STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255266	A. BUILDING _____ B. WING _____	03/30/2023

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) COMPLETION DATE
F 000	INITIAL COMMENTS The State Survey Agency (SSA) conducted an annual re-certification survey at the facility from 03/27/2023 through 03/30/2023. During the survey, the SSA determined that the facility was not in compliance with the requirements for participation in Medicare and Medicaid. The SSA cited F550, F695, and F804. The facility had a census of 76 and licensed for 100 beds.	F 000		
F 550 SS=D	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. §483.10(b) Exercise of Rights.	F 550		5/11/23

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

Electronically Signed | 04/17/2023

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F 550	Continued From page 1 The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States. §483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility. §483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is not met as evidenced by: Based on observation, interviews, and facility policy review, the facility failed to provide care in a manner that treated residents with dignity and respect by not providing meals at the same time to all residents who needed assistance and were seated at the same table for one (1) of two (2) residents that required assistance with eating. Resident #67 Findings include: A review of the facility's policy titled, "Resident Rights," with a revision date of 11/17, revealed ... "All residents in a long term care facility have rights guaranteed to them ... Residents at this facility will be guaranteed a dignified existence ... These rights include: 30. To be treated with dignity and respect ..." On 3/27/23 at 11:55 AM, during an observation of residents eating lunch in the dining room, Resident #67 was observed sitting in a Geri chair	F 550	a. Resident #67 was assessed on 03/29/23 by the Director of Nurses for any adverse effects related to how the facility failed to provide care in a manner that that treated residents who needed assistance and were seated at the same table. There were no adverse effects noted. b. All Residents that need assistance with meals has the potential to be affected by this deficient practice. c. On 03/29/23 an observation of meal times was conducted by the Director of Nurses to ensure all residents that needed assistance with meals and were seated at the same table were provided assistance with eating at the same time. On 03/29/23 Licensed Practical Nurse #1 was in-serviced by the Director of Nurses regarding Resident's Rights with emphasis on residents that are seated at	

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F 550	Continued From page 2 at a table for residents that required assistance with eating. Resident #67 was observed watching Licensed Practical Nurse (LPN) #1 feed an unsampled resident. On 3/27/23 at 11:59 AM, in an interview with LPN #1, she revealed that she had asked another staff member to assist with feeding Resident #67. On 03/27/23 at 12:08 PM, during an observation and interview with Resident #67, she continued to watch the unsampled resident at the same table being fed by LPN #1. Resident #67 stated "I'm hungry," and looked down at her plate. LPN #1 responded to Resident #67 and stated someone was coming to feed her. On 03/27/23 at 12:10 PM, Registered Nurse (RN) #1 was observed entering the dining room and began feeding Resident #67. At this time, it was noted that the unsampled resident sitting at the same table had consumed approximately 75% of her meal. On 03/29/23 at 10:08 AM, in an interview with the Director of Nursing (DON), she confirmed all residents at a table that need to be fed should be fed at the same time. She stated LPN #1 should have fed both residents and not fed one resident while another is only able to watch. On 03/29/23 11:12 AM, in an interview with RN #1/Charge Nurse, she revealed the residents are usually fed at the same time. She confirmed LPN #1 should not have allowed a resident to sit and watch another resident be fed while her plate sat in front of her. RN #1 confirmed that LPN #1 should have sat in the center of the table and fed both residents at the same time.	F 550	the same table who need assistance should be fed at the same time. Certified Nursing Assistants, Licensed Practical Nurses, and Registered Nurses were in-serviced on 03/30/23 regarding Resident's Rights Policy by the Director of Nurses, and again on 04/11/23. The Facility Administrator and Director of Nurses will ensure all residents that need assistance with meals that are seated at the same table will be provided assistance with eating at the same time. d. Beginning on 03/30/23 the Director of Nurses and/or Licensed Practical Nurse will observe meal times for residents that need assistance with eating and are seated at the same table, first 4 residents 5 times a week for 2 weeks, then 4 residents 3 times a week for 2 weeks, then 4 residents 1 time a week for 2 weeks, to ensure that residents are fed at the same time. Areas of concern will be brought to the Quality Assessment and Improvement Committee for review. The Quality Assessment and Improvement Committee will convene on 04/27/23 to discuss further recommendations as needed. Additional training and/or disciplinary action will be considered as warranted.	

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F 550	Continued From page 3 A record review of the "Face Sheet" for Resident # 67 revealed, the facility admitted the resident to the facility on 3/3/22, with diagnoses that included Alzheimer's Disease, Muscle Weakness, and Unspecified Lack of Coordination. A record review of the Physician Orders for March 2023 revealed an order, dated 3/3/2 for, "Mechanical soft diet finger foods and assistance for initiation and cues during meals." A record review of the annual Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 3/6/23 for Resident #67 revealed a Brief Interview for Mental Status (BIMS) score of three (3), which indicated the resident had severe cognitive impairment and required one-person physical assistance with eating.	F 550		
F 695 SS=D	Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i) § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and facility policy review, the facility failed to post cautionary and safety signs indicating the use of oxygen for three (3) of nine (9) residents reviewed for oxygen usage. Residents #21,	F 695	a. Resident #21, Resident #181, and Resident #185 were assessed on 03/27/23 by the Director of Nurses for any adverse effects related to how the facility failed to post cautionary and safety signs	5/11/23

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F 695	Continued From page 4 #181, and #185 Findings include: A review of the facility's policy titled, "Oxygen-Administration, Concentrator, Storage, Assemblage," with a revision date of 10/17 revealed, "... ADMINISTRATION PROCEDURE... 13. Post the "NO SMOKING-OXYGEN IN USE" sign on the door of the resident's room..." Resident #21 On 3/27/23 at 2:38 PM, Resident #21 was observed lying in bed. An oxygen concentrator was noted at the bedside and oxygen was flowing at two (2) liters per minute. There was no cautionary signage posted at the entrance to the resident's room that indicated oxygen was in use. A record review of the Physician Orders for March 2023 for Resident #21, revealed an order, dated 3/13/23 for, "O2 (oxygen) @ (at) 2 L/M (2 liters per minute) via nasal canula." On 3/27/23 at 2:38 PM, an observation of the door of Resident #21, who had orders for oxygen, revealed there was no sign on the door indicating that oxygen was in use. A record review of the "Face Sheet" for Resident # 21 revealed, the facility admitted the resident on 2/23/23, with diagnoses that included Shortness of Breath and Emphysema. Resident #181 On 3/27/21 at 2:21 PM, Resident #181 was observed sitting in her wheelchair, with her	F 695	indicating the use of oxygen. There were no adverse effects noted. b. All Residents that has Physician Orders for oxygen use has the potential to be affected by this deficient practice. c. On 03/27/23 an audit was conducted by the Director of Nurses to ensure all residents that are currently using oxygen have cautionary and safety signs on their doors indication the use of oxygen. Licensed Practical Nurses were in-serviced on 03/27/23 by the Director of Nurses on cautionary and safety signs to indicate oxygen use. On 03/30/23 the Director of Nurses in-serviced Licensed Practical Nurses and Registered Nurses on the Oxygen- Administration, Concentrator, Storage, Assemblage policy, and again 04/11/23. The Facility Administrator and Director of Nurses will ensure all residents that are currently using oxygen have cautionary and safety signs on their doors to indicate oxygen use. d. Beginning on 03/30/23 the Director of Nurses and/or Registered Nurse Supervisor will perform room rounds on residents currently using oxygen, first 6 residents 5 times a week for 2 weeks, then 6 residents 3 times a week for 2 weeks, then 6 residents 1 time a week for 2 weeks to ensure each resident has cautionary and safety sigs on their doors to indicate oxygen usage. Areas of concerns will be brought to the Quality Assessment and Improvement Committee	

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F 695	Continued From page 5 spouse at her side. There was an oxygen concentrator noted at the bedside, however, there was no cautionary signage posted at the entrance to the resident's room that indicated oxygen was in use. A record review of the Physician Orders for March 2023 for Resident #181, revealed an order, dated 3/23/23 for, "O2 (oxygen) @ (at) 2 L (2 liters) NC (nasal canula) Continuously." On 3/27/23 at 2:21 PM, observation of the door of Resident # 181, who had orders for oxygen, revealed there was no sign on the door or that indicated that oxygen was used. A record review of the "Face Sheet" for Resident # 181 revealed, the facility admitted the resident on 3/23/23, with diagnoses that included Chronic Obstructive Pulmonary Disease and Chronic Respiratory Failure with Hypoxia. Resident #185 On 3/27/223 at 2:20 PM, an observation of Resident #185 revealed the resident was receiving oxygen at 2 liters per nasal canula. There was no cautionary signage posted at the entrance to the resident's room that indicated oxygen was in use. A record review of the Physician Orders for March 2023 for Resident #185 revealed an order dated 3/6/23 for, "O2 (oxygen) @ 2 L liters) via NC (nasal canula) Continuous." On 3/27/23, at 2:20 PM, an observation of the door of Resident # 185, who had orders for oxygen revealed, there was no sign on the door	F 695	for review. The Quality Assessment and Improvement Committee will convene on 04/27/23 to discuss further recommendations as needed. Additional training and/or disciplinary action will be considered as warranted.	

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F 695	Continued From page 6 stating that oxygen was in use. On 3/27/23 at 3:20 PM, during an observation and interview with the Director of Nursing (DON), she confirmed there was no sign on the door that oxygen was in use. The DON confirmed there should have been a sign to inform staff and visitors that oxygen was in use, to ensure resident and staff safety, as oxygen can be dangerous. A record review of the "Face Sheet" of Resident # 185 revealed, the facility admitted the resident 3/6/23, with diagnoses including Chronic Obstructive Pulmonary Disease, Heart Failure, and Dependence on Supplemental Oxygen.	F 695		
F 804 SS=D	Nutritive Value/Appear, Palatable/Prefer Temp CFR(s): 483.60(d)(1)(2) §483.60(d) Food and drink Each resident receives and the facility provides- §483.60(d)(1) Food prepared by methods that conserve nutritive value, flavor, and appearance; §483.60(d)(2) Food and drink that is palatable, attractive, and at a safe and appetizing temperature. This REQUIREMENT is not met as evidenced by: Based on a test tray meal observation, interviews, and facility policy review, the facility failed to provide food that is palatable with an appetizing temperature for seven (7) of seven (7) residents reviewed for meal satisfaction. Residents #1, #11, #18, #20, #27, #31 and #50. Findings include:	F 804	a. Resident #1, Resident # 11, Resident #8, Resident #20, Resident #27, Resident #31, & Resident #50 were assessed 04/03/23 by the Director of Nurses for any adverse effects related to how the facility failed to provide food that is palatable with an appetizing temperature. There were no adverse effects.	5/15/23

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F 804	Continued From page 7 Review of the facility policy titled, "Resident Tray Service and Delivery," revealed, "Procedure: ... 2. B. Hot foods are held at or over 135' F ... g. The temperature of foods is taken with a calibrated thermometer and documented on the Temperature Monitoring Log ... 3. A food service employee tastes food items, including modified foods, to confirm acceptability quality ..." An observation on 3/27/23 at 11:33 AM, revealed Resident #50's lunch meal was late. When dietary was notified that the resident didn't receive a tray, they delivered a late lunch tray of country fried steak with French fries. The resident refused to eat the food, as the meat was fried hard, and the French fries were cold. The daughter was in the room and asked for something else. Dietary bought a tray with hamburger steak and mashed potatoes. During an interview on 3/27/23 at 11:40 AM, with the Resident #1's daughter, revealed the resident's food is always cold and does not taste good. The resident's daughter stated she brings sandwiches and bananas for the resident to eat because the food is so horrible. The daughter revealed that she has scheduled a meeting with the Care Plan Team and the Dietary Manager and if things do not improve after that, she is going to move her mother to another facility. During an interview on 3/27/23 at 2:00 PM, with the six (6) Resident Council members present at the meeting, the members complained the food was cold and had no taste (Residents #1, #11, #18, #20, #27, and #31). The Council members revealed the Social Worker and the Activity Director attended their meetings and are aware of their complaints. The members also revealed	F 804	b. All residents who receive oral meal intake have the potential to be affected by this deficient practice. c. On 03/29/23 Registered Dietary Nutritionist in-serviced dietary staff on Thermometer Use & Calibration, Cleaning & Sanitizing, and Individualized Diets in LTC & Residents Rights. All Dietary Staff was in-serviced on 04/03/23 by Facility Administrator on Dietary Services. On 04/03/23 Facility Administrator in-serviced Dietary Manager, Dietary Assistant Manager, and all Cooks on Food Sampling. Facility Administrator in-serviced Dietary Manager and Assistant Dietary Manager on Menus. The Facility Administrator and Dietary Manager will ensure that all food served is palatable with an appetizing temperature prior to being served. On 04/13/23 new kitchen equipment (commercial plate warmers) were ordered for the upstairs and downstairs kitchen areas. d. Beginning on 04/03/23 the Facility Administrator and/or Dietary Manager will verify meal improvements to ensure meals are palatable with an appetizing temperature by meeting with 5 residents a week for 2 weeks, then 3 residents a week for 2 weeks, then 2 residents a week for two weeks. Director of Nurses will continue ongoing monitoring, as required by corporate office, to meet with 10 residents monthly concerning satisfaction of meals. Areas of concern will be brought to the Quality Assessment	

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F 804	Continued From page 8 they had tried to talk to the Administrator but had been told she was too busy. During an observation on 3/28/23 at 11:00 AM, the Cook was observed calibrating the thermometer, used for checking the temperature of the food to 40 degrees. The Cook revealed she thought that's what it should have been calibrated to prior to use. The thermometer was re-calibrated to the correct temperature and the temperature of all the food on the line was at or above the holding temperature. The Dietary staff started preparing the plates at 11:32 AM. The requested test tray left the kitchen area on an open food cart at 12:05 PM. The test tray was received at 12:15 PM On 3/28/23 at 12:15 PM, during an observation and interview, the Dietary Manager (DM) checked the food temperatures of the food on the test tray using the same calibrated thermometer and they were: turnip greens 80 degrees Fahrenheit (F), pinto beans 80 degrees F, and fried chicken 100 degrees F. The food was tasted with the Dietary Manager and was cold and bland. The DM confirmed the food was not warm or seasoned enough to be palatable. The DM said, "the facility has to get better." The manager revealed she knew the residents were complaining about the food; however, she had only been the manager for three (3) weeks and had not had enough time to address the complaints. During an interview on 3/28/23 at 4:00 PM, with the Activity Director and Social Worker, they confirmed the residents complained the food tasted bad and was cold during the resident council meetings. The Activity Director revealed complaints are forwarded to the department	F 804	and Improvement Committee for review. The Quality Assessment and Improvement Committee will convene on 04/27/23 to discuss further recommendations as needed. Additional training and/or disciplinary action will be considered as warranted.	

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director of which the complaints are about. he Activity Director and Social Worker confirmed they would follow-up with the Administrator regarding the resident complaints and the recent finding regarding the food being served.

Resident #1
Record review of the "Face Sheet" for Resident #1, revealed the facility admitted the resident on 2/22/2022, with the diagnoses that included Heart Failure, Diabetes, and Hypertension.

Record review of the annual Minimum Data Set (MDS), with an Assessment Reference Date (ARD)of 2/22/23 revealed Resident #1 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated Resident #1 was cognitively intact.

Resident #11
Record review of the "Face Sheet" for Resident #11, revealed the facility admitted the resident on 5/6/2022, with the diagnoses that included Atrial Fibrillation, Kidney Disease, and Hypertension.

Record review of the quarterly MDS, with an ARD of 1/10/23, revealed Resident #11 had BIMS score of 15, that indicated Resident #11 was cognitively intact.

Resident #18
Record review of the "Face Sheet," for Resident #18, revealed the facility admitted the resident on 2/23/2023, with the diagnoses that included Osteoarthritis, Diabetes Mellitus, and Hypertension.

Record review of the quarterly MDS with an ARD of 2/22/23, revealed Resident #18 had a BIMS

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F 804	Continued From page 10	F 804		

score of 15, that indicated Resident #18 was cognitively intact.

Resident #20
Record review of the "Face Sheet" for Resident #20, revealed the facility admitted the resident on 10/22/2021, with the diagnoses that included Heart Failure, Anxiety, and Hypertension.

Record review of the quarterly MDS with an ARD of 1/27/23, revealed Resident #20 had a BIMS score of 15, which indicated the resident was cognitively intact.

Resident #27
Record review of the "Face Sheet," for Resident #27, revealed the facility admitted the resident on 10/3/13, with diagnoses that included Parkinson's Disease, Diabetes, and Hypertension.

Record review of the quarterly MDS, with an ARD of 3/1/23, revealed Resident #27 had a BIMS score of 15, which indicated the resident was cognitively intact.

Resident #31
Record review of the "Face Sheet," for Resident #31, revealed the facility admitted the resident on 2/22/2022, with diagnoses that included Renal Disease, Diabetes, and Hypertension.

Record review of the quarterly MDS, with an ARD of 2/3/23 revealed Resident #31 had a BIMS score of 15, which indicated the resident was cognitively intact.

Resident #50
Record review of the "Face Sheet," for Resident #50, revealed the facility admitted the resident on

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F 804	Continued From page 11 10/31/2022, with the diagnoses that included Cerebrovascular Disease, Hypothyroidism, and Hypertension. Record review of the quarterly MDS, with an ARD of 2/6/23, revealed Resident #50 had a BIMS score of 12, which indicated the resident was cognitively intact.	F 804		