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 _____	12/09/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRANDON NURSING AND REHABILITATION CENTER	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 583 SS=D	Personal Privacy/Confidentiality of Records CFR(s): 483.10(h)(1)-(3)(i)(ii) §483.10(h) Privacy and Confidentiality. The resident has a right to personal privacy and confidentiality of his or her personal and medical records. §483.10(h)(l) Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident. §483.10(h)(2) The facility must respect the residents right to personal privacy, including the right to privacy in his or her oral (that is, spoken), written, and electronic communications, including the right to send and promptly receive unopened mail and other letters, packages and other materials delivered to the facility for the resident,	F 583		1/12/21

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

Electronically Signed | 01/15/2021

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F 583	Continued From page 1 including those delivered through a means other than a postal service. §483.10(h)(3) The resident has a right to secure and confidential personal and medical records. (i) The resident has the right to refuse the release of personal and medical records except as provided at §483.70(i)(2) or other applicable federal or state laws. (ii) The facility must allow representatives of the Office of the State Long-Term Care Ombudsman to examine a resident's medical, social, and administrative records in accordance with State law. This REQUIREMENT is not met as evidenced by: Based on record review, staff interview and facility policy review, the facility failed to ensure each resident's personal privacy was protected by not ensuring a video of one (1) of five (5) residents was not uploaded to social media (Resident #1). Findings include: Review of the facility's policy titled, "Social Media" dated 09/2015, revealed, "Policy: The company recognizes that much communication takes place via electronic means, including email, instant messaging, blogs, and other social media such as Facebook, Twitter, You Tube and LinkedIn. While the use of these forms of communication can be beneficial, there are drawbacks and potential danger as well...we expect all employees to abide by the social media guidelines set forth in this Policy...Procedure: 3. Employees may not share information online regarding confidential or proprietary information. This includes, but is not limited to, information	F 583	1. The Certified Nursing Assistant number one admitted to the Director of Nursing 10/8/20 that she had posted Resident number one video on social media during interview on 10/8/20. The Certified Nursing Assistant number one immediately deleted the face book video of Resident number one while sitting in the Director of Nursing office 10/8/20 and was suspended pending investigation of the allegation, with termination 10/13/20 by the Director of Nursing. Resident number one was evaluated by Social Services and Licensed Nursing Staff 10/8/20 with no effects noted. Resident number one was discharged from facility 12/20/20. 2. All Residents have potential to be affected by the alleged deficient practice. 3. Measures put in place to ensure the alleged deficient practice does not recur: All facility staff have been in- serviced starting 10/8/20 by the Staff Development	

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F 583	Continued From page 2 about nursing home residents, employees, or vendors... 5. When using social media, the Company expects employees to be respectful and professional. 6. Disciplinary action, up to and including termination of employment, may result when employees display commentary, content, or images that are confidential, proprietary, unprofessional, derogatory, disparaging, untruthful, defamatory, pornographic, harassing, libelous, against Company Policy, or that create a hostile work environment to employees, residents, management, vendors or competitors." Review of the facility's "Supervisor Investigation Summary Form", dated 10/08/20, revealed, on 10/08/20 at approximately 10:50 AM, Licensed Practical Nurse (LPN) #1 received a call from a former employee, stating a video of Resident #1 was seen on Nurse Aide (NA) #1's Facebook, social media page. NA #1, who was working at the time, was brought to the Director of Nursing (DON) office. NA #1 admitted to having the video on her social media page and deleted the video while in the DON's office. NA #1 was immediately suspended, sent home during the investigation, and was later terminated from her position on 10/13/20 due to the facility substantiating incident had occurred. On 12/08/020 at 12:35 PM, during an interview with the DON, she stated she was made aware of the video being on Facebook by LPN #1. A former employee had called the facility to report seeing the video on social media. NA #1 was called into the DON's office, and readily admitted to having the video on her social media. She showed the video to the DON, and it was of Resident #1 standing in front of an exit door on Unit #3, attempting to get out the door. NA#1	F 583	Coordinator regarding provision of confidentiality and privacy by all facility staff not utilizing social media while at work including no cell phone usage. Any facility staff utilizing a cellphone or social media device will be sent immediately to executive director/director of nursing/RN supervisor for disciplinary actions. The Quality Assurance Team will make social media audit rounds observing and listening for social media/cell phone usage with referral to Executive Director/Director of Nursing/RN Supervisor for disciplinary actions if applicable starting 10-8-20 observing all facility staff while on duty to ensure that no staff member is utilizing any social media device/cellphone to access social media with the social media audit tool completed and turned in to the Director of Nursing. The social media audit rounds tool will be completed by Quality Assurance team daily times seven days, three times weekly times two weeks, and weekly times two weeks, and monthly thereafter. 4. Social media audit rounds tool results-observing and listening for social media/cell phone usage and referrals to Executive Director/Director of Nursing, RN Supervisor with disciplinary actions, if indicated will be reviewed at Quality Assurance meeting monthly by the Director of Nursing starting 10/14/20 to discuss results of social media audit rounds with the plan evaluated, reviewed, and revised if indicated	

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F 583	Continued From page 3	F 583		

deleted the video from her Facebook account and cell phone in the presence of the DON to ensure it had been removed. She was suspended and sent home for the remainder of the investigation and was fired on 10/13/20. The facility notified the Medical Director (MD), and Resident #1's spouse regarding the video and it's removal from social media. An in-service was immediately started for all staff regarding cell phone use, social media, HIPAA, resident's right to privacy and abuse and neglect. The DON states she is not sure what made NA #1 feel like videoing a resident was appropriate.
The SA attempted to make contact with CNA #1 for interview, however, the phone number provided by the facility was not in working order.

On 12/09/20 at 10:50 AM, during an interview with LPN #1, she stated, LPN #2 had received a phone call from CNA #1, who does not even work here anymore, stating Resident #1 was in a video on NA #1's Facebook page trying to get out the door. LPN #1 looked it up on Facebook and saw that it was on there. She went and told the DON immediately, and after NA#1 was interviewed, she left the building suspended. She never saw NA #1 anymore at work after that, and the video was gone off Facebook. LPN #1 indicated she had been recently in-serviced on HIPAA, social media and abuse.

On 12/09/20 at 11:00 AM, during an interview with LPN #2, she stated, she received a phone call from CNA #1 stating she just saw a video on NA#1's Facebook of (Resident #1 formal name) trying to get out the door on Unit #3. I went and told my supervisor, LPN #1, and she went to tell the DON. I never saw NA #1 again after that, and the video was gone off Facebook too. LPN #2

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indicated she had been recently in-serviced on HIPAA, social media and Abuse.

The State Agency (SA) attempted to make contact with NA #1 on several occasions, via the phone number provided, and was not able to make contact with her for interview.

A written statement dated 10/08/20, signed by NA #1 stated, "I recorded (Resident's Formal Name) by the door trying to get out and told him stop before he hurt himself, and posted it on my social media."

Review of NA #1's personnel file revealed a form titled "HIPAA/Confidential Information" dated 09/17/20, signed by NA #1, that stated "all associates will maintain the confidentiality of associate, resident, and facility information. I am acknowledging that I have been trained on HIPAA/Confidentiality and have had an opportunity to ask questions concerning the laws and regulations."

Also present in the employee file was a document titled, "Abuse Prevention", and an "Acknowledgement of Vulnerable Adults Act" signed by NA #1 and dated for 09/17/20.

Included in the "Job Description" signed and dated 09/17/20, by NA #1, is the following, "Protecting Confidential Business Information: I recognize that resident information is one of the Facility's most valuable business assets and that, if I am employed by the facility, I will have contact with and access to sensitive and confidential business and resident information that the Facility would not wish disclosed to others. I recognize that the Facility has a protectable interest in such

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F 583	Continued From page 5 information, and I agree not to disclose it to anyone without the Facility's prior written permission..." Review of Resident #1's medical record revealed, he was admitted to the facility on 06/13/18 with diagnosis of schizophrenia, insomnia, restlessness and agitation, GERD, persistent mood disorder, Alzheimer's disease, and pain. Resident #1 has a Brief Interview for Mental Status (BIMS) score of 99, meaning he is not able to conduct the interview due to cognitive impairments, and is not interviewable.	F 583		