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	255106	A. BUILDING _____ B. WING _____	C 03/15/2024

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BRANDON NURSING AND REHABILITATION CENTER	355 CROSSGATE BLVD BRANDON, MS 39042

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F 000	INITIAL COMMENTS The State Agency (SA) conducted an annual recertification survey and three (3) Complaint Investigations (CI MS #24348, CI MS #24323, and CI #24300) from 3/11/24 to 3/15/24. During the survey, the SA determined that the facility was not in compliance with the requirements of participation in Medicare and Medicaid. The SA investigated CI MS #24348 for loss of personal items and incontinent care and cited F585 and F690. The SA investigated CI MS #24323 related to resident assessment and CI MS #24300 related to staffing and following physician orders,with no citations related to these complaints. During the annual recertification survey, the SA also cited F561, F580, F584, F759, F804, and F812. The facility held a license for 230 beds with a census of 216.	F 000		
F 561 SS=D	Self-Determination CFR(s): 483.10(f)(1)-(3)(8) §483.10(f) Self-determination. The resident has the right to and the facility must promote and facilitate resident self-determination through support of resident choice, including but not limited to the rights specified in paragraphs (f)(1) through (11) of this section. §483.10(f)(1) The resident has a right to choose activities, schedules (including sleeping and waking times), health care and providers of health care services consistent with his or her interests, assessments, and plan of care and other applicable provisions of this part. §483.10(f)(2) The resident has a right to make	F 561		4/29/24

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

Electronically Signed | 04/08/2024

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F 561	Continued From page 1 choices about aspects of his or her life in the facility that are significant to the resident. §483.10(f)(3) The resident has a right to interact with members of the community and participate in community activities both inside and outside the facility. §483.10(f)(8) The resident has a right to participate in other activities, including social, religious, and community activities that do not interfere with the rights of other residents in the facility. This REQUIREMENT is not met as evidenced by: Based on interviews, record review and facility policy review, the facility failed to ensure residents who smoked were allowed to exercise their right to smoke during the facility's designated smoking times for two (2) of 38 residents who smoke. Resident #6 and Resident #27 Findings Include: Review of the facility's policy titled, "Resident Bill of Rights," dated 1/23, revealed, "Each resident has a right to a dignified existence, self-determination, and communication ...in a manner and in an environment that promotes maintenance or enhancement of (his or her) quality of life ... A. Facility residents shall have the right to: ... 15. Self determination, which the facility must promote and facilitate through support of resident choice ..." Resident #6 During an interview on 3/11/24 at 7:39 AM,	F 561	1. Resident # 6 and # 27 were interviewed by the Director of Nurses on March 11, 2024 regarding concerns with smoking . Resident # 6 and # 27 confirmed issues with staff being available at scheduled smoking times. Resident # 6 and # 27 had no ill effects from this alleged deficient practice. 2.All Residents who smoke have the potential to be affected. 3.An in-service was initiated on March 11, 2024 by the Staff Development Nurse regarding nursing staff on ensuring that Residents who smoke are allowed to exercise their right to smoke during designated smoking times. 4.The facility held a resident council for residents who smoke on March 20, 2024. No other concerns were identified. The Executive Director will monitor scheduled smoking three times week times eight	

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F 561	Continued From page 2 Resident # 6 stated that they were not receiving their smoking breaks as scheduled or at all. She says that they are already in a nursing home and that the staff should at least honor the smoking time. Resident #6 reports that there appears to be a lot of staff horseplaying around when it comes time to smoke so they have enough people working; they simply do not want to do it. She stated that it upsets not just her but also the other residents. She went on to say that they should be allowed to smoke when they are scheduled to. A record review of Resident #6's "Face Sheet" revealed she was admitted on 11/30/16 by the facility. Resident #6's diagnoses included Nicotine Dependence. A review of the Quarterly Minimum Date Set (MDS) with an Assessment Reference Date (ARD) of 1/23/2024 revealed a Brief Interview for Mental Status (BIMS) score of 15, which indicated Resident #6 is cognitively intact. Resident #27 On 3/11/24 at 9:02 AM, resident #27 reported that workers have not consistently taken them out for their scheduled smoke breaks. He says that it can take 45 minutes to an hour for them to get out, and worse, they may not be able to go out at all during some of the breaks. When he must wait for a long time, the staff tells him that no one is available, but they are trying to find someone to take them out. However, he stated that not finding someone to take them out does not appear to be an issue because he has frequently observed numerous nurses and Certified Nursing Assistants (CNA) simply hanging out at the nurse's desk when it is time for their smoke	F 561	weeks then weekly times two beginning March 25, 2024 to ensure that residents are being allowed to smoke as scheduled. Any concerns will be immediately addressed. The results of the audits will be forwarded to the monthly Quality Assurance Committee on April 24, 2024.	

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F 561	Continued From page 3 breaks, making it difficult to think workers are unavailable. Resident # 27 complained that this is extremely frustrating because he has no control over when he can smoke and feels disrespected and unimportant. A review of the "Face Sheet" of Resident #27 revealed that he was admitted to the facility on 8/19/2020. Resident #27's diagnoses included Nicotine Dependence. A review of the Quarterly MDS with an ARD of 1/16/2024 revealed a BIMS score of 13, which indicated Resident #27 is cognitively intact. In an interview with CNA#1 on 3/12/24 at 12:34 PM, she revealed that the residents are ready to go out at the scheduled times for their smoke breaks; however, the staff is not often available to take them out. The Director of Nursing, indicated in an interview on 3/14/24 at 2:36 PM, that it is the responsibility of the Unit Managers to assign CNAs to take residents out during scheduled smoke breaks. She stated "residents are often not taken when scheduled for their smoke breaks." She revealed they are working on it because she is aware of the negative impact on the residents' feelings. During an interview on 3/15/24 at 10:30 AM, with the Administrator he explained he has only been at this facility for three (3) weeks. The Administrator said he's still trying to get acclimated to this facility. The Administrator said he expects the staff to provide the residents' preferences.	F 561		
F 585 SS=D	Grievances	F 585		4/29/24

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F 585	Continued From page 4 CFR(s): 483.10(j)(1)-(4) §483.10(j) Grievances. §483.10(j)(1) The resident has the right to voice grievances to the facility or other agency or entity that hears grievances without discrimination or reprisal and without fear of discrimination or reprisal. Such grievances include those with respect to care and treatment which has been furnished as well as that which has not been furnished, the behavior of staff and of other residents, and other concerns regarding their LTC facility stay. §483.10(j)(2) The resident has the right to and the facility must make prompt efforts by the facility to resolve grievances the resident may have, in accordance with this paragraph. §483.10(j)(3) The facility must make information on how to file a grievance or complaint available to the resident. §483.10(j)(4) The facility must establish a grievance policy to ensure the prompt resolution of all grievances regarding the residents' rights contained in this paragraph. Upon request, the provider must give a copy of the grievance policy to the resident. The grievance policy must include: (i) Notifying resident individually or through postings in prominent locations throughout the facility of the right to file grievances orally (meaning spoken) or in writing; the right to file grievances anonymously; the contact information of the grievance official with whom a grievance can be filed, that is, his or her name, business address (mailing and email) and business phone	F 585		

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number; a reasonable expected time frame for completing the review of the grievance; the right to obtain a written decision regarding his or her grievance; and the contact information of independent entities with whom grievances may be filed, that is, the pertinent State agency, Quality Improvement Organization, State Survey Agency and State Long-Term Care Ombudsman program or protection and advocacy system;
(ii) Identifying a Grievance Official who is responsible for overseeing the grievance process, receiving and tracking grievances through to their conclusions; leading any necessary investigations by the facility; maintaining the confidentiality of all information associated with grievances, for example, the identity of the resident for those grievances submitted anonymously, issuing written grievance decisions to the resident; and coordinating with state and federal agencies as necessary in light of specific allegations;
(iii) As necessary, taking immediate action to prevent further potential violations of any resident right while the alleged violation is being investigated;
(iv) Consistent with §483.12(c)(1), immediately reporting all alleged violations involving neglect, abuse, including injuries of unknown source, and/or misappropriation of resident property, by anyone furnishing services on behalf of the provider, to the administrator of the provider; and as required by State law;
(v) Ensuring that all written grievance decisions include the date the grievance was received, a summary statement of the resident's grievance, the steps taken to investigate the grievance, a summary of the pertinent findings or conclusions regarding the resident's concerns(s), a statement as to whether the grievance was confirmed or not

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F 585	Continued From page 6 confirmed, any corrective action taken or to be taken by the facility as a result of the grievance, and the date the written decision was issued; (vi) Taking appropriate corrective action in accordance with State law if the alleged violation of the residents' rights is confirmed by the facility or if an outside entity having jurisdiction, such as the State Survey Agency, Quality Improvement Organization, or local law enforcement agency confirms a violation for any of these residents' rights within its area of responsibility; and (vii) Maintaining evidence demonstrating the result of all grievances for a period of no less than 3 years from the issuance of the grievance decision. This REQUIREMENT is not met as evidenced by: Based on observations, interviews, record reviews, and facility policy review, the facility failed to resolve a resident's grievance related to Activities of Daily Living (ADL) care and shower for one (1) of 35 sampled residents reviewed for ADLs. Resident #167 Findings include: A record review of the facility's policy titled, "Grievance/Missing Property" dated 8/17 revealed, " .... Purpose: To provide an opportunity for residents, resident representatives, and/or family to present concerns or grievances to the proper authorities at the facility and to receive responses to the issue(s) raised ... Procedure: ... 3. Social Service is responsible for notifying resident representative, family/next of kin and Ombudsman, as appropriate, of resolution. Supervisory personnel shall be responsible for notifying the resident of resolution and so indicate	F 585	1. Resident #167 was given a shower on March 11, 2024 by the Certified Nursing Assistant. Resident # 167 was interviewed on March 15, 2024 by the Director of Nursing regarding assistance with activity of daily living and showers. Resident # 167 had ill effects from this deficient practice. 2.All Residents have the potential to be affected. 3. A 100% grievance audit was completed starting with January 2024 forward on March 18, 2024 by Social Worker to review any grievance related to activity of daily living and showers. An in-service was initiated on March 18, 2024 by the Social Worker for the Director of Nursing Director and nursing staff on ensuring that grievances related to activity of daily living and showers are resolved.	

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F 585	Continued From page 7 on grievance form. Should resolution(s) not be satisfactory and/or grievances reoccur, Social Service will notify the Grievance Official and Executive Director; and schedule a meeting with the involved parties ..." On 03/11/24 at 10:27 AM, during an interview Resident #167 reported she got put in here because her daughter hates the word Dementia. The resident revealed she has Dementia but has good and bad days. She stated she is supposed to get her showers on Monday, Wednesday, and Friday (MWF), but does not always get it then and she needs to have her hair washed because it's dirty and itchy. Resident #167 was observed scratching at her hair, while wearing a toboggan. On 03/12/24 at 9:28 AM, observed Resident #167 lying in bed, wearing a toboggan on her head. She explained she did not get her hair washed last night and it still itches. She is upset because it's therapy day and no one has gotten her up. At 2:00 PM on 03/12/24, during an interview with Certified Nurse Aide (CNA) #3, she explained Resident #167 gets showers on the evening shift, but sometimes the resident gets a bed bath on day shift. On 03/12/24 at 3:20 PM, during an interview with Social Services (SS) #1, she explained Resident #167's daughter usually comes and sees Resident #167 every other day. The daughter complained to her about resident's care last month in February and she filed a grievance for the daughter. The facility held an interdisciplinary team meeting including the Director of Nursing (DON), the Assistant Administrator and the new Administrator and they completed a staff	F 585	4. The Executive Director and/or Assistant Executive Director will monitor grievances 3 x week x 4 weeks the weekly x 2 beginning March 25, 2024 to ensure that grievances regarding activity of daily living and showers ae resolved. Any concerns will be immediately addressed. The results of the audits will be forwarded to the monthly Quality Assurance Committee on April 24, 2024.	

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in-service regarding care. She revealed she was not aware Resident #167 was still not getting showers three times a week. SS #1 confirmed the grievance is not resolved.

On 03/14/24 at 03:40 PM, observed CNA #1 coming out of Resident #167's room, she explained today is the first time she has worked with the resident because she works agency and knows nothing about the resident. CNA #1 revealed she had just assisted the resident back to bed. She stated the resident did not receive a shower but, she did wipe the resident off.

On 03/14/24 at 4:30 PM, during an interview with the Assistant Director of Nursing (ADON), she explained she had spoken to Resident #167's daughter about three (3) months ago. The ADON stated the daughter mostly talked about staff not doing their job, which included not giving the resident showers three (3) times a week. She did follow-up with the daughter, and she reported things were getting much better. The ADON revealed she was not aware Resident #167 was still not getting showers and stated she had not checked the records. She confirmed the facility has a lot of agency staffing in the building but was not aware of inconsistency in care, but if Resident #167 is still not getting showers, then the grievance is not resolved.

At 5:00 PM on 03/14/24, during an interview with Registered Nurse (RN) #2, the 400 Hall Supervisor for 7-3, she explained if a resident refuses a shower, the CNA is to notify the nurse and the nurse will attempt to get resident to go to the shower, but if the resident continues to refuse, they will offer a bed bath. She explained she had not heard Resident #167 had been

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refusing showers or that the resident complained about not getting showers. She confirmed that according to the shower schedule, Resident #167 is scheduled to receive showers on Tuesday, Thursday, and Saturday on the evening shift.

On 03/15/24 at 10:49 AM, during an interview with the Director of Nursing (DON) and Assistant Administrator, they both explained they don't remember what or when the team met with Resident #167's daughter or what the concern was about.

At 11:00 AM on 03/15/24, during an interview with the Assistant Administrator, she explained Resident#167's daughter was spoken to over the phone last month regarding the quality of care the CNA's were providing but was not aware the concerns the RR voiced was still a problem. The Assistant Administrator confirmed if there is still a problem, then the grievance filed by the daughter is not resolved.

On 03/15/24 at 2:37 PM, during an interview with SS #1, she explained when Resident #167's daughter complained she filed a grievance and that's all she charted.

A record review of Resident #167's "Face Sheet" revealed the facility readmitted the resident ,on 02/05/24. Resident #167 has diagnoses that include Cerebrovascular Disease, Unspecified, Type 2 Diabetes Mellitus, Unspecified Convulsions, and Essential (primary) Hypertension.

A record review of Resident #167's Admission Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 02/12/24, revealed a

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F 585	Continued From page 10 Brief Interview for Mental Status (BIMS) score of 5, which indicated severe cognitive impairment. Section E revealed the resident did not reject care in the seven (7) day look back period. Section GG indicated the resident is dependent on staff for showers. Section H revealed the resident is always incontinent of bowel and bladder. A record review of Resident #167's "Bathing Report" for 03/01/24 through 03/12/24 revealed only three (3) bed baths during that time and no showers. A record review of Resident #167's "Grievance Intake/Decision Form" dated 02/12/24 revealed the daughter who is the Resident Representative expressed a grievance. The summary of the grievance revealed a concern about ADL care of her mother. The summary of pertinent findings or conclusions revealed the resident received ADL care and shower preferences updated.	F 585		
F 690 SS=D	Bowel/Bladder Incontinence, Catheter, UTI CFR(s): 483.25(e)(1)-(3) §483.25(e) Incontinence. §483.25(e)(1) The facility must ensure that 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. §483.25(e)(2)For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that- (i) A resident who enters the facility without an	F 690		4/29/24

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F 690	Continued From page 11 indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; (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 (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. §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. This REQUIREMENT is not met as evidenced by: Based on observation, interviews, record reviews, and facility policy review, the facility failed to ensure residents were not left soiled for extended periods of time and received incontinent care timely for one (1) of four (4) dependent residents reviewed for activities of daily living/incontinent care. Resident #167 Findings include: Record review of the facility policy "Incontinent Care" with a reviewed date of 1/15 revealed "POLICY: To provide routine, preventive skin, perineal care to residents after an incontinent episode ..."	F 690	1. Resident # 167 was given incontinent care on March 11, 2024 by Certified Nursing Assistant. Resident # 167 was interviewed by the Director of Nursing on March 13, 2024 regarding timely incontinent care. Resident # 167 had no ill effects from this alleged deficient practice. 2.All Residents who require assistance with incontinent care have the potential to be affected. 3.An in-service was initiated by the Director of Nursing for nursing staff on March 15, 2024 ensuring that residents	

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F 690	Continued From page 12 On 03/11/24 at 10:27 AM, Resident #167 reported she has to wait for long periods of time to be changed especially on night shift and sometimes only gets changed once a night. On 03/12/24 at 9:28 AM, observed Resident #167 lying in bed, she reported the night shift took long periods of times to come change her last night and she stayed wet for hours again. Resident # 167 stated "This happens all the time and my daughter has already spoken to the staff about it." On 03/12/24 at 2:00 PM, during an interview with Certified Nurse Aide (CNA)#3, she explained Resident #167 is total assistance for Activities of Daily Living (ADL)s and incontinent of bowel and bladder. CNA #3 stated the resident's daughter visits frequently and often complains about different things. CNA #3 revealed there are times when the resident has complained to her about the night shift not changing her and confirmed that in the past, there have been times when she has noticed the resident was soaked with urine on the first morning rounds. On 03/12/24 at 3:20 PM, during an interview with Social Service #1, she confirmed that Resident #167's daughter did complain to her about the resident's care and especially about the resident not getting changed frequently on the shift and has stayed soiled and wet for long periods of time. Social Service #1 revealed the facility held an interdisciplinary team meeting including Director of Nursing (DON), the Assistant Administrator, and the new Administrator and everyone was aware of the complaint. During an observation on 03/13/24 at 5:40 AM, during an incontinent check with the Director of	F 690	who require incontinent care receive timely assistance. 4.The Director of Nurses and/or Unit Mangers will make rounds 3 x week x 4 weeks then weekly x 2 beginning on March 18, 2024 to ensure that incontinence care is provided timely. Any concerns will be immediately addressed. The results of the audits will be forwarded to the monthly Quality Assurance Committee on April 24, 2024.	

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 03/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 690	Continued From page 13	F 690		

Nurses (DON) revealed a strong urine and bowel movement (BM) odor noted upon entering the room. Observation revealed a pillowcase between the legs of Resident #167 that was soaked with dark colored urine and a large amount of BM. The resident reported the pillowcase was put there because of the urine dripping so much out of the brief and it takes so long for staff to change her. The resident stated she had to do something because they do not change me when I am wet. It was noted that the pillowcase was folded and placed perfectly between the resident's legs in the groin area.

On 03/13/24 at 6:00 AM, during an interview with the DON, she confirmed there was the pillowcase placed between the resident's legs and that the resident was heavily soiled. She stated she does not expect any resident to have to put anything between their legs to absorb urine. The DON stated she expects staff to complete care every two hours or more frequently as needed.

On 03/13/24 at 6:50 AM, during an interview with CNA #8, he explained the last time he changed any resident was around 3:30 AM. He stated he does not know where the pillowcase came from and did not know how it got under Resident #167.

At 9:50 AM on 03/13/24, during an interview with Licensed Practical Nurse (LPN)#8, the night nurse on 400 hall, she explained she makes rounds initially when she comes on to assure all residents are in their room. She stated she makes rounds opposite of the CNAs, but she revealed her rounds are only to make sure the residents are in bed and does not check the residents for being soiled or wet. She stated she does not have time for that but expects the CNAs

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F 690	Continued From page 14	F 690		

to change and reposition all residents who are dependent on staff for care.

On 03/14/24 at 4:30 PM, during an interview with the Assistant Director of Nurses (ADON), she explained she had spoken to resident's daughter about three (3) months ago and the daughter mostly talked about her mother staying wet and soiled for long periods of time.

On 03/15/24 at 10:49 AM, during an interview with the DON and Assistant Administrator, they both explained they don't remember what or when the team met with Resident #167's daughter or what the concern was about.

At 11:00 AM on 03/15/24, during an interview with Assistant Administrator, she explained had spoken to Resident #167's daughter over the phone last month regarding quality of care but was not aware the concerns voiced were still a problem. She stated she expects staff to not allow residents to be left soiled or wet for long periods of time.

A record review of Resident #167's "Face Sheet" revealed the facility readmitted the resident, on 02/05/24 with diagnoses that included Cerebrovascular Disease, Unspecified, Type 2 Diabetes Mellitus, Unspecified Convulsions, and Essential (primary) Hypertension.

A record review of Resident #167's Admission Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 02/12/24, revealed a Brief Interview for Mental Status (BIMS) score of 5, which indicated severe cognitive impairment. Section E revealed the resident did not reject care in the seven (7) day look back period.

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F 690	Continued From page 15 Section GG indicated the resident is dependent on staff for showers. Section H revealed the resident is always incontinent of bowel and bladder.	F 690		