STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255106	A. BUILDING _____ B. WING _____	C 04/01/2025

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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F 000	INITIAL COMMENTS The State Agency (SA) conducted four (4) Complaint Investigations (CI MS #28342, CI MS #28408, CI MS #28419 and CI MS #28455), at the facility from 3/31/25 through 4/1/25. During the survey, the SA determined the facility was not in compliance with the requirements of participation in Medicare and Medicaid. The SA investigated CI MS #28342 for pressure sores, CI MS #28419 related to discharge rights and quality of care, and CI MS #28408 related to pressure sores, resident left wet, and food not palatable. There were no citations related to those complaints. The SA investigated CI MS #28455 related to dialysis and cited F656 and F698. The facility held a licence for 230 beds with a census of 221.	F 000		
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not	F 656		4/25/25

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

Electronically Signed | 04/16/2025

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F 656	Continued From page 1 provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv)In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. §483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (iii) Be culturally-competent and trauma-informed. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and facility policy review, the facility failed to implement a comprehensive care plan intervention related to the removal of a pressure dressing from a dialysis access site for one (1) of four (4) sampled residents. Resident #4. Findings included: A review of the facility's policy, "Comprehensive	F 656	1) On April 2, 2025, the care plan for Resident #4 was revised by Assistant Director of Nursing (ADNS) nurse to address the removal of dialysis pressure dressing. On April 2, 2025, the Licensed Practical Nurse (LPN) was in-serviced by Assistant Director of Nursing on the importance of following the care plan and physician order to remove the dialysis pressure dressings for residents who	

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F 656	Continued From page 2 Person-Centered Care Plans," dated 1/2025 revealed, " ...Each resident will have a person-centered plan of care to identify problems, needs strengths, preferences, and goals that will identify how the interdisciplinary team will provide care ...6 ....Assigned disciplines will be identified to carry out the intervention ..." A record review of the "Care Plan Report" for Resident #4 revealed "Focus (Proper Name) is at risk for complications ...receives hemodialysis ...Interventions ...Remove pressure dressing four hours post dialysis unless specified by dialysis communication sheet ..." The intervention was dated 10/15/24. The assigned discipline was listed as Licensed Practical Nurse/Registered Nurse (LPN/RN). On 04/01/25 at 11:41 AM, during an observation with the Unit Manager, Resident #4 was observed to have a bandage still in place on his left arm from his dialysis treatment on 03/31/25. The Unit Manager confirmed the dressing had not been removed and should have been taken off the previous night. A record review of the "Order Summary Report" revealed Resident #4 had a Physician's Order, dated 8/1/2024, to "Remove pressure dressing 6 hours to left forearm dialysis shunt site after returning from dialysis ..." A record review of the "Admission Record" revealed the facility admitted Resident #4 on 10/04/2017 with diagnoses including Dependence on Renal Dialysis. A record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of	F 656	attend dialysis. On April 2, 2025, a 100% audit of dialysis residents care plans were reviewed by the Assistant Director of Nursing. 2) Any resident who requires removal of a dialysis pressure dressing has the potential to be affected by this alleged deficient practice. 3) On April 2, 2025, an in serviced was initiated for all clinical staff on following care plan and physician orders regarding the removal of dialysis pressing dressing for residents who attend dialysis by the Unit Manger. The in services on following care plans regarding the removal of dialysis pressure dressings will be completed by April 23, 2025. 4) On April 2, 2025, the Director of Nursing (DNS) and/or Assistant Director of Nursing (ADNS) initiated audits of ten residents for following care plan and physician order to remove pressure dressings weekly for six weeks, then five residents weekly for six weeks. The Director of Nursing will forward the results to the Quality Assurance Committee meeting. Starting April 23, 2025, the results will be reviewed monthly for three months. The Quality Assurance committee meeting will make recommendations based on the findings.	

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F 656	Continued From page 3 03/12/25 revealed Resident #4 had a Brief Interview for Mental Status (BIMS) score of 6, which indicated the resident was cognitively impaired. During an interview on 4/1/25 at 12:10 PM, the Director of Nursing (DON) confirmed the staff failed to remove the bandage. The DON also confirmed the staff failed to follow the care plan. The DON stated she expects the staff to follow the residents' plan of care. During an interview on 4/1/25 at 12:25 PM, with LPN #2 confirmed the facility failed to follow the comprehensive care plan by not removing the residents' bandage after dialysis. LPN #2 stated the care plan guides the residents plan of care. The staff are expected to follow the care plan. During an interview on 4/1/25 at 1:40 PM, with the Administrator he stated he did not know the residents' bandage was not being removed after dialysis. The Administrator stated he expects the staff to follow the physician's orders and the dialysis instructions. During a post survey phone interview with LPN #3 on 4/2/25 at 1:20 PM, she confirmed she failed to look at the care plan for Resident #4 regarding removing the pressure dressing.	F 656		
F 698 SS=D	Dialysis CFR(s): 483.25(l) §483.25(l) Dialysis. The facility must ensure that residents who require dialysis receive such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and	F 698		4/25/25

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F 698	Continued From page 4 the residents' goals and preferences. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and facility policy review, the facility failed to ensure timely removal of a pressure dressing from a dialysis access site for one (1) of one (1) resident reviewed for dialysis services. Resident #4. Findings included: A review of the facility's "Dialysis Information Update Transfer Policy," dated February 2019, revealed, " Policy: A 'Dialysis Information Update Transfer form' is completed each time a resident receives outpatient dialysis. This ensures enhanced communication between the two facilities ...Procedure ...3. The bottom section of the form is completed by personnel responsible for the resident at the dialysis facility and returned to the nursing home with the resident ...5. As applicable, any instructions related to the resident care received from the dialysis unit should be relayed to the appropriate facility staff ...and followed up as indicated." A record review of the "Order Summary Report" revealed Resident #4 had a Physician's Order, dated 8/1/2024 "Remove pressure dressing 6 hours to left forearm dialysis shunt site after returning from dialysis ..." A record review of the "Dialysis Information Update Transfer Form" revealed the following instructions written on the communication form to the facility: "Remove pressure dressing at 1800 (6PM) dated 3/3/25, Remove compression dressings 4-6 hrs (hours) dated 3/7/25 and	F 698	1) On April 2, 2025 Resident #4s dialysis pressure dressing was removed. The Assistant Director of Nursing assessed Resident #4. There were no ill effects. On April 2, 2025, the Licensed Practical Nurse (LPN) was in-serviced by Assistant Director of Nursing on the importance of following the care plan and physician order to remove the dialysis pressure dressings for residents who attend dialysis. On April 2, 2025, a 100% audit of dialysis residents who require pressure dressings were reviewed by the Assistant Director of Nursing. 2) Any resident who requires removal of a dialysis pressure dressing has the potential to be affected by this alleged deficient practice. 3) On April 2, 2025, an in serviced was initiated for all clinical staff regarding the removal of dialysis pressing dressing for residents who attend dialysis by the Unit Manger. The in services regarding the removal of dialysis pressure dressings will be completed by April 23, 2025 by the Staff Development Nurse. 4) On April 2, 2025, the Director of Nursing (DNS) and/or Assistant Director of Nursing (ADNS) initiated audits of ten	

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F 698	Continued From page 5 Remove compression dressings 4-6 hrs post tx (treatment) @ (at) 1900-2000 (7PM -8PM) dated 3/28/25." On 04/01/25 at 10:00 AM, during an interview with the dialysis nurse, she explained the facility fails to remove the residents' pressure dressings within four (4) to six (6) hours after returning from dialysis. She stated that she had educated the facility staff, Director of Nursing (DON), and Administrator about the importance of timely bandage removal to prevent complications such as clotting or stenosis, which could lead to unnecessary surgical procedures. She referred to the access site as the resident's "lifeline." On 04/01/25 at 11:41 AM, during an observation with the Unit Manager, Resident #4 was observed to have a bandage still in place on his left arm from his dialysis treatment on 03/31/25. The Unit Manager confirmed the dressing had not been removed and should have been taken off the previous night. On 04/01/25 at 11:55 AM, during an interview, Resident #4 stated that he told the nurse to remove the bandage, but it was not removed. He explained that he could not remove the dressing himself due to being visually impaired. On 04/01/25 at 12:10 PM, during an interview, the Director of Nursing (DON) confirmed that the staff failed to remove the bandage. She stated she had only been at the facility for three (3) weeks and had not been aware this was a recurring issue. She explained she expected staff to follow both physician orders and instructions provided by the dialysis unit.	F 698	residents who require dialysis pressure dressings to be removed weekly for six weeks, then five residents weekly for six weeks. The Director of Nursing will forward the results to the Quality Assurance Committee meeting. Starting April 23, 2025, the results will be reviewed monthly for three months. The Quality Assurance committee meeting will make recommendations based on the findings.	

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F 698	Continued From page 6 On 04/01/25 at 1:40 PM, during an interview, the Administrator stated he was not aware that the bandages were not being removed after dialysis. He reported that he expected staff to follow all physician orders and dialysis instructions. A record review of the "Admission Record" revealed the facility admitted Resident #4 on 10/04/2017 with diagnoses including Dependence on Renal Dialysis. A record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 03/12/25 revealed Resident #4 had a Brief Interview for Mental Status (BIMS) score of 6, which indicated the resident was cognitively impaired.	F 698		