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 03/06/2025

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 On 3/04/25 through 3/06/25 the State Agency (SA) conducted Complaint Investigations (CIs) at the facility. CI MS#27867 was investigated for Quality of Care related to staffing and other, and Physical Environment related to facility not clean. CI MS#27938 was investigated for Quality of Care related to residents not adequately groomed, inappropriate feeding assistance, Misappropriation and Resident Neglect related to medications. CI MS#27980 was investigated for Quality of Care related to resident left wet for extended periods and residents left soiled for extended periods, Resident Neglect related to medications and Quality of Care (other). CI MS#28004 was investigated for Resident Neglect related to medications, Quality of Care related to residents not adequately groomed and staffing, Dietary Services related to food served cold and not served timely, and Physical Environment related to facility not clean. 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 and cited M500. M610 was also cited related to CI MS#27867 and CI MS#27938.	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	M 500		3/31/25

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M 500	Continued From page 1 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; 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	M 500		

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M 500	Continued From page 2 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, 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;	M 500		

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M 500	Continued From page 3 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; 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	M 500		

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M 500	Continued From page 4 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: Level II Based on observation, interview, record review, and facility policy review, the facility failed to ensure residents were treated in a dignified manner when Resident #5's urinary catheter bag was left uncovered with urine visible in a public common area for one (1) of eight (8) residents reviewed. Resident #5 Findings Included: Policy review of the facility-provided "Resident Bill of Rights" with Review Date 1/15 (January 2015) revealed the document stated, "It is the objective of the Facility to herein forth the rights of Residents so as to assure the protection and preservation of dignity... Facility Residents shall have the right to: 1. Privacy in treatment and personal care...26. Treated with consideration, respect, and full recognition of his/her dignity and individuality." Observation on 3/04/25 at 5:50 PM, in the Unit 2 Dining Room revealed Resident #5 was seated in a wheelchair with a urine collection bag beneath the wheelchair, uncovered, with approximately eighty (80) milliliters of golden yellow urine visible in the collection bag.	M 500	1) On March 4, 2025 Resident #5 was given a privacy bag to cover his Foley Catheter drainage bag. On March 4, 2025, a 100% audit of residents who require a Foley catheter was conducted by the Unit Managers. On March 4, 2025, Licensed Practical Nurse (LPN) #5 was in serviced on importance of the preservation of dignity and rights regarding residents who require a urinary catheter bag. There were no ill effects noted. 2) Any residents who require a urinary catheter bag has the potential to be affected by this alleged deficient practice. 3) On March 4, 2025, all clinical staff in service was initiated on ensuring preservation of dignity and rights for all residents by the Staff Development Nurse. 4) On March 24, 2025, the Director of Nursing (DNS) and/or Assistant Director of Nursing (ADNS) initiated Foley Catheter audits of ten residents weekly for four weeks, then five residents weekly for two weeks. Any issues noted will be	

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M 500	Continued From page 5 Observation and interview on 3/06/25 at 11:20 AM, with the Administrator in Resident #5's room, the Administrator confirmed the resident did not have a privacy/dignity cover on his urine collection bag for his urinary catheter. Observation and interview on 3/06/25 at 11:35 AM, Licensed Practical Nurse (LPN) #4 confirmed that Resident #5 did not have a cover on his urine collection bag to ensure the resident's dignity. She stated that she was not aware of catheter care or monitoring prior to 3/06/25 because she was new to the facility. Observation and interview on 3/06/25 at 2:35 PM, with the Minimum Data Set (MDS) Nurse revealed she was not sure if Resident #5 had a catheter. Observation of the resident in the Unit 2 Dining Room with the MDS Nurse confirmed that Resident #5 had an indwelling catheter. The MDS Nurse confirmed there should be a collection bag cover to ensure the privacy and dignity of the resident. In an interview on 3/06/25 at 3:08 PM, Registered Nurse (RN) #1 who is the Unit 2 Manager, stated that Resident #5 had the indwelling urinary catheter upon arrival at the facility on 1/15/25 and had the catheter in place since arrival. Record review of the Admission Record for Resident #5 revealed the facility admitted the resident on 1/15/25. The resident had diagnoses of Chronic kidney disease, Neuromuscular dysfunction of the bladder and Prostatic hyperplasia. Record review of the 5-Day Minimum Data Set (MDS) for Resident #5 with an Assessment Reference Date (ARD) of 2/17/25 revealed the	M 500	immediately addressed. The Director of Nursing will forward the results to the Quality Assurance Committee meeting. Starting March 31, 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 500	Continued From page 6 resident had a Brief Interview for Mental Status (BIMS) score of 3, which indicated severe cognitive impairment.	M 500		
M 610	45.21.2 Activities of daily living Activities of daily living. Each resident shall receive assistance as needed with activities of daily living to maintain the highest practicable well being. These shall include, but not be limited to: 1. Bath, dressing and grooming; 2. Transfer and ambulate; 3. Good nutrition, personal and oral hygiene; and 4. Toileting. This Statute is not met as evidenced by: Level II Based on observation, record review, facility policy review, and interviews, the facility failed to provide necessary care for hygiene, bathing, and grooming for two (2) of eight (8) sampled residents, Resident #4 and Resident #6. Findings Included: Record review of the facility policy titled "SHAVING-MALE AND FEMALE" dated 8/11 (August 2011) revealed the policy stated, "POLICY: Residents will be free of facial hairs - both male and female. If the resident is alert and oriented and requests not to be shaved, this will be noted in the Care Plan. RESPONSIBILITY: All Nursing Assistants monitored by Charge Nurse."	M 610	1) On March 4, 2025, resident #4 received Activities of Daily Living skills which included grooming by trimming his mustache. On March 4, 2025, Resident #6 received a shower. On March 4, 2025, the Assistant Director of Nursing (ADON) reviewed the shower schedule with Resident #6. The ADON revised the shower schedule and kardex per resident #6□s preference and offered a bed bath on non-shower days. 2) Any resident that requires Activities of Daily Living skills of mustache grooming and showers have the potential to be affected by this alleged deficient practice.	3/31/25

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M 610	Continued From page 7 Record review of the facility policy titled "BATH/SHOWER-DEPENDENT" dated 8/11 (August 2011) revealed, "POLICY: A bath (shower/tub) for cleanliness and comfort is scheduled at least weekly for each resident. RESPONSIBILITY: Nursing Assistants or Licensed Nurses monitored by Charge Nurse..." Resident #4 On 3/04/25 at 3:10 PM, observation revealed Resident #4 was seated in the Unit 1 Dining/Activity Room across from the nurses' station with a long white mustache and beard. The resident was pulling his mustache into his mouth with his tongue. His mustache hair was long enough to curl over his top lip into his mouth. He reported that the long mustache hairs were too long and were bothering him. He said they interfered with his eating. He said that he wished someone would trim them for him. On 3/04/25 at 3:20 PM, an interview with Certified Nurse Aide (CNA) #1, CNA #2, CNA #3, and CNA #4 revealed all reported that grooming was traditionally done during AM and PM care, with shaving/unwanted hair removal done during showers, but that Activities of Daily Living (ADL) and grooming care could be provided at any time. On 3/04/25 at 3:35 PM, an interview with Licensed Practical Nurse (LPN) #2 and LPN #3 revealed nurses and Unit Managers supervise the care of residents to ensure care is provided according to the resident needs and abilities. Resident #6 During an interview on 3/04/25 at 4:30 PM, Resident #6 revealed the resident reported that	M 610	3) On March 4, 2025, an in-service was initiated for all nursing staff by the Staff Development nurse on the importance of residents receiving Activities of Daily Living skills of mustache grooming and showers. The in services on Activities of Daily Living skills of mustache grooming and showers will be completed by April 4, 2025. 4) On March 24, 2025, the Director of Nursing (DNS) and/or Assistant Director of Nursing (ADNS) initiated mustache grooming audits of ten residents weekly for four weeks, then five residents weekly for two weeks. On March 24, 2025, the Director of Nursing (DNS) and/or Assistant Director of Nursing (ADNS) initiated interviews of ten residents weekly to ensure shower compliance for four weeks, then five residents weekly for two weeks. Any issues noted will be immediately addressed. The Director of Nursing will forward the results to the Quality Assurance Committee meeting. Starting March 31, 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 610	Continued From page 8	M 610		

he needed a shower. He stated that he was scheduled to have a shower three (3) times each week and had not been taken to the shower for at least two (2) weeks.

During an interview on 3/05/25 at 12:00 PM, Resident #6 reported that he needed a shower. He said he was not provided with a shower on 3/04/25 or 3/05/25 and could not recall the last time he was taken to the shower room. He stated that the nursing staff had told him that he was not going to the shower because the facility no longer had a shower bed. He stated, "I need a shower, I don't want to just lay here and rot." He said he did not feel he should have to request to go to the shower because the staff had told him he was scheduled to go to the shower three times each week, so he felt they should already know.

During an observation and interview on 3/05/25 at 12:05 PM, CNA #5 revealed that Resident #6 was supposed to be assisted with a shower three times each week and upon request. She explained that the CNAs also used the printed Weekly Shower List located at the nurses' station as a guide for which residents were provided with showers each day. She stated that she was assigned to the care of Resident #6 and had not taken Resident #6 to the shower on Thursday, 3/05/25, because his showers were scheduled for Monday, Wednesday, and Friday on the Weekly Shower List. She stated that she was not assigned to the daily care of Resident #6 on Wednesday, 3/04/25. She was unable to determine the last time Resident #6 was taken to the shower. She stated that the resident was dependent on staff for bath/shower activities and able to transfer with a mechanical lift into a shower chair.

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M 610	Continued From page 9 During an observation and an interview on 3/06/25 at 4:30 PM, with the Administrator and LPN #1 revealed there was one (1) black and white shower bed labeled by the manufacturer with a five hundred (500) pound weight limit and one (1) shower chair in the Unit 1 shower room, which were available for all staff/resident use. LPN #1 stated that Resident #6 could use either the shower bed or shower chair. She confirmed the resident was to receive a shower every Tuesday, Thursday, and Saturday, and the printed Weekly Shower List at the nurses' station stated that the resident was to receive a shower every Monday, Wednesday, and Friday, but that regardless, the resident was to be provided with a shower three (3) times weekly and as requested. The Administrator stated the shower bed was stored in the Unit 1 shower room because there were more residents who required it, but that it was available for all units' use. During an interview on 3/06/25 at 4:45 PM, the Director of Nurses (DON) stated that it was important for staff to identify the residents' needs and abilities at the time of admission and on an ongoing basis and that she expected care to be provided. During an interview on 3/06/25 at 5:30 PM, the Administrator confirmed that he expected each resident to be assessed upon admission with reconciliation of the visual assessment, physician orders, and diagnoses. He confirmed that he expected care to be provided.	M 610		