning of 7/30/24. She said the CNAs told her there were no clean washcloths. She said that prevented her from being able to "wash up" and get into her wheelchair at her preferred time. Observation revealed there were no washcloths in the room or attached bathroom of Resident #2. On 7/30/24 at 10:00 AM observation revealed there were no clean washcloths or bath towels in the linen closets on the first or second floor and there were no clean washcloths or bath towels on the four (4) clean linen carts on the hall. On 7/30/23 at 10:08 AM, during an observation and an interview with Resident #1, she complained she had just received AM care and assistance to transfer into her wheelchair because she had to wait for clean linens to be delivered from the laundry. She stated she preferred to get up earlier and the reason she was told she was not able to get up at the time of her choosing was because there were no clean washcloths or bath towels. She said she preferred to bathe and then get dressed before staff assisted her to get up in her wheelchair, as this was her usual routine. She confirmed that she had not been able to wear the clothes she preferred on 7/30/24 because the clothes she preferred had not been returned from the laundry. She said that there were dresses she preferred to wear but wanted a slip or undershirt to wear beneath them and that none of her slips or	F 561	contract for both housekeeping and laundry services. The new housekeeping supervisor performed an in-service with laundry staff on 8/7/2024 on linen distribution and job responsibilities. All nursing staff in the building were in-serviced on 8/14/2024 by the Staff Development Nurse regarding our Resident's Rights Policy and communicating needs to the laundry staff if supplies is insufficient. 4. Beginning 8/5/24, the housekeeping Supervisor will perform a morning and afternoon inventory of linen and towels on both floors using the "Linen and Towel Building Inventory Sheet." This will be conducted five (5) days per week for four (4) weeks then three (3) times per week for four (4) weeks. Beginning 8/5/2024, The 100 Hall Nurse and the 300 Hall Nurse will monitor that the facility has sufficient linen and towels five (5) days per week for four (4) weeks then three (3) times per week for four (4) weeks using the "Rounds Flow Record" form. Any areas of concern will be corrected and forwarded by the Administrator and Director of Nurses to the Quality Assessment and Improvement Committee for review and follow up including any needed corrective action or changes to the current plan at least quarterly. Additional training and/or disciplinary action will be considered as warranted. A Quality Assessment and Assurance Committee meeting was held on 8/5/2024. The next Quality Assessment and Assurance meeting will convene on	

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F 561	Continued From page 3	F 561		

undershirts had been returned from the laundry. She confirmed that the clothes she preferred to wear had been sent to the laundry several days before. Observation revealed there were no washcloths or bath towels in the room or attached bathroom of Resident #1.

On 7/30/24 during an interview at 10:20 AM, CNA #2 revealed that Resident #1 and Resident #2 had to wait past their preferred time to have AM care/bed bath and get up because there were no clean washcloths or bath towels available on the morning of 7/30/24. The CNA confirmed that Resident #1's personal clothes of choice were not in her room and had not been returned from the laundry. She explained that Resident #1 had multiple slips and undershirts but none in her room.

On 7/30/24 during an interview at 10:23 AM, CNA #3 confirmed that Resident #1 and Resident #2 had to wait past their preferred time to have AM care/bed bath and get up because there were no clean washcloths or bath towels available on the morning of 7/30/24. She confirmed that she and CNA #2 had searched for a slip or undershirt for Resident #1 and were unable to find any for her to wear.

On 7/30/24 at 2:00 PM an interview with the Housekeeping Supervisor revealed that the facility had adequate linens, and added, "but we are behind today". She confirmed that the CNAs had to wait for linens to complete the laundering process to have clean linens on 7/30/34. She said she did not know why Resident #1 had not gotten her slips or undershirts back from the laundry in a timely manner.

9/2/24.

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F 561	Continued From page 4	F 561		

On 7/31/24 at 1:00 PM an interview with the Administrator revealed that he confirmed that it was the responsibility of the facility to ensure that all residents had clean linens available for their care in accordance with their preferred routine for rising, showering/bathing, dressing and other activities of daily living. He confirmed that there were residents that did not have access to clean linens on the morning of 7/30/24 which interfered with the residents' right to autonomy and choice of schedule for bathing and getting out of bed. The Administrator stated that he was unaware that Resident #1 had personal clothing items which had not been returned to her and that the items would have to be located and returned to her or replaced by the facility to ensure she could dress according to her preference.

Record review of the Face Sheet for Resident #1 revealed that the facility admitted the resident on 5/06/22 and the resident had diagnoses of atrial fibrillation, congestive heart failure, chronic peripheral venous insufficiency.

Record review of the Quarterly Minimum Data Set (MDS) with ARD 6/13/24 for Resident #1 revealed she had a Brief Interview for Mental Status (BIMS) score of 13, which indicated no cognitive impairment.

Record review of the Face Sheet for Resident #2 revealed the facility admitted the resident on 10/27/21 and the resident had diagnoses of end stage renal disease, hypertension and osteoarthritis.

Record review of the Quarterly MDS with ARD 6/06/24 for Resident #2 revealed she had a BIMS score of 15, which indicated no cognitive

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F 561	Continued From page 5 impairment.	F 561		
F 572 SS=D	Notice of Rights and Rules CFR(s): 483.10(g)(1)(16) §483.10(g) Information and Communication. §483.10(g)(1) The resident has the right to be informed of his or her rights and of all rules and regulations governing resident conduct and responsibilities during his or her stay in the facility. §483.10(g)(16) The facility must provide a notice of rights and services to the resident prior to or upon admission and during the resident's stay. (i) The facility must inform the resident both orally and in writing in a language that the resident understands of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility. (ii) The facility must also provide the resident with the State-developed notice of Medicaid rights and obligations, if any. (iii) Receipt of such information, and any amendments to it, must be acknowledged in writing; This REQUIREMENT is not met as evidenced by: Based on interviews, record reviews, and facility policy review, the facility failed to ensure consent was received from residents prior to changing private insurance plans to another insurance company for one (1) of nine (9) sampled residents. Resident #3 Findings included: Record review of the facility provided titled "Resident Rights," reviewed 12/23, revealed,	F 572	1. Resident #3 discharged on 12/30/2023. 2. 1 out of 1 Residents who have Medicare Advantage Payor Sources are at risk from this deficient practice. 3. On 8/5/2024, the accounts manager received an in-service on residents' rights and the right to self-determination by the administrator.	9/2/24

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F 572	Continued From page 6 "Every resident in this facility has the right to:... Manage their personal affairs ..." On 7/30/24 at 9:35 AM, in an interview with a family member of Resident #3, he said that Resident #3 was admitted by the facility on 11/16/23 for a short term stay to receive therapy services following a fall with fracture which occurred at her home. He stated that the resident was her own Responsible Party (RP) and made her own decisions. He explained that the resident was enrolled in managed care insurance at the time of admission which allowed twenty (20) days of therapy, of which, the resident and family were aware. He stated that the resident decided to transfer to a personal care facility and discharged from the facility on 12/09/23. The family member stated that after the resident's discharge from the facility, the resident had been notified by mail of her disenrollment from managed care. The family member said that the resident was without managed care coverage for two (2) months following discharge from the facility. He acknowledged that the resident did not experience injury or illness during the two months and did not suffer loss due to the disenrollment, however, it could have been detrimental to the resident's finances should she have suffered a major illness. Record review of the Notice of Medicare Non-Coverage dated 12/06/23 and signed by Resident revealed the resident was notified that "The effective date coverage of your current skilled nursing facility services will end: 12/08/24". The document contained the resident's right to appeal against this decision and instructions on how to ask for an immediate appeal.	F 572	4. Beginning 8/5/2024, Brandon Court will begin using a form entitled, “Medicare Advantage Plan Disenrollment” to document that either the resident or the resident representative has requested disenrollment from their plan. This form includes the policy number, the policy holder name, a signature, and a witness signature line. Beginning 8/5/2024, the accounts manager will provide updates to the Administrator / Director of Nursing five (5) days per week for four (4) weeks then three (3) times per week for four (4) weeks. Any areas of concern will be corrected and forwarded by the Administrator and Director of Nurses to the Quality Assessment and Improvement Committee for review and follow up including any needed corrective action or changes to current plan at least quarterly. Additional training and/or disciplinary action will be considered as warranted. A Quality Assessment and Assurance Committee meeting was held on 8/5/2024. The next Quality Assessment and Assurance meeting will convene on 9/2/24.	

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F 572	Continued From page 7	F 572		

On 7/31/24 at 4:00 PM, in an interview with the Business Office Manager (BOM), she confirmed that she had used on-line access to Resident #3's managed care and entered information for disenrollment. She confirmed that she had no evidence or signed permission for agreement by the resident for disenrollment from her managed care insurance. She confirmed that she was not aware of any appeal requested for Resident #3 as described in the Notice of Medicare Non-Coverage. The BOM confirmed that Resident #3 was alert and oriented and was her own Responsible Party.

On 7/31/24 at 5:00 PM, during an interview with the Administrator he confirmed that the BOM had processed disenrollment for Resident #3 from her managed care insurance. He also confirmed that the facility had no written authorization by Resident #3 for disenrollment from her managed care insurance.

On 8/02/24 at 12:45 PM Resident #3 returned telephone call to SA and stated that she had not authorized disenrollment form her managed care insurance plan. She stated that she was made aware of her disenrollment through a letter mailed to her home address following her discharge from the facility.

Record review of the Face Sheet for Resident #3 revealed the facility admitted the resident on 11/16/24 and the resident had diagnoses that included Wedge Compression Fracture of Fourth Lumbar Vertebra, Atrial Fibrillation, Macular Degeneration and Hearing Loss.

Record review of the Admission Minimum Data Set (MDS), with Assessment Referral Date (ARD)

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F 572	Continued From page 8 11/22/23 for Resident #3, revealed the resident had a Brief Interview for Mental Status (BIMS) score of 15, which indicated no cognitive impairment.	F 572		
F 584 SS=D	Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7) §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft. §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior; §483.10(i)(3) Clean bed and bath linens that are in good condition; §483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv); §483.10(i)(5) Adequate and comfortable lighting levels in all areas;	F 584		9/2/24

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F 584	Continued From page 9 §483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and §483.10(i)(7) For the maintenance of comfortable sound levels. This REQUIREMENT is not met as evidenced by: Based on observations, interviews, and facility policy review, the facility failed to ensure residents were provided with sufficient bath linens to allow residents to bathe at a time that they preferred on one (1) of three (3) days of observation. Findings included: Record review of the facility policy titled "Laundry Infection Control-Department Responsibilities," reviewed 08/21, revealed, " ... The Laundry Department will supply a sufficient quantity of linen for proper resident care and comfort ..." On 7/30/24 at 9:50 AM observation and an interview with Resident #2 revealed that she had not had any washcloths to use on the morning of 7/30/24. She said the Certified Nurse Aides (CNAs) told her there were no clean washcloths. She said that prevented her from being able to "wash up" and get into her wheelchair at her preferred time. Observation revealed there were no washcloths in the room or attached bathroom of Resident #2. On 7/30/24 at 10:00 AM observation revealed there were no clean washcloths or bath towels in the linen closets on the first or second floor and	F 584	1. On 7/30/2024, linens were not yet in the building due to a delay in housekeeping. Fresh linens and towels were immediately transported to the main building where residents are housed upon notification of the shortage. 2. 83 out of 83 residents have the potential to be affected by this deficient practice. 3. On 8/1/2024, this facility began a new contract for both housekeeping and laundry services. The new housekeeping supervisor performed an in-service with laundry staff on 8/7/2024 regarding new policies on linen distribution and job responsibilities. 4. Beginning 8/5/24, the housekeeping Supervisor will perform a morning and afternoon inventory of linen and towels on both floors using the “Linen and Towel Building Inventory Sheet.” This will be conducted five (5) days per week for four (4) weeks then three (3) times per week for four (4) weeks. Any areas of concern will be corrected and forwarded by the Administrator and Director of Nurses to	

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F 584	Continued From page 10 there were no clean washcloths or bath towels on the four (4) clean linen carts on the hall. On 7/30/23 at 10:08 AM observations and an interview with Resident #1 revealed she had just received AM care and assistance to transfer into her wheelchair because she had to wait for clean linens to be delivered from the laundry. She stated she preferred to get up earlier and the reason she was told she was not able to get up at the time of her choosing was because there were no clean washcloths or bath towels. She said she preferred to "get washed up" and then get dressed and then get up in her wheelchair with staff assistance, as that was her usual routine. She confirmed that she had not been able to get up when she preferred on 7/30/24 or wear the clothes she preferred on 7/30/24 because she said the staff told her there was not adequate clean washcloths or towels for a bed bath and the clothes she preferred had not been returned from the laundry. She confirmed that the clothes she preferred to wear had been sent to the laundry several days before. Observation revealed there were no washcloths or bath towels in the room or attached bathroom of Resident #1. On 7/30/24 during an interview at 10:20 AM, CNA #2 revealed that Resident #1 and Resident #2 had to wait past their preferred time to have AM care/bed bath and get up because there were no clean washcloths or bath towels available on the morning of 7/30/24. On 7/30/24 during an interview at 10:23 AM, CNA #3 revealed that Resident #1 and Resident #2 had to wait past their preferred time to have AM care/bed bath and get up because there were no clean washcloths or bath towels available on the	F 584	the Quality Assessment and Improvement Committee for review and follow up including any needed corrective action or changes to the current plan at least quarterly. Additional training and/or disciplinary action will be considered as warranted. A Quality Assessment and Assurance Committee meeting was held on 8/5/2024. The next Quality Assessment and Assurance meeting will convene on 9/2/24.	

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F 584	Continued From page 11	F 584		

morning of 7/30/24.

On 7/30/24 at 2:00 PM an interview with the Housekeeping Supervisor revealed that the facility had adequate linens, and added, "but we are behind today". She confirmed that the CNAs had to wait for linens to complete the laundering process to have clean linens on 7/30/34.

On 7/31/24 at 1:00 PM an interview with the Administrator revealed that he confirmed that it was the responsibility of the facility to ensure that all residents had clean linens available for their care in accordance with their preferred routine for rising, showering/bathing, dressing and other activities of daily living. He confirmed that there were residents that did not have access to clean linens on the morning of 7/30/24.

Record review of the Face Sheet for Resident #1 revealed that the facility admitted the resident on 5/06/22 and the resident had diagnoses of atrial fibrillation, congestive heart failure, chronic peripheral venous insufficiency.

Record review of the Quarterly Minimum Data Set (MDS) with ARD 6/13/24 for Resident #1 revealed she had a Brief Interview for Mental Status (BIMS) score of 13, which indicated no cognitive impairment.

Record review of the Face Sheet for Resident #2 revealed the facility admitted the resident on 10/27/21 and the resident had diagnoses of end stage renal disease, hypertension and osteoarthritis.

Record review of the Quarterly MDS with ARD 6/06/24 for Resident #2 revealed she had a BIMS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255266	A. BUILDING _____ B. WING _____	C 07/31/2024

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
F 584	Continued From page 12 score of 15, which indicated no cognitive impairment.	F 584		