

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

PRINTED: 02/13/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255266	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/07/2019
NAME OF PROVIDER OR SUPPLIER BRANDON COURT			STREET ADDRESS, CITY, STATE, ZIP CODE 100 BURNHAM ROAD 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 557	Continued From page 4 A review of facility departmental notes, dated 7/11/18, documented a CNA entered Resident #50's room to find ice chips in the urinary drainage system. No further facility departmental notes were furnished by the facility, regarding issues with the urinal drainage system. During an interview on 11/05/19 at 10:37 AM, the facility Ombudsman revealed she reported to the DON, when Resident #50 made the complaint about the urinary system was removed from his room. The Ombudsman stated the DON reported they needed a receipt in order to replace the urinary drainage system. The Ombudsman stated Resident #50 reported his brother could not find a receipt. The Ombudsman stated she reported the complaint to the State Agency, since the issue was not resolved, because at the time, Resident #50 wanted the system replaced. During an interview on 11/5/19 at 2:11 PM, the Administrator stated she found a picture of a similar urine drainage system with a value of \$44.58, and showed it to Resident #50, who agreed the item was similar to the urine drainage system taken from his room earlier in the year. The Administrator stated Resident #50 wanted the money for the item instead of the facility replacing the item, so they deposited \$44.58 in his facility account. A receipt dated 11/5/19, was provided for the \$44.58 deposit. During an interview on 11/05/19 at 2:50 PM, the DON revealed they never intended to replace the urine drainage system, once it was removed from the room, because it was an infection control issue, as well as a fall hazard, related to spillage of urine on the floor.	F 557			

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F 557	Continued From page 3 closed and done with. Resident #50 stated the Director of Nursing (DON) told him he couldn't have another urinal drainage system, so he figured he wasn't going to get the system replaced, so he just took the card. During an interview on 11/05/19 at 9:55 AM, the DON revealed she actually thought that a gift card had been bought earlier than August. The DON stated they had bought Resident #50 several gift cards in the past. The DON stated after they gave him two (2) urinals, Resident #50 said he seemed happy and that was right after the urinal system was taken from his room. The DON stated that she could not say for certain that the gift card, dated 8/21/19, was in replacement for the urinal system, since it wasn't designated especially for that on the receipt. The DON stated the reason they didn't replace the urine system, was that Resident #50 and his brother said it was ordered from Amazon, and it didn't actually come from a medical supply. The DON stated the urine drainage system was an infection control issue, because Resident #50 would place ice, tea and soda in the urinal drainage system as well as urine. During an interview on 11/05/19 at 10:32 AM, the facility Administrator revealed she had reviewed the grievance log from December 2017 forward, and there was no grievance or investigation on the urinal drainage system noted during that time. A review of the grievance log dated 12/1/17 through 11/5/19, revealed no grievance recorded on the behalf of Resident #50, nor his roommate, regarding the removal of personal property (urine drainage system) from his room.	F 557			

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F 557	Continued From page 2 Director of Nursing (DON) stated Resident #50 did not want to get up during the night to use the restroom, and he had a system, literally a funnel draining into a catheter bag, that his brother had bought for him to use. The DON stated Resident #50 would pour his tea and cokes in the system, as well as his urine from a urinal, into the bag. The DON stated the system was not ordered by the physician and they removed the urine drainage system because it had "stuff growing in it". The DON stated they replaced the system with multiple urinals. The DON stated Resident #50 told her his reason for needing the urine drainage device was because when he urinated, he filled one (1) urinal up too soon. The DON stated the resident added that when he was lying in bed using the urinal, urine would spill out because it was so full. The DON stated they gave him multiple urinals and he hasn't complained since. The DON stated the previous Administrator at the facility handled the issue with Resident #50, and she wasn't sure where it ended. Record review of a facility document titled "petty cash" dated 8/21/19, revealed Resident #50 was given a google play gift card for \$20.00. The receipt, offered by the facility, was labeled for Resident #50's activity, but not defined as repayment for the urinal drainage system. During an interview on 11/05/19 at 9:31 AM, Resident #50 stated he did receive a Google play gift card in August, but at the time he guessed he did not realize that was to pay him back for the urinary drainage system. Resident #50 stated when the facility showed him the document on 11/4/19, he remembered the Google card was probably for repayment, but he wasn't sure. Resident #50 stated he just wanted the issue	F 557			

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F 557	Continued From page 1 Findings include: Review of the facility's policy, "Theft and Loss", dated September 2013, revealed: It is the policy of this facility to assure each resident's right to retain and use personal possessions as space permits, unless those possessions infringe on the rights, health or safety of other residents. The Social Service Designee, Nurse Supervisor or Administrator will follow up on all reported losses and thefts and document such actions. Review of a written report, received by the State Agency (SA) on 3/1/19, revealed Resident #1 wanted to file a complaint, which involved the facility removing his urinary drainage system and throwing it away. The resident reported the system was bought by his brother for the resident's personal use and the facility should not have taken and destroyed the system. Record review of the Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 10/11/19, revealed Resident #50's Brief Interview for Mental Status (BIM) score to be 15, which indicated no cognitive impairment. During an interview on 11/04/19 at 10:40 AM, Resident #50 stated the facility gave him two (2) urinals after they took his urine drainage system out of his room. Resident #50 stated they took it out of his room during a state visit. Resident #50 stated that his brother ordered the urine drainage system on line, and could not produce a receipt. Resident #50 stated that he is very happy the facility gave him two (2) urinals to use. During an interview on 11/04/19 at 11:08 AM, the	F 557	Respect Policy with latest revision 11/17, Theft and Loss Policy with latest revision 9/13, and Grievance Policy latest revision 11/17. On 11/18/19 resident council was held and residents were asked if any items had been removed from their rooms without them being reimbursed. Social Worker and Activities Director conducted the meeting. No residents stated that any items had been removed from rooms. 3. The facility Director of Nursing and/or Social Worker will interview 4 cognitive residents weekly for 4 weeks starting 11/18/19. (1) Cognitive resident monthly for (3) months to assure nothing has been removed from the residents room with repayment for item. Any instances will be brought to the Quality Assurance Committee monthly by the Director of Nursing and or Social Worker for any necessary corrective action. 4. This practice could have affected all residents regarding rights to personal property.		

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F 000	INITIAL COMMENTS The State Agency (SA) conducted an annual recertification survey, along with complaint(s), MS #15725, and MS #16140, from 11/4/19 through 11/7/19. The SA substantiated MS #15725 for not allowing a resident to retain personal property and cited F557, related to the complaint. The SA did not substantiate MS 16140 related to dietary/medication, with no deficiency related to the complaint. During the survey, the SA determined that the facility was not in compliance with the requirements of participation in Medicare and Medicaid and cited the additional regulatory tags F641, F657, F677, F812 and F880.	F 000			
F 557 SS=D	Respect, Dignity/Right to have Prsnl Property CFR(s): 483.10(e)(2) §483.10(e) Respect and Dignity. The resident has a right to be treated with respect and dignity, including: §483.10(e)(2) The right to retain and use personal possessions, including furnishings, and clothing, as space permits, unless to do so would infringe upon the rights or health and safety of other residents. This REQUIREMENT is not met as evidenced by: Based on observation, resident and staff interview, record review, and facility policy review, the facility failed to allow residents to have personal property for one (1) of four (4) residents reviewed, Resident #50, as evidenced by staff removing a urinary drainage system from the resident's room and did not replace the urinary drainage system or adequately compensate the resident for the system.	F 557	1. On 11/5/19 the facility deposited \$44.58 in resident #50's account as repayment for his urinary drainage system. This was satisfactory for resident #50 2. On 11/7/19, the facility Administrator in-serviced Social Worker and Director of Nursing on Resident's Rights Policy with the latest revision 11/17, Dignity and		12/22/19

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

TITLE

(X6) DATE

Electronically Signed

11/27/2019

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.