

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

PRINTED: 07/20/2022
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 07/12/2022
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 a Complaint Investigation (CI), MS #19355 and MS #19360 at the facility from 7/11/22 through 7/12/22. The SA did not substantiate MS #19360 for neglect, administration, and care not received per a Physician Orders. The SA substantiated MS #19355 for Physical Environment related to failure to maintain equipment and failure to ensure cleanliness of the facility. During the survey, the SA determined the facility was not in compliance with the requirements for participation in Medicare and Medicaid and cited F584.	F 000			
F 584 SS=E	The facility was licensed for 230 beds and had a census of 207 residents at the time of the survey. Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7) §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft.	F 584			7/22/22

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

TITLE

(X6) DATE

Electronically Signed

07/19/2022

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.

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

PRINTED: 07/20/2022
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 07/12/2022
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 584	Continued From page 1 §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior; §483.10(i)(3) Clean bed and bath linens that are in good condition; §483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv); §483.10(i)(5) Adequate and comfortable lighting levels in all areas; §483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and §483.10(i)(7) For the maintenance of comfortable sound levels. This REQUIREMENT is not met as evidenced by: Based on observations, record review, interviews, and facility policy review, the facility failed to provide a clean, homelike environment for eight (8) of 20 resident rooms observed. Findings include: Record review of the facility's "RESIDENT BILL OF RIGHTS", undated, revealed "Each resident has a right to a dignified existence...in a manner and in an environment that promotes maintenance or enhancement of (his or her) quality of life...Facility Residents shall have the right to...a clean, comfortable home like environment." Record review of the facility's policy	F 584	1. Room 121, 123, 119 air conditioner filters were cleaned by maintenance 7/13/22. Room 113 over bed table has been replaced by maintenance 7/13/22. Room 114 air conditioner has been replaced by maintenance 7/13/22. Room 114 air conditioner filter has been cleaned by maintenance 7/13/22. Room 114 dresser and over bed table has been replaced by maintenance 7/13/22. Room 114 spider webs have been cleaned from the corner of the room between air conditioner and the corner closet by housekeeping 7/13/22. Room 114 wall beneath the window has been cleaned of stain and dirt by housekeeping 7/13/22. Room 200 baseboards on both sides of		

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

PRINTED: 07/20/2022
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 07/12/2022
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 584	Continued From page 2 "HOUSEKEEPING CLEANING PROCEDURES" dated "6/18" revealed "Resident Room Cleaning...Spot clean walls...Dust mop and damp mop floor (using BLUE microfiber flat mop) ...wipe walls". On 7/11/22 at 1:27 PM, a telephone interview with the complainant revealed she had observed overbed tables that are rusted, and "filth, dirt and spiders under resident room air conditioning units". She was not able to provide specific room numbers, but stated "it's a lot of rooms, you can see a lot from just walking in the hallway". On 7/11/22 at 3:37 PM, the State Agency (SA) observed the air conditioner filter in Room 121 was dirty. On 7/11/22 at 3:39 PM, the SA observed the air conditioner filter in Room 123 was dirty. On 7/11/22 at 3:42 PM, the SA observed the air conditioner filter in Room 119 was dirty. On 7/11/22 at 3:46 PM, the SA observed the base (bottom portion) of an overbed table in Room 113 was spotted with multiple diffuse rust-colored spots. On 7/11/22 at 3:53 PM, the SA observed Room 114 air conditioner vent had multiple, diffuse, diverse spots of rust color and black color. The air conditioner filter was dirty, with a tan discolored substance with areas of dust and lint. There were twelve (12) streaks on the front of the dresser that were approximately 0.5 centimeters wide and ranged from two (2) centimeters to thirty-one (31) centimeters long and two (2) streaks on the right side of the dresser that were	F 584	the door have been cleaned of dirt by housekeeping 7/13/22. Room 221 spider web has been cleaned in the corner between air conditioner and corner wall by housekeeping 7/13/22. Room 221 baseboards have been cleaned all the way around the room including under the window, under the air conditioner, and behind the head of the bed by housekeeping 7/13/22. Intravenous pole and tube feeding pole have been cleaned of a tan discoloration substance by housekeeping and licensed nurses 7/13/22. Room 221 overbed table has been replaced by maintenance 7/13/22. Room 221 air conditioner vent has been cleaned of dirt and lint behind the mesh covering and the vent has been cleaned of dry tan substance and brown spots by maintenance and housekeeping 7/13/22. The air conditioner filter has been cleaned of dry gray colored substance by maintenance 7/13/22. Room 221 wall and baseboards were cleaned of stains and spots by housekeeping 7/13/22. Room 225 chest of drawers have been cleaned of multiple streaks and spots by housekeeping 7/13/22. 2. All residents have the potential to be affected by failure to provide a clean, homelike environment with a clean homelike environment provided. 3. Maintenance staff were in-serviced 7/13/22 by the Executive Director regarding provision of a clean home like environment for the residents. Facility staff were in-serviced by the Staff		

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

PRINTED: 07/20/2022
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 07/12/2022
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 584	Continued From page 3 approximately 0.5 centimeters wide and approximately twenty (20) centimeters long and thirty (30) centimeters long. The metal base of an overbed table in Room 114 had multiple, diffuse, diverse spots of rust color. There were spider webs noted in the corner of the room between the air conditioner and the corner closest. The wall beneath the window was stained and dirty. On 7/11/22 at 4:30 PM, in Room 200, the SA observed the baseboards on both sides of the door were dirty. On 7/12/22 at 11:00 AM, an observation in the bathroom of Room 221 revealed a spider web in the corner between the air conditioner and the corner wall. The baseboards were dirty and stained in multiple areas and streaks of various colors all the way around the room, including under the window, under the air conditioner and behind the heads of the beds. There was an Intravenous (IV) pole and a feeding tube pole that had a tan discoloration substance that was adhered to the poles. The overbed table base had large areas of various, diffuse, rust-colored spots and tan spots. The air conditioner was located under the window and the air conditioner vent had lint and dirt behind the mesh covering and the vent itself was covered in a dry, tan colored substance that was spotted with multiple, various brownish spots. The air conditioner filter had 0.1- to 0.2-centimeter-thick layer of dry, grey colored substance. On 7/12/22 at 11:14 AM, in Room 225 the chest of drawers was dirty with multiple streaks and spots of various colors. On 7/12/22 at 3:15 PM, during observations and	F 584	Development Coordinator starting 7/13/22 related to provision of a clean homelike environment. 4. Maintenance, housekeeping, and Quality Improvement team are making environmental rounds three times weekly starting 7/13/22, and five times weekly starting 7/18/22 to ensure a clean homelike environment times six weeks. Environment Rounds audits results reported to Quality Improvement Committee monthly starting 7/19/22 times three months with reports by the Director of Nurses with evaluation of the plan and recommendations for change to the plan if indicated.		

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

PRINTED: 07/20/2022
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 07/12/2022	
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 584	Continued From page 4 interviews with the Director of Nurses (DON), Laundry/Housekeeping Supervisor (LHS) and the Maintenance Supervisor (MS) in Room 114 revealed the department supervisors all confirmed the air conditioner filter was dirty and the dresser was dirty. The MS stated the air conditioner filter was covered in dust and lint and needed cleaning and that it did not look like the filter had been cleaned in over a month. The MS stated the substance on the vent looked like dirt and that it needed to be cleaned. The MS stated the overbed table metal base in Room 114 was rusty. The three department supervisors confirmed there were spider webs in the room and that the wall beneath the window was stained and not clean. On 7/12/22 at 4:09 PM, in an interview with LPN #2 and CNA #2, they confirmed they were aware it is the nursing staff who is responsible for the cleaning of spills as needed, whether because of resident spills or staff spills during the provision of resident care. On 7/12/22 at 4:58 PM, observations and interviews with the DON, LHS, and MS revealed that upon entrance into Room 221, all three confirmed the wall was dirty and that demonstration proved the stains and spots on the wall and the base board were easily removed with a piece of wet tissue. The three department supervisors confirmed the baseboards, where visible, were dirty. The LHS stated he intended to get someone to clean that immediately, he said he believed the wall and baseboard needed to be cleaned with soap and water. He stated the housekeeping staff were responsible for cleaning these areas and should have done so, but he stated "It's ultimately on me. I take the ultimate			F 584			

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

PRINTED: 07/20/2022
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 07/12/2022
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 584	Continued From page 5 responsibility". Upon observation of the overbed table bases in Room 221, all three department supervisors stated the table bases were dirty; the MS stated, "that's dirt and rust, that's what that is". Upon observation of the poles and the dried, tan substance on them, the DON stated it was the responsibility of the nursing department to ensure the poles cleanliness was maintained. The DON stated the substance on both poles "looks like tube feeding that has been spilled". Upon observation of the spider web between the air conditioner and the corner, the LHS and the MS confirmed the substance appeared to be spider webs and both agreed there were bits of debris and dirt caught in the spider web. The baseboards were dirty and stained with multiple discolored 'spots' and streaks of various colors all the way around the room, including under the window, under the air conditioner and behind the heads of the beds. There was an IV Pole and another wheeled pole with a tube feeding pump attached to the pole in the room, totaling two (2) poles. Both poles had a dried, tan colored substance on them. The overbed table base had large areas of various, diffuse, rust-colored spots and tan-brown spots. The LHS demonstrated how the use of a disinfectant cleaner and cleaning rag removed the tan colored substance from the pole bases, and the spots and stains from the wall behind the head of the bed of room 221 and the floor. Upon observation of the air conditioner vent, the MS confirmed that it had lint and dirt behind the mesh covering and the vent itself was covered in a dry, tan colored substance that he called "dust and dirt" and he called the multiple, various brownish spots "dirt". The MS confirmed the air conditioner filter had 0.1- to 0.2-centimeter-thick layer of dry, grey colored substance, which he confirmed could be pinched	F 584			

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

PRINTED: 07/20/2022
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 07/12/2022
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 584	Continued From page 6 or plucked off the filter in small chunks. The MS stated he did not know what to call the substance on the air conditioner filter, but stated the filters should be cleaned every month. He stated that air conditioner maintenance was the responsibility of the maintenance department. On 7/12/22 at 5:15 PM, the DON, LHS, and MS verbalized agreement that the departments needed to "work together" to ensure a clean, homelike environment for the residents. The three (3) department supervisors verbalized that an unclean environment in resident rooms and common areas were unacceptable. On 7/12/22 at 5:20 PM, an interview with the facility Administrator, the Corporate Vice President of Operations (VP), and the DON revealed the Administrator confirmed the facility expected the building and equipment to be well maintained and clean in accordance with facility policy and procedures.	F 584			