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 01/31/2025

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 Complaint Investigations (CI), at the facility from 1/28/25 through 1/31/25. During the survey, the SA determined the facility was not in compliance with the Minimum Standards for Institutions for the Aged or Infirm, state licensure requirements. CI MS #27305 was investigated for residents not groomed, roaches in facility, facility not clean, and offensive odors in the facility and M970 and M1010 was cited. CI MS #27400 was investigated for admission, transfer, and discharge rights, quality of care/treatment, and refusal to re-admit and there were no deficiencies cited related to that investigation. CI MS #27401 was investigated for staffing, resident safety, and facility not clean and M225 and M1010 was cited. CI MS #27428 CI MS #27428 was investigated for neglect, resident left wet and soiled for extended periods, pressure sores, and responsible party not notified and M620 was cited. CI MS #27463 was investigated for no hot water, cold food, resident left soiled, staffing, medications, roaches in facility, and inappropriate feeding assistance and M655 and M970 were cited. CI MS #27815 was investigated for resident left wet and roaches in facility and M620 and M970 was cited. The facility held a license for 240 beds, with a census of 219 residents.	M 000		
M 225	45.4.1 Nursing Facility Nursing Facility. To be classified as a facility, the institution shall comply with the following staffing requirements: 1. Minimum requirements for nursing staff shall be based on the ratio of two and eight-tenths (2.80) hours of direct nursing care per resident	M 225		3/5/25

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M 225	Continued From page 1 per twenty-four (24) hours. Staffing requirements are based upon resident census. Based upon the physical layout of the nursing facility, the licensing agency may increase the nursing care per resident ratio. 2. Each facility shall have the following licensed personnel as a minimum: a. Seven (7) day coverage on the day shift by a registered nurse. b. A registered nurse designated as the Director of Nursing Services, who shall be employed on a full time (five [5] days per week) basis on the day shift and be responsible for all nursing services in the facility. c. Facilities of one-hundred eighty (180) beds or more shall have an assistant director of nursing services, who shall be a registered nurse. d. A registered nurse or licensed practical nurse shall serve as a charge nurse and be responsible for supervision of the total nursing activities in the facility during the 7:00 a.m. to 3:00 p.m. and 3:00 p.m. to 11:00 p.m. shift. The nurse assigned to the unit for the 11:00 p.m. to 7:00 a.m. shift may serve as both the charge nurse and medication/treatment nurse. A medication/treatment nurse for each nurses' station shall be required on all shifts. This shall be a registered nurse or licensed practical nurse. e. In facilities with sixty (60) beds or less, the director of nursing services may serve as charge nurse. f. In facilities with more than sixty (60) beds, the	M 225		

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M 225	Continued From page 2 charge nurse may not be the director of nursing services or the medication/treatment nurse. 3. Non-Licensed Staff. The non-licensed staff shall be added to the total licensed staff, to complete the required staffing requirements. 4. There shall be at least two (2) employees in the facility at all times in the event of an emergency. This Statute is not met as evidenced by: Level II Based on observation, staff interviews, and record review, the facility failed to ensure sufficient nursing staff to meet the needs of residents for eight (8) of 16 staffing days reviewed in December 2024, (12/16/24, 12/23/24, 12/24/24, 12/25/24, 12/26/24, 12/27/24, 12/28/24 and 12/31/24). Findings Include: On 12/21/24 an anonymous complaint revealed a lack of housekeeping staff and inadequate direct care staff to provide adequate care for residents. On 1/28/25 at 4:03 PM, interview with Certified Nursing Assistant (CNA) #1 revealed CNA #3 left at approximately 1:30 PM. Her group of residents was added to CNA #1. CNA #1 stated that she had not had time to provide incontinence monitoring or care for Resident #6 between approximately 1:30 PM and 3:00 PM. On 1/28/25 at 5:00 PM, based on a confidential interview and confirmed by record review, staff reports for their shifts, sometimes up to an hour and a half after they are scheduled to arrive. The	M 225	1. On February 3, 2025, the Executive Director reviewed the facility assessment tool to ensure that staffing levels meet the assessment needs of the residents. 2. All residents who require assistance from staff have the potential to be affected by this alleged deficient practice. 3. On February 14, 2025, the Executive Director initiated an in service with the Interim Director of Nursing and Staff Development nurse on the importance of following the facility assessment tool to ensure staffing levels meet the assessment needs of the residents. 4. Beginning February 17, 2025, The Staffing Coordinator will monitor any open shifts including weekdays/weekends to ensure adequate coverage for the facility. The staffing coordinator/supervisor will monitor call ins to ensure adequate coverage for the facility. Beginning February 17, 2025, the	

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M 225	Continued From page 3 interviewee stated that sometimes the staff being relieved would stay and sometimes they left the facility. The interviewee stated that they recently (unable to recall date) reported for duty and discovered no CNAs on Unit 3. The interviewee said they contacted the Staff Development Director and was told that she was working on it. They said they then contacted the Administrator and was told to do the best possible. The interviewee stated that when there was not adequate staff on the 7:00 AM to 3:00 PM shift staff did the best they could, which included not getting residents out of bed or provision of showers per resident preferences. On 1/30/25 at 1:20 PM, during a telephone interview Resident #1 stated that on 12/07/24, her second day at the facility she engaged her call light and was told she would have to wait because her CNA had left for the day. She said there were multiple instances on various days when she engaged her call light and had to wait for up to an hour for her needs to be met. Record review of the Facility Assessment Tool dated July 31, 2024 revealed that based on the facility's resident profile, the facility staffing plan revealed that based on resident population and their needs for care and support the total Number of staff needed to meet the needs of the residents at any given time included fifty-four (54) nurse aides (CNAs) per day and (26) to (34) licensed nurses providing direct care. Record reviews of the facility provided staffing grid for 12/16/24 through 12/31/24 revealed the facility had fifty-three (53) CNAs on 12/16/24, fifty-one (51) CNAs on 12/23/24, fifty (50) CNAs on 12/25/24, fifty-three (53) CNAs on 12/26/24, forty-nine (49) CNAs on 12/27/24, fifty (50) CNAs	M 225	Executive Director initiated rounds three times weekly for six weeks, then weekly for six weeks interviewing five residents and five nursing staff to ensure sufficient staffing and care was provided. Any issues noted will be immediately addressed. The Executive Director will forward the results to the Quality Assurance Committee meeting. Starting February 26, 2025, the results will be reviewed monthly times three months. The Quality Assurance Committee meeting will make recommendations based on the findings.	

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M 225	Continued From page 4	M 225		

on 12/28/24 and fifty (50) CNAs on 12/31/24. The facility had twenty-four (24) licensed nurses at the facility providing direct care on 12/24/24.

On 1/31/25 at 10:13 AM, during an interview the Housekeeping Supervisor reported that two (2) CNAs were "pulled" from resident care to work in the laundry due to staffing from 8:00 AM to 12:00 Noon on 1/31/25.

On 1/31/25 at 4:05 PM, during an interview the Staff Development Director stated that staff call-ins were a problem for provision of adequate staffing. She stated that she had never seen the Facility Assessment and was not aware of its use in scheduling nursing staff. She stated she "used the census" alone for planning staffing.

On 1/31/25 at 5:00 PM, during an interview the Director of Nurses (DON) said that call-ins were a problem at the facility, and it was up to her and the Staff Development Director to fill the positions of nurses and CNAs who did not report as scheduled to provide adequate care for residents. She stated that she had not advised staff that it was acceptable to leave residents in bed or fail to provide showers/bathing for residents due to low staffing. She confirmed that staff arriving up to an hour or more late for their shifts could leave staffing levels low until they arrived. She stated she was not aware that CNAs were being "pulled" to work in the laundry due to lack of housekeeping staff and confirmed that practice could affect resident care.

On 1/31/25 at 5:13 PM, during an interview the Administrator said that the Staff Development Director was supposed to employ the Facility Assessment Tool when scheduling nursing staff to ensure adequate direct care staff to meet the

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M 225	Continued From page 5	M 225		

needs of the residents based not only on census but resident needs and acuity as well. He said he was not aware that CNAs had been "pulled" to work in the laundry due to lack of housekeepers. He stated that he had hired six (6) new housekeepers between 1/28/25 and 1/31/25 but that they had not completed orientation at the time of interview. He confirmed that he had heard concerns voiced by residents and staff concerning staff arriving late, call-ins and not enough staff. The Administrator confirmed that he had completed the Facility Assessment Tool and that it was a useful aid to ensure adequate staffing and that he expected the Staff Development Director to use the tool when scheduling nurses and CNAs.

Record review of the Admission Record for Resident #1 revealed the facility admitted the resident on 12/06/24 and discharged the resident on 12/24/24. The resident had diagnoses of Heart Failure, Chronic Obstructive Pulmonary Disease and Diabetes.

Record review of the 5 Day Minimum Data Set (MDS) with Assessment Reference Date 12/13/24 for Resident #1 revealed the resident had a Brief Interview for Mental Status (BIMS) score of 13, which indicated no cognitive impairment.

Record review of the Admission Record for Resident #6 revealed the facility admitted the resident on 1/05/16 and the resident had diagnoses of Alzheimer's Disease, Dementia, and Anemia.

Record review of the Annual MDS with ARD 12/12/24 revealed Resident #6 had a BIMS score of 5, which indicated the resident had severe

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M 225	Continued From page 6 cognitive impairment.	M 225		
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 observations, interviews, record review and facility policy review, the facility failed to ensure that a resident that required assistance with toilet use and toilet hygiene received care in a routine or timely manner for one (1) of eight (8) sampled residents, Resident #6. Findings include: A review of the facility's policy, "Incontinent Care" dated 1/2015 revealed, "Policy: To provide routine, preventive skin, perineal care to residents after an incontinence episode. RESPONSIBILITY: All Nursing Personnel.". On 1/28/25 at 1:15 PM, during a telephone interview the Resident Representative (RR) for Resident #6 stated that she had visited the facility several times and observed the resident with wet incontinence briefs and that on 12/23/24 she visited, discovered the resident was wet and observed incontinence care. The resident's brief	M 620	1. Resident #6 immediately was assessed for activities of daily living assistance by the certified nurse assistant (cna) on January 28, 2025. Resident #6 had no ill effects noted. The certified nurse assistant (cna) was in serviced by the Staff Development nurse on January 28, 2025 on ensuring residents receive activities of daily living assistance in a timely manner. 2. Any resident that requires assistance with activities of daily living has the potential to be affected by this alleged deficient practice. 3. On January 28, 2025, an in serviced was initiated for all nursing staff by the Staff Development nurse on ensuring residents receive activities of daily living care in a timely manner. The in services on ensuring residents receive activities of daily living care in a timely manner will be	3/5/25

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M 620	Continued From page 7 was saturated, and her clothes were wet and smelled of urine. On 1/28/25 at 3:02 PM, observation revealed Resident #6 sitting in a wheelchair in the hallway across from the Unit 3 nurses station. The resident was propelled by Staff #1 to the Bingo activity in the dining/activity room without being taken to her room. On 1/28/25 at 4:03 PM, during an interview Certified Nurses' Aide (CNA) #1 stated that she had been at work since approximately 7:00 AM and was assigned to rooms 300 through 304, 319 and 321. She said that CNA #3 had left for the day at approximately 1:30 PM, immediately after lunch trays were retrieved from residents' rooms following lunch. She said that lunch trays arrived at the unit at approximately 12:30 PM and all CNAs served lunch and assisted residents with eating as needed. She said that it was her understanding, based on a verbal report received from CNA #3 that she had not made rounds or checked any incontinent residents after lunch trays arrived on the unit. CNA #1 stated that she had not checked Resident #6 for incontinence needs or provided any care for her since assuming the care of CNA's assigned group of residents at 1:30 PM. She confirmed that based on her account of events the last time Resident #6 could have been checked or provided any care for toilet use or toilet hygiene would have been prior to 12:30 PM. CNA #1 confirmed that Resident #6 did not receive monitoring for incontinence or incontinence care from approximately 12:30 PM until approximately 4:00 PM. CNA #1 stated that every incontinent resident that required assistance for toilet use/hygiene was supposed to be checked at least every two (2) hours, as needed and upon request	M 620	completed by March 3, 2025. 4. On February 17, 2025, the Director of Nursing initiated resident incontinent care audits of ten resident weekly for six weeks on each unit, then five residents weekly on each unit for six weeks. Any issues noted will be immediately addressed. The Director of Nursing will forward the results to the Quality Assurance Committee meeting. Starting February 26, 2025, the results will be reviewed monthly times three months. The Quality Assurance Committee meeting will make recommendations based on the findings.	

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M 620	Continued From page 8 with assistance provided as needed. On 1/28/25 at 4:06 PM during an interview CNA #2 explained she was assigned to the care of Resident #6 for 3:00 PM through 11:00 PM and that at approximately 4:00 PM while she was making rounds, she checked the resident who was wearing a wet incontinence brief and had provided incontinence care at that time. She said she was not aware of the last time the resident received care. On 1/28/25 at 4:15 PM an interview with Licensed Practical Nurse (LPN) #8 revealed she confirmed that CNA #3 had been assigned to the routine monitoring/care for Resident #6 beginning at approximately 7:00 AM and had left at approximately 1:30 PM, immediately after picking up lunch trays. She confirmed that the LPNs and Unit Manager supervised the provision of care for residents and said she was not aware of the resident being taken to her room between 1:30 PM and approximately 4:00 PM for incontinence care. On 1/31/25 at 5:00 PM, an interview with the Director of Nurses (DON) revealed she expected all residents with incontinence who required assistance with toilet use/hygiene to be checked at least every two hours, as needed, and upon request and care provided as soon as possible. She confirmed that three and a half (3 ½) hours was too long for a resident to wait between monitoring for incontinence. She confirmed that repeated episodes of staff not working scheduled hours could affect resident care. On 10/31/25 at 5:13 PM, an interview with the Administrator confirmed that all residents who required assistance with toilet use/hygiene to be	M 620		

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M 620	Continued From page 9 checked at least every two hours, as needed, and upon request and care provided as soon as possible. He confirmed that three and a half (3 ½) hours was too long for a resident to wait between monitoring for incontinence. Record review of the Admission Record for Resident #6, revealed the facility admitted the resident on 1/05/16 and the resident had diagnoses of Dementia. Record review of the Annual Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 12/12/24 revealed Resident #6 had a Brief Interview for Mental Status (BIMS) score of 5, which indicated the resident had severe cognitive impairment. Further MDS review revealed the resident was assessed by the facility as "Always Incontinent" of bowel and bladder, was dependent on staff for toilet use and required maximum assistance for toilet hygiene.	M 620		
M 655	45.21.11 Special needs Special needs. Each resident with special needs shall receive proper treatment and care. These special needs shall include, but are not limited to injections; parenteral and enteral fluids; colostomy, ureterostomy, ileostomy care; tracheostomy care; tracheal suction; respiratory care; foot care; and prostheses. This Statute is not met as evidenced by: Level II Based on observations, interviews, record review, and facility policy review, the facility failed to provide care/services to a resident who had a feeding tube according to the resident needs and	M 655	1. On January 28, 2025, resident #7's charge nurse was in serviced on the importance of following the physician's orders regarding residents who require enteral feeding nutrients. On January 28,	3/5/25

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M 655	Continued From page 10 consistent with practitioner's orders for one (1) of two (2) sampled residents reliant on feeding tubes for nutrition. Resident #7 Findings included: Record review of the facility polity titled "Enteral Nutrition" dated 2017 revealed " ...1.a.The choice of the enteral feeding depends on the medical and nutritional needs of the individual as assessed by the Registered Dietitian and physician ...General Principals & Guidelines: 3.a.Continuous Drip ...The TF (Tube Feeding) is usually infused for a total of 18 to 24 hours and should be individualized allowing for potential down time for personal care or rehab therapy sessions ....". Record review of the "Order Summary Report" with active orders as of 1/28/2025 for Resident #7 revealed a physician order dated 9/11/2024 "Enteral Feed Order every night shift Enteral: Closed system container-Change feeding administration set with each new bottle; label the formula container, syringe and administration set with resident's name, date, time and nurse's initials. An additional order dated 2/26/2024 revealed "GLUCERNA 1.5 at 50 ML/HR (milliliters per hour) CONTINUOUS FEED three times a day related to Gastrostomy status." An order dated 11/22/2024 revealed "HOLD ENTERAL FEEDING 30 MINUTES PRIOR TO MEALS before meals for HOLD FEEDING." On 1/28/25 at 3:10 PM, an observation revealed Resident #7 was resting quietly in her bed in her room with Glucerna with Carbohydrates 1.5 Cal dated 1/27/25, (no time or nurse's initials documented) suspended from an infusion pole. The enteral feeding pump was turned off and the	M 655	2025, the Unit Manager assessed resident #7. There were no ill effects noted 2. Any resident that require enteral feeding nutrients have the potential to be affected by this alleged deficient practice. 3. On January 28, 2025, an in-service was initiated for all nursing staff by the Staff Development nurse on the importance of following the physician's orders regarding residents who require enteral feeding nutrients. The in services on the importance of following the physician's orders regarding residents who require enteral feeding nutrients will be completed by March 3, 2025. On January 28, 2025, a 100% audit was initiated on residents who require enteral feeding nutrients by the Unit Manages. 4. On February 17, 2025, The Director of Nursing initiated an audit of five residents per unit who require enteral nutrients, five days weekly for six weeks, then three days weekly for six weeks. Any issues noted will be immediately addressed. The Director of Nursing will forward the results to the Quality Assurance Committee meeting. Starting February 26, 2025, the resultswill be reviewed monthly times three months. The Quality Assurance Committee meeting will make recommendations based on the findings.	

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M 655	Continued From page 11 tube feeding formula was not infusing. Calibration on enteral feeding bottle measured 625 cubic centimeters (cc). On 1/28/25 at 5:30 PM, an observation revealed Resident #7's enteral feeding pump was off. Calibration on enteral feeding bottle measured 625 cc. On 1/28/25 at 6:10 PM, an observation revealed Resident #7's enteral feeding pump was off. Calibration on enteral feeding bottle measured 625 cc. On 1/28/25 at 7:04 PM, an observation revealed Resident #7's enteral feeding pump was off. Calibration on enteral feeding bottle measured 625 cc. On 1/28/25 at 7:15 PM, during an interview with Licensed Practical Nurse (LPN) #6 and the Director of Nursing (DON), LPN #6 confirmed that the enteral feeding for Resident #7 had been turned off since 3:00 PM. She expressed confusion regarding physician orders for the resident's enteral feeding, finally stated that the feeding was supposed to be turned off for an hour prior to delivery of the resident's pleasure tray at supper time. She stated that it was difficult to gauge when to turn it off because supper trays were not delivered at consistent times each evening. She confirmed that supper trays were not delivered at 4:00 PM, and said it was usually closer to 5:00 PM. The DON stated that the resident's enteral feeding should have been "turned off" for no longer than thirty (30) minutes and that feeding being held for over four (4) hours could have affected the resident's daily nutritional and hydration needs.	M 655		

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M 655	Continued From page 12 On 1/31/25 at 5:13 PM an interview with the Administrator revealed that he expected physician orders and facility policies for residents who relied on enteral feeding for nutrition to be followed. On 1/31/25 at 7:00 PM an interview with the Primary Healthcare Provider for Resident #7 and facility Medical Director confirmed that the enteral feeding was to be held for thirty (30) minutes prior to the staff serving the resident a pleasure tray for supper. Record review of the Admission Record for Resident #7, revealed the facility admitted the resident on 2/07/24 and the resident had diagnoses of Aphasia, Gastrostomy status, Diabetes, and Metabolic Encephalopathy.	M 655		
M 970	45.33.4 Control of insects, rodents, etc. Control of insects, rodents, etc. The facility shall be kept free of ants, flies, roaches, rodents, and other insects and vermin. Proper methods for their eradication and control shall be utilized. This Statute is not met as evidenced by: Level II Based on observations, interviews, and facility policy review the facility failed to provide a sanitary, pest free environment for three (3) of four (4) days of survey. Finding included: Record review of a typed statement on facility letterhead and signed by the Administrator, undated, revealed "(Proper name of facility) does	M 970	1. Resident #8's room was deep cleaned by the Housekeeping Supervisor on January 28, 2025. Resident #8's bathroom was deep cleaned by the Housekeeping Supervisor on January 28, 2025. The Housekeeping supervisor was in serviced by the Staff Development nurse on January 28, 2025. Resident #8's room was sprayed for pest control by the Maintenance Director on January 28, 2025. Resident #8 was assessed by the Unit Manager on January 28, 2025. There	3/5/25

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M 970	Continued From page 13 not have a pest control policy. We have a Bill of Rights for a clean environment.". Record review of the "RESIDENT BILL OF RIGHTS" with a history of 1/23 revealed "Facility residents shall have the right to...32. A safe clean, comfortable home like environment..." On 1/28/25 at 5:40 PM, during an observation of Resident #8's room accompanied by Certified Nursing Assistant (CNA) #5 revealed the floor had brown and gray streaks and was littered with paper in the form of candy wrappers, red crayon wrap paper, a meal tray slip, two white napkins, an opaque cup lid, a black plastic tag, a nugget sized piece of dried grilled cheese, and an upside down opaque plastic cup. There were twenty-five (25) golden yellow to tan the approximate size of pencil erasers under the privacy curtain between the resident's side of the room and his roommate's and under the resident's infusion pole holding his enteral feeding bottle and pump. There was a dried black item the size of a large bean balanced on the edge of the top of Resident #8's headboard. The base of the bed of Resident #8, the window blinds, the top and front of the air conditioner was covered by a layer of a dry, dusty, gray substance. The metal base of the resident's over the bed table was covered by pin prick to rice grain sized dry, brick red colored spots of abrasive texture. The beige privacy curtain in Resident #8's room had four palm sized brown spots midway up the length of the cloth. There were golden brown to black streaks and spots on the closet doors and drawer fronts of the attached chest of drawers. There was an empty trash can and a full bag of trash on the floor in the resident's bathroom. There were two quarter inch brown bugs crawling on the floor under the resident's bed and one crawling up the wall	M 970	were no ill effects noted. 2. Any resident has the potential to be affected by this deficient practice. 3. On January 30, 2025, an all staff in service was given on keeping a safe/clean/environment including resident rooms by the Staff Development Nurse. On February 25, 2025, the maintenance director notified pest control to increase the number of visits to once weekly times six weeks to monitor and spray for any potential insects. The pest services increase will continue until the pest are controlled. 4. On February 17, 2025, the Executive Director and/or Assistant Executive Director initiated resident room audits of ten resident rooms weekly for six weeks on each unit, then five resident rooms weekly for six weeks on each unit. Any issues noted will be immediately addressed. The Executive Director will forward the results to the Quality Assurance Committee meeting. Starting February 26, 2025, the results will be reviewed monthly times three months. The Quality Assurance Committee meeting will make recommendations based on the findings.	

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M 970	Continued From page 14 behind the head of the resident's bed. On 1/28/25 at 6:35 PM, an interview with the Assistant Administrator and the DON, the Assistant Administrator stated that the floor of Resident #8's room "needs cleaning and mopping". She confirmed that the floor was littered with trash and food. She said she did not know what the black item balanced on the resident's headboard was and said, "I don't know what that is, don't touch it". She confirmed that she observed a roach on the floor and a roach on the wall next to and behind the resident's bed. She confirmed that there was one roach crawling on the floor next to the resident's bed and one on the wall behind the head of his bed.	M 970		
M1010	45.35.1 Housekeeping Facilities and Services Housekeeping Facilities and Services. 1. The physical plant shall be kept in good repair, neat, and attractive. The safety and comfort of the resident shall be the first consideration. 2. Janitor closets shall be provided with a mop-cleaning sink and be large enough in area to store house cleaning supplies and equipment. A separate janitor closet area and equipment should be provided for the food service area. This Statute is not met as evidenced by: Level II Based on observations, interviews, facility policy review and record review the facility failed to provide a safe, functional, sanitary environment for three (3) of four (4) days of survey that affected Residents #2, #4, #7 and #8.	M1010	1. Resident #7□s room O2 concentrator was cleaned of dried tan colored brown spots by the charge nurse on January 28, 2025. Resident #7□s bedside table was cleaned of tan colored spots by the Maintenance Director on January 28, 2025. The four bases of the infusion pole	3/5/25

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M1010	Continued From page 15 Finding included: Record review of the facility policy titled "HOUSEKEEPING CLEANING PROCEDURES" dated 6/18 revealed "RESPONSIBILITY: Housekeeping Staff. PROCEDURE: ...4. Survey room/remove used items/trash ...11. Spot clean walls/damp wipe vertical surfaces ...Dust mop and damp mop floor ...Weekly Procedure ...4. Wipe walls...". Record review of a typed statement on facility letterhead and signed by the Administrator, undated, revealed "(Proper name of facility) does not have a pest control policy. We have a Bill of Rights for a clean environment.". Record review of the "RESIDENT BILL OF RIGHTS" with a history of 1/23 revealed "Facility residents shall have the right to...32. A safe clean, comfortable home like environment..." Resident #7 On 1/28/25 at 3:10 PM, observation revealed Resident #7 was resting quietly in her bed in her room with enteral feeding solution suspended from an infusion pole. She had oxygen via concentrator at 2 liters per minute via nasal cannula. The oxygen concentrator had scattered dried tan colored/ brown spots of a glossy, dried substance covering the top and front. The four bases of the infusion pole had egg shaped areas of dried tan colored/ brown spots of a glossy, dried substance. The base of the resident's over the bed table was covered with pea sized spots dried tan colored/ brown spots of a glossy, dried substance.	M1010	were cleaned by the Maintenance Director on January 28, 2025. Resident #7□s room was deep cleaned by the Housekeeping Supervisor on January 28, 2025. Resident #7□s Unit staff was in serviced by the Staff Development nurse on cleaning resident□s oxygen concentrator, infusion pole and bedside tables. Resident #7 was assessed by the Unit Manager on January 28, 2025. There were no ill effects noted. Resident #8□s room was deep cleaned by the Housekeeping Supervisor on January 28, 2025. Resident #8□s bathroom was deep cleaned by the Housekeeping Supervisor on January 28, 2025. The Housekeeping supervisor was in serviced by the Staff Development nurse on January 28, 2025. Resident #8□s room was sprayed for pest control by the Maintenance Director on January 28, 2025. Resident #8 was assessed by the Unit Manager on January 28, 2025. There were no ill effects noted. Resident #2□s room was deep cleaned by the Housekeeping Supervisor on January 29, 2025. Resident #2□s room was painted by the Maintenance Director on January 29, 2025. There were no ill effects noted. Resident #4□s room was deep cleaned by the Housekeeping Supervisor on January 30, 2025. Unit four□s day room was deep cleaned by the Housekeeping Supervisor on January 30, 2025. Resident #4□s dresser was replaced by the Maintenance Director on January 30, 2025. There were no ill effects noted.	

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M1010	Continued From page 16 On 1/28/25 at 3:15 PM, observation revealed the floor of the Day Room on Unit 4 was cluttered with trash which included food, cellophane wrapping, a white plastic fork and other unrecognizable debris. There was one resident who was sitting in a wheelchair in the room at the time. Resident #8 On 1/28/25 at 5:40 PM, observation of Resident #8's room accompanied by Certified Nursing Assistant (CNA) #5 revealed the floor had brown and gray streaks and was littered with paper in the form of candy wrappers, red crayon wrap paper, a meal tray slip, two white napkins, an opaque cup lid, a black plastic tag, a nugget sized piece of dried grilled cheese, and an upside down opaque plastic cup. There were twenty-five (25) golden yellow to tan the approximate size of pencil erasers under the privacy curtain between the resident's side of the room and his roommate's and under the resident's infusion pole holding his enteral feeding bottle and pump. There was a dried black item the size of a large bean balanced on the edge of the top of Resident #8's headboard. The base of the bed of Resident #8, the window blinds, the top and front of the air conditioner was covered by a layer of a dry, dusty, gray substance. The metal base of the resident's over the bed table was covered by pin prick to rice grain sized dry, brick red colored spots of abrasive texture. The beige privacy curtain in Resident #8's room had four palm sized brown spots midway up the length of the cloth. There were golden brown to black streaks and spots on the closet doors and drawer fronts of the attached chest of drawers. There was an empty trash can and a full bag of trash on the floor in the resident's bathroom. There were two quarter inch	M1010	2. Any resident has the potential to be affected by this alleged deficient practice. 3. On January 30, 2025, all staff in service was initiated on keeping a safe/clean/environment including resident rooms by the Staff Development Nurse. The in services on keeping a safe/clean/environment including resident rooms will be completed by March 3, 2025. 4. On February 17, 2025, the Executive Director and/or Assistant Executive Director initiated resident room audits of ten resident rooms weekly for six weeks on each unit, then five resident rooms weekly for six weeks on each unit. Any issues noted will be immediately addressed. The Executive Director will forward the results to the Quality Assurance Committee meeting. Starting February 26, 2025, the results will be reviewed monthly times three months. The Quality Assurance Committee meeting will make recommendations based on the findings.	

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M1010	Continued From page 17 brown bugs crawling on the floor under the resident's bed and one crawling up the wall behind the head of the resident's bed. On 1/28/25 at 6:35 PM, an interview with the Assistant Administrator and the DON, the Assistant Administrator stated that the floor of Resident #8's room "needs cleaning and mopping". She confirmed that the floor was littered with trash and food. She said she did not know what the black item balanced on the resident's headboard was and said, "I don't know what that is, don't touch it". She stated that scuffs, scratches and areas of missing paint were "probably wear and tear from wheelchairs". She said the floor, closet doors and chest drawer fronts looked "dirty, like something dripped on it". She stated that Resident #8's bed frame "could use a cleaning" and described it as "stained and dirty". She confirmed that she observed a roach on the floor and a roach on the wall next to and behind the resident's bed. She stated that the bed table needed to be cleaned or replaced. She confirmed that there was one roach crawling on the floor next to the resident's bed and one on the wall behind the head of his bed. On 1/28/25 at 7:06 PM, an interview with the Maintenance Director revealed that tops on the air conditioner units in residents' rooms should be dusted or wiped off by housekeepers daily and the filters were to be cleaned by the maintenance staff at least monthly. He said he did not keep a log of air conditioner maintenance or filter cleaning. Resident #2 On 1/29/25 at 11:35 PM, observation revealed Resident #2's room, there were forty-three (43)	M1010		

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M1010	Continued From page 18	M1010		

spots of a dried, glossy, golden brown, approximately the diameter of a grain of sugar, two spots the size of pencil erasers and one pea sized spot and one the size of a large lima bean on the top of the air conditioner below the window of Resident #2's air conditioner.

Resident #4

On 1/30/25 at 3:20 PM, during an observation Resident #4's room revealed the floor was littered with tissue paper, candy wrappers, bits of tin foil, a writing pen, candy and cereal. There was one wheelchair footrest under the resident's bed. The wall under the window was spotted with pencil eraser sized spots of a dried, glossy, golden-brown substance. The baseboard around the walls of the room was stained with tan, brown and black streaks and spots. The floor in the corners of the room were covered in a sticky black substance. There were two chests of drawers in the room, one with empty pencil eraser sized holes in the four (4) drawers with no handles or pulls and the other with four (4) drawers that were crooked and lopsided. The drawers were streaked with tan and brown streaks.

On 1/31/25 at 10:13 AM, an interview with the Housekeeping Director revealed that each resident's room should be dusted, swept, and damp mopped each day, and the attached bathrooms cleaned, and the trash containers emptied with liners replaced in the rooms and bathrooms. She stated that if there were stained walls or walls with missing paint, rusted over the bed tables or other issues involving cleanliness in the rooms outside of the scope of the housekeeping staff, she had instructed the housekeepers to notify her and she would notify

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M1010	Continued From page 19	M1010		

the Maintenance Director. She said that housekeepers should assess bed frames for dust and provide cleaning as needed. She stated that no one had reported pests in resident rooms to her. She said that pests were supposed to be reported to the Maintenance Director or Administrator because they tended to the pest control contracts/notified contractors if needed. She stated that staffing had been a challenge. She stated that the facility had two (2) full-time housekeepers and (1) part-time housekeepers and six (6) floor technicians. She stated that the floor technicians were "pulled" to assist with housekeeping duties. She stated that the facility had four (4) full time laundry aids who worked 6:00 AM through 10:00 PM and delivered clean linens to the clean linen closets every two (2) hours. She confirmed that on 1/31/25 two CNAs were pulled from direct patient care to work in laundry from 8:00 AM to 12:00 PM. She stated she scheduled housekeeping daily which included assignment of rooms. She said that two (2) to three (3) rooms were scheduled for deep cleaning everyday Monday through Friday each week. She confirmed that the facility housed residents in approximately one hundred and twenty-nine (129) rooms with attached bathrooms based on census and there were several common rooms and areas including three (3) day/dining/activity rooms and eight common shower rooms in the facility. She confirmed that dining rooms should be policed by housekeepers and trash/litter/food cleaned from dining areas following meals.

On 1/31/25 at 5:13 PM, an interview with the Administrator revealed that due to the conditions in the facility he had hired a new Housekeeping Director and six (6) new housekeepers which had not started employment yet. He stated that he

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M1010	Continued From page 20 expected the housekeeping staff to keep the residents' rooms and common areas such as day and dining rooms clean, sanitary and free from clutter and litter. He stated that any staff could wipe up spills or report maintenance issues such as rusty or broken furniture which should be cleaned, repaired or replaced.	M1010		