

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

PRINTED: 07/11/2022
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 05/26/2022
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 The State Agency (SA) conducted an annual recertification survey and Complaint Investigations, (CI) MS #18656, MS #18654, and MS #18646, at the facility from 5/23/22 through 5/26/22. During the survey, the SA determined the facility was not in compliance with the requirements of participation in Medicare and Medicaid. MS #18654 was not substantiated related to neglect, Responsible Representative (RR) not notified of residents change in condition, and left soiled for long periods of time. MS #18656 was not substantiated for personal funds. MS #18646 was substantiated related to resident not groomed and F677 was cited. The SA also cited F553, F565, F567, F637, F656, F689, F690, and F880.	F 000			
F 677 SS=D	The census at the time of survey was 217, with a license for 230 beds. ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; 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 ensure Activities of Daily Living (ADL) assistance was provided for residents who were dependent for assistance with showering for two (2) of twelve (12) residents reviewed for ADL assistance. (Resident #129 and Resident #9).	F 677	1. Resident #9 and #129 were interviewed on 5/27/22 by the Director of Nursing in regards to assistance being provided with showers and shower preferences. Resident # 9 is receiving physical assistance of one to two person with showers per her request at least weekly. Resident # 129 is receiving showers at least weekly with one to two		6/30/22

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

TITLE

(X6) DATE

Electronically Signed

06/24/2022

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 677	Continued From page 1 Findings include: A review of the facility's policy "Bath/Shower-Dependent" dated 8/11, revealed, "Policy: A bath (shower/tub) for cleanliness and comfort is scheduled at least weekly for each resident. Responsibility: Nursing Assistants or Licensed Nurses Monitored by Charge Nurse..." Resident #129 In an observation and interview on 05/23/22 at 3:07 PM, Resident #129 stated that he has not had a shower in a month and that they get "wash offs" here. The resident did not have a body odor but did have oily hair and flaky skin. The SA reviewed the "3-11 Shower" schedule and confirmed that Resident #129 is on a schedule to receive baths every Monday, Wednesday, and Friday every week on the 3 PM-11 PM shift. Record review of Resident #129's "Bathing Report" for 4/18/22 - 5/26/22 revealed documentation indicated a shower was given on 4/18/22, 5/9/22 and 5/25/22. The "Self-Performance" of the Bathing Report revealed he required total dependence for showers. On 05/26/22 at 9:08 AM, the State Agency (SA) conducted an interview with CNA #2 who stated that the CNAs have a shower book to reference which days the residents are supposed to receive baths. She revealed that Resident #129 is on the list for Mondays, Wednesdays, and Fridays on the 3pm-11pm shifts to receive his bath. She confirmed that to her knowledge, the resident has not refused a shower and is very	F 677	person physical assistance. Resident # 9 and #129 had no ill effects from this deficient practice. 2. All Residents who require assistance with showers have the potential to be affected and will be provided physical assistance with showers at least weekly. 3. An inservice was initiated 5/27/22 by the Director of Nurses for nursing staff regarding providing physical assistance with showers at least weekly for dependent Residents. Shower/ bath audits will be completed by Unit Managers at least weekly starting week of 6/1/22 to ensure residents are getting showers / baths with physical assistance per their request. 4. The Quality Improvement Team initiated rounds weekly times six weeks beginning 6/1/22 to identify any concerns from Residents related to not receiving assistance with showers. Any concerns will be immediately corrected. The Executive Director wil forward the results of the audits to the monthly Quality Assurance Committee starting 6/16/22. The Quality Assurance Committee will determine the frequency or discontinuation of audits based upon the results achieved.		

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F 677	Continued From page 2 verbal/cognitively intact in what he needs. She revealed that the only time a resident does not go to shower is when they are not able to sit in a shower chair or lay out chair. On 05/26/22 at 09:42 AM, in an interview with the Director of Nursing (DON) revealed that the family is very active in his care and has not complained about care. She stated that she will consider changing his shower days. She said that the CNA should follow the bath schedule and the nurse should check behind them to ensure it has been done. If the resident refuses their shower the nurse should try to encourage the resident or get someone in the resident's family to convince the resident to take the shower. She also stated that cleanliness is important. The record review of the "Face Sheet" revealed that Resident #129 was admitted on 4/11/22 with diagnoses including Candidiasis of skin and nail and Epileptic syndrome. Record review of the Admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 5/10/22 revealed a Brief Interview for Mental Status (BIMS) score of 5, which indicated Resident #129 had severe cognitive impairment.	F 677			

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F 677	Continued From page 3 Resident #9 An interview on 5/23/22 at 2:24 PM, with Resident #9 revealed she prefers her showers in the mornings or afternoons, but if the staff come to do her bath/shower after 8 PM she is too tired and will sometimes go without her bath. An interview with Resident #9 on 5/24/22 at 1:30 PM, revealed she usually gets showers three times a week. She stated she is unable to do her own care and she requires the assistance of the staff. An interview on 5/25/22 at 2:00 PM, with Resident #9 revealed she is on the shower list for Monday, Wednesday, and Friday. She stated she had not mentioned to the staff that she prefers a morning or afternoon shower. Record review of Resident #9's "Bathing Report" for May 2022 revealed the resident had documentation of receiving a shower or bath on 5/2/22, 5/3/22, 5/5/22, 5/8/22, 5/11/22, 5/14/22, 5/16/22, and 5/18/22. For the dates of 5/19/22 through 5/26/22, the report lists, "Activity Did Not Occur". An interview with Licensed Practical Nurse (LPN) #4 on 5/25/22 at 2:30 PM, revealed the resident is scheduled for showers 3 days each week. She stated the resident will let the staff know when she wants her showers. She stated there is a shower team on some days and the showers are done on 7-3 shift and 3-11 shift and when there is not a shower team the Certified Nursing Assistants (CNA) bathe the residents. She stated this resident will usually let the staff know when she would like her shower and the staff try to	F 677			

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F 677	Continued From page 4 work times out with the residents. She stated Resident #9 is total care with her bathing care and does not refuse care. An interview with the Resident #9 on 5/26/22 at 8:40 AM, revealed she should have received a shower yesterday, but she did not remind the staff and it was so late when they came to do her bath and at that point, she was too tired. An interview with LPN #4 on 5/26/22 at 10:15 AM, revealed the resident had not mentioned to her that she would like her showers on day shift. She stated at times around 2:30 PM the resident will tell her she wants a shower, so she passes this information to the oncoming shift. An interview with LPN #5 on 5/26/22 at 10:18 AM, revealed the resident is scheduled for a shower 3 times a week and does not refuse care. She stated she was unaware the resident had a preference on the time. An interview with CNA #6 on 5/26/22 at 11:22 AM, revealed the resident is scheduled for a shower on 3 PM - 11 PM shift on Monday, Wednesday, and Friday. She stated on some day and evening shifts, they had a shower team and on those days, the resident would occasionally get her shower on the day shift. She stated the resident had never told her that she would prefer to have her shower on one shift over another shift. She stated the CNAs receive a shower list assignment of the residents scheduled for showers that day and once it is done, it is charted in the computer. She stated she has never known the resident to refuse her shower. An interview with CNA #5 on 5/26/22 at 11:47 AM,	F 677			

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F 677	Continued From page 5 revealed the resident "loves her showers and never refuses them". She stated the resident was scheduled to get showers 3 times a week and she did not know that the resident had a preference for the shower time. She stated the resident would usually let the staff know when she wanted to receive her care. Interview with the Director of Nursing (DON) on 5/26/22 at 12:14 PM, revealed the resident should have a shower 3 times each week. She stated this resident is "prim and proper" and she likes to have her showers and be dressed nicely, and she requires assistance with bathing. She stated for the time on the bathing report from 5/19/22-5/26/22, the resident should have received showers, but no one marked that these as completed. She stated bathing is needed for personal hygiene and for skin protection. She confirmed the facility failed to ensure the resident received proper personal hygiene with baths and showers three times each week. Record review of Resident #9's Face Sheet revealed the resident was admitted to the facility on 6/18/2019 with diagnoses including Paraplegia, Polyneuropathy, Primary Osteoarthritis of left shoulder, and Need for Assistance with personal care. Record review of the MDS with an ARD of 5/2/22, Section C - Cognitive Patterns, revealed a BIMS score of 15, which indicated the resident was cognitively intact. Section G - Functional Status, revealed the resident required physical help in part of bathing activity with one person physical assist.			F 677			