STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255106	A. BUILDING _____ B. WING _____	C 04/19/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRANDON NURSING AND REHABILITATION CENTER	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 Complaint Investigations (CI) at the facility from 4/18/23 through 4/19/23. During the survey, the SA determined the facility was in compliance with the requirements for participation in Medicare and Medicaid for CI MS #21031 related to Resident Transfers and CI MS # 20741 for Quality of Care related to assessment. The facility was not in compliance with the requirements for participation in Medicare and Medicaid related to CI MS #21030 for Quality of Care related to resident assessment and falls and Physical Environment cleanliness and pests and CI MS # 20742 for Physical Environment related to cleanliness, odor, pests, and grooming and cited F677 and F925. At the time of survey the facility was licensed for 230 beds and had a census of 215 residents.	F 000		
F 677 SS=D	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, interview, record review, and facility policy review, the facility failed to ensure that residents who were unable to carry out activities of daily living (ADL's) receive the necessary services to maintain grooming and personal hygiene for one (1) of five (5) residents reviewed for ADL care. Resident #2. Findings include:	F 677	1. Resident # 2 received nailcare on 4/19/23 by the licensed practical nurse. Resident # 2 had no ill effects from this deficient practice. 2. All dependent Residents who require assistance for activities of daily living have the potential to be affected. 3. An inservice was initiated on 4/19/23 by the Staff Development Coordinator for nursing staff on ensuring all Residents	5/17/23

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

Electronically Signed | 05/10/2023

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F 677	Continued From page 1 Review of the facility's policy, "Bath/Shower - Dependent," dated 8/11, revealed, "Policy: The 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 ... Procedure: ... 12. Shampoo hair unless done by beautician. ...14. Bathe, rinse and dry lower body with special attention to groin, skin folds, and between toes ... 20. Report any unusual skin appearance to the Charge Nurse." Review of the facility's policy, "Fingernails/Toenails Care," reviewed 10/09, revealed, "Policy: The purpose of this procedure is to clean the nail bed, to keep nails trimmed, and to prevent infections. Responsibility: Nursing Assistant or Licensed Nurse... Nails can be partially cleaned during bath care. Nursing Assistants do not trim the nails of diabetic residents. Nail care includes daily cleaning and regular trimming... Procedure: ... 5. Wash the hand or foot, rinse and then dry. 7. Gently remove the dirt from around and under each nail with an orange stick ... 10. Trim fingernails in an oval shape. 11. Smooth the nails with a nail file or emery board. Apply lotion as permitted. 12. Repeat the procedure for the second hand or foot ..." On 4/18/23 at 11:55 AM, during an observation and interview with Resident #2, he said he could not remember the last time anyone cleaned or trimmed his fingernails. All ten (10) fingernails were long and uneven, with the middle and ring fingernails of his left hand jagged. There was a dark dried substance noted beneath all the resident's fingernails. resident's fingernails were dirty with black substance under all fingernails.	F 677	who are unable to carry out activities of daily living receive the necessary services to maintain grooming and personal hygiene. 4. The Unit Managers will observe and monitor activity of daily living audits on forty residents three times weekly times six weeks beginning 4/19/23. Any concerns will be immediately addressed by the Unit Manager. The Director of Nurses will forward the acitviites of daily living audits results to the Quality Assurance Committee monthly starting with Quality Assurance meeting on 5/10/23 and times three months thereafter. 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	F 677		

On 4/19/23 at 10:00 AM, an observation with Licensed Practical Nurse (LPN) #1 of Resident #2 revealed all ten (10) fingernails were long, dirty, and uneven. LPN #1 removed the socks from the feet of Resident #2 and a large quantity of white flakes fell out of the socks and off the resident's feet onto the bed sheet. There was a quarter sized patch of yellow skin with a waxy texture which fell off when LPN #1 rubbed her gloved finger over it. The resident's feet had a strong unpleasant odor.

On 4/19/23 at 10:20 AM, during an interview with the Director of Nurses (DON) in the room of Resident #2, she confirmed that Resident #1's fingernails were too long and dirty and needed cleaning and trimming. She said diabetic residents were to have fingernails checked and trimmed by the licensed nurses weekly and as needed and that the Certified Nurse Aides (CNAs) were to keep fingernails clean. She confirmed fingernail care should be included during bath/showers, as well as foot care. She confirmed the resident's socks should be removed with baths and the CNAs should report dry skin and other skin issues to the resident's nurse.

On 4/19/23 at 10:25 AM, during an interview LPN #2, she revealed she had worked on 4/18/23 and had been assigned to the care of Resident #2. She stated that Resident #2's scheduled bath days were Tuesday, Thursday, and Saturday, and that he should have received a bed bath or shower on 4/18/23. LPN #2 confirmed that it did not appear that Resident #1's fingernails had been cleaned or his feet bathed on 4/18/23 as the resident's fingernails were long, dirty, and

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F 677	Continued From page 3 uneven. Record review of the "Face Sheet" for Resident #2 revealed, the resident was admitted by the facility on 10/04/18, with diagnoses that included Hemiplegia following Cerebral Infarction Affecting Right Dominant Side and Left Non-Dominant Side, Diabetes, Peripheral Vascular Disease, and Vascular Dementia. Record review of the Quarterly Minimum Data Set (MDS), with Assessment Reference Date (ARD) 4/06/23 for Resident #2 revealed the resident had a Brief Interview for Mental Status (BIMS) score of 15, which indicated no cognitive impairment. Section G revealed Resident #2 required extensive assistance of one (1) staff for dressing, personal hygiene, and bathing activity.	F 677		
F 925 SS=D	Maintains Effective Pest Control Program CFR(s): 483.90(i)(4) §483.90(i)(4) Maintain an effective pest control program so that the facility is free of pests and rodents. This REQUIREMENT is not met as evidenced by: Based on observation, interviews, and facility services agreement review the facility failed to maintain an effective pest control program to ensure that resident rooms were free of pests for one (1) of five (5) sampled residents. Resident #3 Findings include: Record review of the "Pest Elimination Services Agreement," dated 10/05/21, with a local pest control company. The Director of Nurses (DON),	F 925	1. Resident # 3 room and bathroom received detail cleaning with all items removed and treated for pest on 4/19/23. Resident # 3 had no ill effects from this deficient practice. 2. All residents have the potential to be affected from this deficient practice. 3. An inservice was initiated on 4/19/23 by the Staff Development Coordinator for all staff on ensuring that resident rooms remain free of pests and any pests should be immediately reported.	5/17/23

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F 925	Continued From page 4 provided a copy of the "Pest Services Guarantees," dated 2018, that revealed, ...Covered Pests will not become established on the treated premises ..." On 4/18/23 at 3:17 PM, observation in the bathroom of Resident #3 revealed a large gray tote with a lid sitting on the floor in front of the sink with two (2) roaches moving around on the lid. On 4/19/23 at 9:38 AM, observation in the bathroom of Resident #3 revealed a roach moving around on the bathroom floor. On 4/19/23 at 9:40 AM, during an observation and interview with Certified Nurse's Aide (CNA) #1, she confirmed seeing a roach climbing up the wall beside the sink in Resident #3's bathroom. CNA #1 used a paper towel to catch and dispose of the roach. On 4/19/23 at 11:08 AM, during an observation and interview with the Housekeeping Supervisor in Resident #3's room, a bug was observed crawling across the floor of Resident #3's room, parallel to her bed from the foot of the bed towards the head of the bed. The Housekeeping Supervisor stepped on the bug and confirmed that the bug which he stepped on had been a roach. On 4/19/23 at 11:12 AM, in an interview with the Director of Nurses (DON) in the room of Resident #3, she revealed she had not seen the roaches but stated that the facility would get in touch with the pest control company regarding reports of roaches in the room of Resident #3.	F 925	4. The Quality Improvement Team will make rounds on forty residents three times weekly times six weeks beginning 4/19/23 to ensure that residents rooms remain free of pests. Any concerns will be immediately reported to the Executive Director. The Executive Director will forward the results of the Pest Control audits results monthly to the Quality Assurance Committee starting with Quality Assurance meeting 5/10/23 and times three months thereafter. The Quality Assurance Committee will determine the frequency or discontinuation of audits based upon the results achieved.	

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F 925	Continued From page 5 On 4/19/23 at 12:50 PM, an interview with Maintenance Assistant #1 and Maintenance Assistant #2 revealed the facility currently did not have a Maintenance Supervisor. Both stated the facility had a contract with a local pest control company and that the pest control company routinely sent technicians to the facility to treat the building for pests. Maintenance Assistant #2 stated he had accompanied a pest control technician last week throughout the facility as he treated the facility for pests. He was unsure why there were roaches in Resident #3's room. Both assistants confirmed that the facility would call and report the sightings of roaches in the building and the pest control company would send someone to address the issue in Resident' #3's room.	F 925		