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
	61BC	A. BUILDING: _____ B. WING _____	11/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRANDON COURT	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) COMPLETE DATE
M 000	Initial Comments The State Agency (SA) conducted an annual licensure survey, along with complaint surveys MS #15725 and MS #16140 from 11/4/19 through 11/7/19. MS 15725 was substantiated for resident rights related to personal property and was cited at M500. MS #16140 was not substantiated and no deficiencies were cited related to the complaint. However, during the survey, the SA determined the facility was not in compliance with State Licensure Regulations for the Aged or Infirm, and also cited M610.	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 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	M 500		12/22/19

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M 500	Continued From page 1 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 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	M 500		

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M 500	Continued From page 2 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; 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,	M 500		

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M 500	Continued From page 3 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 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, resident and staff interview, record review, and facility policy review, the facility failed to allow residents to have	M 500	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	

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M 500	Continued From page 4 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. 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	M 500	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 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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M 500	Continued From page 5	M 500		

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 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

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M 500	Continued From page 6 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 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	M 500		

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M 500	Continued From page 7 on the behalf of Resident #50, nor his roommate, regarding the removal of personal property (urine drainage system) from his room. 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	M 500		

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M 500	Continued From page 8 issue, as well as a fall hazard, related to spillage of urine on the floor.	M 500		
M 610 SS=D	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, resident and staff interview, record review, and facility policy review, the facility failed to assist residents with Activities of Daily Living (ADL), related to grooming/shaving, for two (2) of 25 residents observed, Resident #278, and Resident #29. Findings include: Review of the "Quality of Care" policy, revised 4/2019, revealed: Each resident shall receive optimal care to attain and/or maintain the highest possible mental and physical functional status as determined by the comprehensive assessment and person-centered plan of care. Bathing: At the time of the bath, all residents shall also receive, if applicable, a shave.	M 610	1. On 11/5/19, Residents #29 was shaved by Certified Nursing Assistant. On 11/6/19 resident #278 was shaved by Certified Nursing Assistant. 2. On 11/6/19, the facility's Director of Nursing and Registered Nurse Supervisor assessed 88 out of 88 residents and determined zero (0) out of 88 needed to be shaved. 3. On 11/8/19, the facility's Staff Development Nurse in-serviced Certified Nursing Assistants on Quality of Care Policy with the latest revision 04/19 and Shaving Policy with latest revision 10/17. 4. The facility's Director and/or Registered Nurse Supervisor will assess (3) Residents Daily for (1) week, then three	12/22/19

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M 610	Continued From page 9 Review of the "Shaving Policy", with a revision date of 11/2017, revealed all male residents will be shaved daily. Residents on Coumadin or other anti-coagulation meds will be shaved with an electric razor/shaver. Resident #278 Observation on 11/04/2019 at 11:00 AM, revealed Resident #278 sitting in the therapy room, unshaved. Observation on 11/05/19 at 10:39 AM, revealed Resident #278 sitting in his room in a wheelchair, unshaved. During an interview, on 11/05/19 at 10:40 AM, Resident #278 stated he preferred to be shaved. The Resident stated that he shaved every two (2)-three (3) days when he was at home. Resident #278 could not recall if staff asked him about shaving. Review of Resident #278's most recent Brief Interview for Mental Status (BIMS) score was 11, which indicated moderate cognitive impairment. On 11/06/19 at 10:47 AM, observation revealed Resident #278 sitting in therapy, in pajamas, unshaved. During an interview on 11/06/2019 around 11:00 AM, Licensed Practical Nurse (LPN) #1 revealed residents are assisted with ADLs on a daily basis. LPN #1 stated Resident #278 was admitted to the facility for Rehabilitation and had muscle weakness. On 11/06/19 at 11:20 AM, an interview with the Director of Nursing (DON) revealed the resident gets a shower every other day and staff should offer shaving at that time.	M 610	(3) residents weekly for (4) weeks and (3) residents monthly for (3) months to ensure that they have been shaved beginning on 11/11/19. The Quality Assurance Committee will evaluate the assessments completed by Director of Nursing and/or Registered Nurse Supervisor monthly for thee(3)months and make recommendations and changes to ensure compliance. 5. All residents could have been affected that could require ADL care for shaving	

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M 610	Continued From page 10 On 11/06/19 at 2:00 PM, an interview with the DON revealed the facility had purchased an electric razor, so Resident #278 could be shaved, since he was on anti-coagulation medicine and could not be shaved with disposable razors. She stated the resident's family had shaved him in the past. and she was waiting on family to come in to shave him. She stated they will shave him today.	M 610		

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M1245	45.41.1 Date of Construction & Life Safety... Date of Construction and Life Safety Code Compliance. 1. Buildings constructed after the effective date of these regulations shall comply with the edition of the Life Safety Code (NFPA 101) effective on the date of construction. 2. Buildings constructed prior to the effective date of these regulations shall comply with Chapter 13 of the Life Safety Code (NFPA 101), 1985 edition. This Statute is not met as evidenced by: Based on observations and interviews, the facility failed to properly inspect fire doors as required by S&C Letter 1738. This condition affected four (4) of six (6) smoke compartments all 93 residents in the facility on the day of survey Findings include: On November 5, 2019 at 11:40 AM, observation revealed four (4) fire doors in the facility. The facility was unable to produce documentation of an annual fire door inspection. The facility said they were unaware of the requirement for fire door inspections. The building is a 2-story building and the fire doors were located at the stairwells on each end of the building.	M1245	On 11/27/19 Precision Door was contacted to inspect Fire Doors. On 11/29/19 Precision Door came and inspected fire doors both visually and operational. The technicians documented fire door serial numbers and checked functional status of door closure. Fire doors passed this inspection. All facility fire doors will be inspected annually by certified vendor as required going forward. 93 out of 93 residents had the potential to be negatively effected by this deficit practice. Administrator in-serviced maintenance director on 11/14/19 on the requirement to have fire doors inspected annually by a certified vendor. Administrator will monitor and ensure inspections are conducted annually. Administrator or Maintenance Director will	12/21/19

Mississippi State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		11/29/19

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M1245	Continued From page 1	M1245	visually inspect fire doors weekly for(4)weeks and monthly for(3) months. Any adverse findings will be reported to certified vendor for corrective action and to the facility's Quality Assurance Committee for any facility corrective action.	