

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/24/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255106	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/09/2020
NAME OF PROVIDER OR SUPPLIER BRANDON NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 355 CROSSGATE BLVD 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 A COVID-19 Focused Infection Control Survey, along with Complaint Investigation (CI) #17328, MS #17268, and MS #17313, was conducted by the State Agency (SA) from 12/08/2020 through 12/09/2020. The facility was found to be in compliance with 42 CFR 483.80 infection control regulations and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. CI MS#17268 was substantiated with findings cited at F583. CI MS #17328 was substantiated with findings cited at F729. CI MS #17313 was not substantiated with no deficiencies cited. The census at the time of the survey was 187, and held a license for 230 beds.	F 000			
F 729 SS=F	Nurse Aide Registry Verification, Retraining CFR(s): 483.35(d)(4)-(6) §483.35(d)(4) Registry verification. Before allowing an individual to serve as a nurse aide, a facility must receive registry verification that the individual has met competency evaluation requirements unless- (i) The individual is a full-time employee in a training and competency evaluation program approved by the State; or (ii)The individual can prove that he or she has recently successfully completed a training and competency evaluation program or competency evaluation program approved by the State and has not yet been included in the registry. Facilities must follow up to ensure that such an individual actually becomes registered. §483.35(d)(5) Multi-State registry verification. Before allowing an individual to serve as a nurse aide, a facility must seek information from every	F 729		1/12/21	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

01/15/2021

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 729	Continued From page 1 State registry established under sections 1819(e)(2)(A) or 1919(e)(2)(A) of the Act that the facility believes will include information on the individual. §483.35(d)(6) Required retraining. If, since an individual's most recent completion of a training and competency evaluation program, there has been a continuous period of 24 consecutive months during none of which the individual provided nursing or nursing-related services for monetary compensation, the individual must complete a new training and competency evaluation program or a new competency evaluation program. This REQUIREMENT is not met as evidenced by: Based on record review, staff interview, resident interview, and facility policy review, the facility failed to prevent the use of non-certified nurse aides to perform certified nurse aide duties on four (4) of four (4) units reviewed (Units #1, #2, #3 and #4). Findings include: Review of the facility's nursing schedule dated for 12/08/20 on the 3-11 shift, revealed the were five (5) nurse aides on the unit working without any CNA's. There were 2 LPN's on the unit and 5 uncertified aides giving direct resident care. This was verified by the nurse scheduler. During an interview with the DON on 12/09/20, she indicated there was no policy regarding the use of un-certified Nurse Aides (NA) in the capacity of a Certified Nurse Aide (CNA) position within the facility. She stated the NA's had all finished a nurse aide class and were waiting on testing dates with the Mississippi State	F 729	1. Non- certified nursing assistants will not provide direct resident care without a certified nursing assistant present and assisting with resident direct care. The Staffing/Scheduler nurse will review Certified Nursing Assistant/Nursing Assistant staff daily and make assignments for them on the daily unit management flow sheet. Nursing assistants will be paired with a Certified Nursing Assistant on each shift on each day. 2. All residents have the potential to be affected by the alleged deficient practice. 3. Measures put in place to ensure the alleged deficient practice does not recur: Licensed Nurses, Licensed Nurse Unit Managers, Certified Nursing Assistants, and Nursing Assistants have been in-serviced starting 12/9/20 by the Staff Development Coordinator and Staffing Scheduler nurse regarding a Nursing Assistant cannot provide direct resident		

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F 729	Continued From page 2 Department of Health (MSDH). She stated she was aware NA's were not to be given residents to care for independent of the presence of a certified staff member and nurse. She stated the job descriptions were plain regarding NAs not having direct resident contact unless they were supervised. She stated they were not to be providing care for residents alone. She also stated the NA's on the floor working now, had completed the classroom portion of the training, but had not taken the written or skills check off portion of the state test. Everyone was waiting on a testing date from Mississippi State Department of Health. During an interview with NA #2 on 12/09/20 at 11:08 AM, when asked by the SA what her normal daily routine was, she stated, every day she comes to work and gets a section of residents to take care of. She bathes them, feeds them, dresses them, and takes care of all their needs. She stated she works alone in her own section until she needs help transferring someone with a lift and then she finds help. When asked by the SA if she was supposed to be caring for residents on her own, she stated, "Probably not, but that is how I have been doing it since I was hired here." She stated she was currently working on Unit #2, and I could go and look at the daily assignment sheet to see for myself. The SA walked out to Unit #2, and reviewed the daily assignment sheet, and found NA #2 was assigned to fifteen residents by herself. She had an entire section of rooms for which she was responsible to give care. There were three (3) other names on the assignment sheet with room assignments under them as well. While reviewing the assignment sheets, the SA interviewed the	F 729	care without a Certified Nursing Assistant present and assisting with provision of resident care and services. The Staffing Scheduler Nurse/Staff Development Coordinator/ Licensed Nurse Unit Manager will make staffing schedules daily starting 12/9/20 pairing Nursing Assistants with Certified Nursing Assistants for provision of resident care and services. The Staff Scheduler Nurse / Staff Development Coordinator, Unit Managers and Licensed Nursing Staff will complete Daily Staffing Audit tools and unit rounds starting 12/10/20 to observe pairing of Nursing Assistants and Certified Nursing Assistants for provision of direct resident care and services. Daily staffing audits and rounds will be completed daily times one week, three times weekly times two weeks, and weekly times two weeks, and monthly thereafter. 4. Daily Staffing Audits tools results will be reviewed monthly at Quality Assurance meetings by the Director of Nursing starting 12/16/20 to discuss results of Daily Staffing Audits tools and unit rounds verifying pairing of Nursing Assistants and Certified Nursing Assistants with the plan evaluated, reviewed, and revised if indicate.		

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F 729	Continued From page 3 Unit Manager (UM) for Unit #2 confirmed the schedule. During an interview with UM #1 on 12/09/20 at 11:30 AM, when asked by the State Agency (SA) if she could tell me who was certified and who was a nurse aide, she stated, "Oh, I don't know any of that. We just get the names from the scheduler and plug them in on the daily schedules." When asked if she was aware NA's were not to be working independently of direct supervision, she stated, "no, I didn't know that was the rule at all." She took the schedule, and paired NA #2 with another CNA, and drew an arrow of the entirety of their two sections, making them responsible together for 30 residents. During an interview with the nursing scheduler on 12/09/20 at 12:35 PM, she stated, she was under the understanding they could be assigned a section on a unit as long as there were CNA's nearby, they could ask questions of if they needed to. She stated, "I make sure there is at least one (1) CNA on the unit with the trainees in case they need help or have a question." When the State Agency (SA) asked how long she had been giving NA's independent assignments to give total care of residents like a CNA, and she stated, "I started scheduling them like that back in May or June when we were short staffed due to COVID." She stated the DON had just been in her office talking to her about NA's needing to be paired on the schedule with CNA's and a nurse being aware there were uncertified staff that needed supervision. She indicated they have 56 CNAs and 24 NAs on staff they are utilizing to care for the residents at this time. She is going to have to work on pairing them up and making sure there is supervision while they are on the floor.	F 729			

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F 729	Continued From page 4 Review of the facility's document titled, "Job Description: Job Title: Nursing Assistant (Non-Certified)", dated 11/15/2013 revealed, "General Description: Performs non-direct care resident activities and services under the direction of the Supervisor. Essential Duties: 1. Wash and clean beds and wheelchairs 2. Makes resident beds. 3. Escorts resident in wheelchairs to dining room. 4. Assists with feeding residents upon completion of feeding course certification. 5. Passes ice to residents per protocol. 6. Maintains clean, neat, and organized work environment. 7. Protects the personal belongings of each resident including eyeglasses, dentures, hearing aids, furnishings, jewelry, clothing, memorabilia etc. Promptly reports missing items to Supervisor per protocol. 8. Answers resident call lights promptly and courteously. 9. Assists with orienting resident and their families to the nursing home upon admission. 10. Observes and reports changes in resident conditions to Supervisor. 11. Escorts residents in wheelchairs to beauty shop, appointments, activities, church services etc. and participates in activities and functions as directed. 12. Stock supplies (depends, wipes etc.). " There is no mention in this document of performing direct contact care of residents. Review of NA #2's personnel record revealed a Job Description for a Nurse Aide, which states she was to perform "non-direct care resident activities", which was signed by NA #2 and dated 08/31/20. On 12/09/20 at 12:55 PM, during a review of the facility's schedule for all four units, it was noted they were utilizing NA's on a daily basis on all four (4) units, with each receiving a section of	F 729			

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F 729	Continued From page 5 residents to be responsible for themselves. There were instances when there is only one (1) CNA on a unit, and two (2) or three (3) NAs taking the remaining sections. Further review of the daily assignment sheets revealed, the NAs names written above sections of residents and not paired with a certified staff member or nurse for oversight.	F 729			