| 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 01/18/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| **BRANDON NURSING AND REHABILITATION CENTER** | **355 CROSSGATE BLVD BRANDON, MS 39042** |

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| F 000 | INITIAL COMMENTS<br><br>The State Agency (SA) conducted five (5) Complaint Investigations (CI MS #23896, CI MS #23828, CI MS #23714, CI MS #23872, and CI MS #23874) at the facility from 1/11/24 through 1/18/24. CI MS #23896 was investigated for Quality of Care related to Facility Staffing and resident medications not given according to physician instruction and for Resident Rights. CI MS #23828 was investigated for Quality of Care related to Facility Staffing, Resident Rights related to access to residents/nursing home, and Resident Neglect. CI MS #23714 was investigated for Misappropriation of Property, Physical Environment related to offensive orders, Resident Neglect related to assessment and monitoring, Dietary Services related to therapeutic diets not provided and resident food preferences, and Resident Abuse (verbal).There were no deficiencies cited for these complaint investigations. During the survey, the SA determined the facility was not in compliance with the requirements for participation in Medicare and Medicaid related to a Facility Reported Incident (FRI) CI MS #23874 related to Quality of Care for care/services not received per physician instructions and CI MS #23872 for Resident Neglect related to resident assessment and monitoring. F690 was cited related to CI MS #23872 and CI MS #23874.<br><br>The facility held a license for 230 beds, with a census of 213. | F 000 | | |
| F 690 SS=D | Bowel/Bladder Incontinence, Catheter, UTI<br>CFR(s): 483.25(e)(1)-(3)<br><br>§483.25(e) Incontinence.<br>§483.25(e)(1) The facility must ensure that | F 690 | | 2/22/24 |

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

Electronically Signed | 02/08/2024

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| F 690 | Continued From page 1<br>resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain.<br><br>§483.25(e)(2)For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that-<br>(i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary;<br>(ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and<br>(iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible.<br><br>§483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible.<br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, interview, record review, and policy review, the facility failed to ensure a resident with indwelling urinary drainage tubes received appropriate care and services to prevent possible complications, as evidenced by a | F 690 | 1. Resident 2: On 01/18/2024, the physician was contacted by the Director of Nursing (DON). New orders were received for Resident #2 to include checking supra pubic catheter and | |

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| F 690 | Continued From page 2<br>nephrostomy drainage bag was left over filled, for one (1) of six (6) residents reviewed with urinary drainage bags. Resident #2.<br><br>Findings include:<br><br>Record review of the facility policy titled, "Intake and Output Measurement," dated 7/12, revealed, "Policy: An accurate record of the resident's fluid intake and output will be recorded as clinically indicated ...Definitions: ...2. Fluid output includes urine ...Procedure: ...10. Total all fluid intake and output on a 24 hour basis ..."<br><br>Record review of the "Discharge Patient ...Discharge Info," from the local acute care hospital for Resident #2 dated 12/31/23, revealed Resident #2 was assessed and treated at the hospital 12/22/23 through 12/31/23, due to "complicated urinary tract infection ...acute renal failure... Instructions...Patient needs nephrostomy bag care and bag needs to be changed when it is close to being full..."<br><br>On 1/11/24 at 2:00 PM, during an interview with the Ombudsman, she confirmed that she had attended a meeting on 1/05/24, in which Resident #2 voiced concerns related to the facility failing to empty the urine collection bags from her supra pubic catheter and nephrostomy tube. She stated that the facility staff reassured the resident that nursing staff would empty the bags and measure the urine output every eight hours and as needed.<br><br>On 1/11/24 at 3:00 PM, an interview with Resident #2's Nurse Practitioner (NP) revealed she was familiar with Resident #2 and her care. She reported that on 1/05/24 during a meeting, Resident #2 and her father voiced concerns that | F 690 | nephrostomy tube every two (2) hours and empty as needed per licensed nurses. Resident #2 was assessed on 01/18/2024 by the Director of Nursing and was not affected by the alleged deficient practice.<br><br>2. All residents with indwelling urinary drainage tubes have the potential to be affected.<br><br>3. An in-service was initiated on 01/18/2024 by the Director of Nursing and Staff Development Coordinator for licensed nurses to ensure a resident with indwelling urinary drainage tubes receive appropriate care and serviced to prevent possible complications.<br><br>4. The Director of Nurses and Unit Managers conducted a 100% audit beginning on 01/18/2024 of all residents with indwelling urinary drainage tubes. The Director of Nurses and Unit Managers will observe indwelling urinary drainage tubes five (5) times a week for four (4) weeks beginning 01/22/2024 to ensure proper care; and, then three (3) times a week for two (2) weeks. The Director of Nurses forwarded the results of the 100% audit to the Quality Assurance Committee on 01/19/2024. The results of the monitoring will be forwarded to the Quality Assurance Committee on 02/22/2024, times two (2) months. Any concerns will immediately be addressed. | |

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the nursing staff were not emptying her urine collection bags according to physician instructions. She stated, "During the meeting the group discussed strategies to make sure that the bags were monitored and emptied every eight hours and as needed."

On 1/12/23 at 8:53 AM, during an interview with Resident #2's father, he revealed that he had observed and reported to facility staff on several occasions that the resident's nephrostomy drain bag was full or over filled and needed to be emptied.

On 1/12/23 at 11:33 AM, an interview with Resident #2 revealed that she had repeatedly reported to multiple staff members that her urinary catheter bag was not being emptied every shift and at times it became so full, urine backed up into the catheter tubing. The resident recounted that a couple of times, the catheter collection bag had become so full, it couldn't hang on the side of the bed, and fell onto the floor. She stated that she was afraid that the facility staff's failure to empty her catheter bag would cause urinary tract infections, as she had experienced repeated urinary tract infections prior to and since admission to the facility. The resident also revealed she been diagnosed with kidney stones prior to admission to the facility. Resident #2 stated that facility staff had asked her if she could use her call light and report if her catheter bag needed to be emptied, and she had told them that she would, but could not do so if she were asleep.

On 1/12/23 at 12:05 PM, during an interview with Resident #2's Unit Manager, she reported that monitoring of the resident's urine, measurement

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of urinary output, and emptying of urinary collection bags was to be done by the nurse assigned to the resident's care each shift.

On 1/17/23 at 2:22 PM, observation and interview with Resident #2 revealed that Resident #2's nephrostomy bag was full and bulging, laying on the bed on the left side of the resident. Resident #2 stated that she had taken a nap after 12:00 PM, and when she awoke the bag was full.

On 1/17/23 at 2:30 PM, an observation and interview with Licensed Practical Nurse (LPN) #1 revealed LPN #1 emptied Resident #2's nephrostomy drainage bag. LPN #1 emptied the nephrostomy drainage bag and the urinary drainage from the nephrostomy bag measured 700 milliliters. LPN #1 confirmed that the last time the nephrostomy drainage bag had been emptied was prior to 7:00 AM, that morning.

Record review of the packaging label of Resident #2's nephrostomy drainage bag revealed the capacity of the bag was listed as 600 milliliters.

On 1/18/24 at 1:03 PM, during a telephone interview with Resident #2's Urologist, the physician stated he had inserted a nephrostomy tube into Resident #2's left kidney to drain urine, as the resident had Hydronephrosis (increased pressure) of the left kidney. The physician stated that urine collection bags, both nephrostomy and catheter bags needed to be emptied when they were full. He stated that the nephrostomy bag should be checked every three (3) to four (4) hours and emptied as needed. The urologist stated that instructions for nephrostomy care were provided to the nursing home at the time Resident #2 was admitted. The Urologist stated

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that he was not able to say for sure what caused Resident #2's Hydronephrosis or Pyelonephritis (kidney infection).

On 1/18/24 at 4:30 PM, an interview with the Administrator, Director of Nurses (DON), and Vice President (VP) of Operations, revealed the facility did not have a separate policy for the care of nephrostomies or the emptying of nephrostomy drainage bags.

Record review of the Face Sheet for Resident #2 revealed that the resident was admitted by the facility on 1/06/23, with diagnoses that included Paraplegia, Acute Kidney Failure, Hydronephrosis, Calculus of kidney, and Neuromuscular dysfunction of bladder, unspecified.

Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 1/7/24, for Resident #2, revealed that the resident had a Brief Interview for Mental Status (BIMS) score of 15, which indicated Resident #2 was cognitively intact.