MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	61CM	A. BUILDING: _____ B. WING _____	C 06/12/2024

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) COMPLETE DATE
M 000	Initial Comments The State Agency (SA) conducted Complaint Investigations (CIs), MS #25033 , CI MS #25409, and CI MS #25439 at the facility from 6/11/24 through 6/12/24. During the survey, the SA determined the facility was not in compliance with the Minimum Standards for Institutions for the Aged or Infirm, state licensure requirement. CI MS #25033 was investigated related to resident neglect concerning pressure ulcers, quality of care/treatment concerning call bells not answered in a timely manner, resident left soiled for extended periods, and physical environment and M1015 and M1020 was cited. CI MS #25409 was investigated related to resident neglect and quality of care/treatment concerning staffing. CI MS #25439 was investigated related to discharge planning. There were no citations related to CI MS #25409 and CI MS #25439.	M 000		
M1015	45.35.2 Bathtubs, Showers, and Lavatories Bathtubs, Showers, and Lavatories. Bathtubs, showers, and lavatories shall be kept clean and in proper working order. They shall not be used for laundering or for storage of soiled materials. Neither shall these facilities be used for cleaning mops, brooms, etc. This Statute is not met as evidenced by: Level II Based on observation, interviews, and facility policy review, the facility failed to ensure a safe, clean homelike environment for one (1) of three (3) shower rooms observed. Back Hall Shower Room. Findings included:	M1015	1. On June 12, 2024, the bathtubs, showers and lavatories shower were cleaned by the Housekeeping Supervisor. No resident had any ill effects from this alleged deficient practice. 2.All Residents have the potential to be affected by this alleged deficient practice.	7/25/24

Mississippi State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		07/03/24

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M1015	Continued From page 1 Review of the facility's policy, "Shower Room Cleaning" with History Date 6/18 (June 2018) revealed, "Responsibility: Housekeeping Staff. Procedure ...5. Disinfect vertical and horizontal surfaces. 6. Damp mop floor with disinfectant ..." On 6/12/24 at 11:42 AM, observation and an interview with Housekeeper on the back hall revealed the floor of the back hall shower room between the toilet and the door had six (6) scattered quarter to half dollar brown stains which wiped off readily with a wet paper towel. The housekeeper reported that she was assigned to provide cleaning of the shower room which included the floor on 6/11/24 and 6/12/24. She stated she had not cleaned the floor of the shower room on 6/11/24 or 6/12/24. She confirmed that the shower room floor was dirty but said she did not know what the substance on the floor was. She stated that barriers to cleaning the shower room included being assigned to approximately thirty (30) resident rooms and not being able to clean the shower room during resident care (showers) or during mealtimes. She reported that no one had reported to her that the floor was dirty or in need of housekeeping attention.	M1015	3. An in-service was initiated on June 12, 2024 by the Executive Director for the Housekeeping Supervisor on ensuring residents have a safe, clean, homelike environment. An in-service was initiated on June 12, 2024 by the Executive Director for the housekeeping on ensuring residents have a safe, clean, homelike Environment. An in-service was initiated on June 12, 2024 by the Executive Director for Department Heads on ensuring residents have a safe, clean, homelike environment. An in-service was initiated for staff on June 12, 2024 on ensuring residents have a safe, clean, homelike environment. A 100% audit was completed on July 2, 2024 on ensuring residents have a safe, clean, homelike environment. 4.The Executive Director and/or Assistant Executive Directors will make rounds on resident rooms, resident shower rooms and hallways 3x week x 4 weeks then weekly x 2 week beginning June 17, 2024 to ensure residents have a safe, clean, homelike environment. The Executive Director and/or Assistant Executive Directors will address any concerns immediately. The Quality Assurance Committee met on June 28, 2024. The next Quality Assurance meeting will be held on July 24, 2024. The Quality Assurance Committee will make recommendations to extend the audits based upon the results achieved.	

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M1020	Continued From page 2	M1020		
M1020	45.35.3 Resident Bedrooms Resident Bedrooms. Resident bedrooms shall be cleaned and dusted as often as necessary to maintain a clean, attractive appearance. All sweeping should be damp sweeping, all dusting should be damp dusting with a good detergent or germicide. This Statute is not met as evidenced by: Based on observation, interviews, and facility policy review, the facility failed to ensure a safe, clean homelike environment for two (2) of six (6) residents' rooms (Resident #3 and Resident #4). Findings included: Review of the facility's policy "Resident Room Cleaning" with History Date 6/18 (June 2018) revealed, "Responsibility: Housekeeping Staff. Procedure ...6. Use ...disinfectant on room surfaces ...10. Clean window glass. 11. Spot clean walls/damp wipe vertical surfaces/counters/ledges/sills ...16. Dust mop and damp mop floor ..." Resident #3 Record review of the "Face Sheet" for Resident #3, revealed the facility admitted the resident on 11/10/23 and the resident had diagnoses including Depression. Record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 5/06/24 for Resident #3 revealed the resident had a Brief Interview for Mental Status (BIMS) score of 14, which indicated no cognitive impairment.	M1020	1. Resident #3 and #4 rooms, resident shower rooms, and hallways were cleaned by the Housekeeping Supervisor on June 11, 2024. On June 12, 2024 Resident #4 mattress was replaced. No resident had any ill effects from this alleged deficient practice. 2.All Residents have the potential to be affected by this alleged deficient practice. 3. An in-service was initiated on June 12, 2024 by the Executive Director for the Housekeeping Supervisor on ensuring residents have a safe, clean, homelike environment. An in-service was initiated on June 12, 2024 by the Executive Director for the housekeeping on ensuring residents have a safe, clean, homelike Environment. An in-service was initiated on June 12, 2024 by the Executive Director for Department Heads on ensuring residents have a safe, clean, homelike environment. An in-service was initiated for staff on June 12, 2024 on ensuring residents have a safe, clean, homelike environment. A 100% audit was completed on July 2,	7/25/24

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M1020	Continued From page 3 On 6/11/24 at 3:00 PM observation and an interview with Resident #3 in in the resident's room revealed that the floor was dirty with several various items of trash and many stains on the floor. The windows were difficult to see through and appeared hazy; the windows were rough and dusty to touch. Dust was easily wiped from the windows with a paper towel and tap water; the area wiped with the wet paper towel was noticeably easier to see through in contrast to the rest of the windows. The windowsills of all three large windows which spanned one wall of the room were littered with trash and a black substance that wiped off easily with a wet paper towel. The floor beneath the bed and nightstand of Resident #3 was littered with bits of unrecognizable irregularly shaped bits of trash that ranged from dime sized to half dollar sized and dust that wiped from the floor easily with a wet paper towel. There was a pair of Resident #3's shoes under the air conditioner unit on the right side of the room beneath the window that were covered with dust. Resident #3 stated he did not know how long the shoes had been there and he confirmed that the shoes would need cleaning before he wore them due to a layer of dust on both shoes. There was a dark gray/black substance on the floor around the edge of the walls and in the corners at the entrance of the room along the walls of the bathroom and closet that wiped off easily with a wet paper towel. Resident #3 voiced disappointment in the quality of housekeeping services. He stated that he would prefer his room to be cleaner. The resident stated, "They could definitely do better with housekeeping. Look at that floor. I can't do it.". On 6/11/24 at 4:33 PM an interview with the Housekeeping Supervisor revealed she confirmed that she had just been hired in the	M1020	2024 on ensuring residents have a safe, clean, homelike environment. 4.The Executive Director and/or Assistant Executive Directors will make rounds on resident rooms, resident shower rooms and hallways 3x week x 4 weeks then weekly x 2 week beginning June 17, 2024 to ensure residents have a safe, clean, homelike environment. The Executive Director and/or Assistant Executive Directors will address any concerns immediately. The Quality Assurance Committee met on June 28, 2024. The next Quality Assurance meeting will be held on July 24, 2024. The Quality Assurance Committe will recommend to extend audits based upon the results achieved.	

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M1020	Continued From page 4	M1020		

position and had two new housekeepers in orientation on 6/11/24. She confirmed that each resident's room was supposed to be dusted and swept and the floor cleaned daily. She stated that the windows and windowsills should be checked and cleaned daily or as needed. Regarding the windows and windowsills, she stated, "they need to be cleaned". She confirmed that she could easily notice the difference in the window where the window had been wiped with wet paper towel. She stated she had not noticed the dust that covered the decorative items in the hallway outside Resident #3's room, but that they needed to be cleaned. She said she had noticed the hand sanitizer dispensers being "dirty" and that she had not had a chance to clean them but had already planned to address the cleaning of the dispensers.

On 6/12/24 at 2:38 PM, during a telephone interview with a family member of Resident #3, they voiced concern related to the housekeeping services and the lack of cleanliness of the resident's room. They stated they visited every week, and the floor was always "messy and dirty" and that the surfaces in the room were always dusty.

Resident #4

Record review of the "Face Sheet" for Resident #4, revealed the facility admitted the resident on 1/25/19 and the resident had diagnoses including Unspecified urinary incontinence.

Record review of the Quarterly MDS with and ARD of 3/25/24 for Resident #4 revealed the resident had a BIMS score of 15, which indicated no cognitive impairment.

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M1020	Continued From page 5 On 6/11/24 at 2:00 PM, observation and an interview with Resident #4 revealed a strong urine odor in the hallway outside the resident's room. The odor was stronger in the resident's room. Resident #4 was resting in bed with the top sheet and blanket bundled in her arms. Resident #4 reported that she had an episode of bladder incontinence and was waiting for the Certified Nursing Assistant (CNA) to come change her and was trying to keep the flat sheet and blanket from getting wet. On 6/11/24 at 2:15 PM, an interview with CNA #1 revealed she was the CNA assigned to provide care for Resident #4 on 6/11/24. She confirmed that the room held the odor of urine which was notable in the hallway outside the resident's room. On 6/11/24 at 2:22 PM, observation and an interview with Registered Nurse (RN) #1 confirmed that there was a strong urine odor inside and outside Resident #4's room. On 6/12/24 at 3:00 PM, an interview with the Administrator confirmed that there a strong urine odor inside and outside Resident #4's room. He stated that it was possible that the resident's mattress needed to be cleaned or replaced. He further stated that he expected each resident and all common areas be provided with housekeeping services daily and as needed to provide a clean environment free of malodorous smells and that the facility housekeeping policies to be followed. He stated that there had been challenges with securing housekeeping staff and that it was an ongoing process of hiring, training and retaining housekeeping staff.	M1020		