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	61BC	A. BUILDING: _____ B. WING _____	11/21/2024

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BRANDON COURT	100 BURNHAM ROAD BRANDON, MS 39042

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M 000	Initial Comments The State Agency (SA) conducted an annual recertification survey at the facility from 11/18/24 through 11/21/24. 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 requirements and cited M500 and M1570.	M 000		
M 500	45.17.2 Residents' Rights Residents' Rights. The residents' rights policies and procedures ensure that each resident admitted to the facility: 1. is fully informed, as evidenced by the resident's written acknowledgment, prior to or at the time of admission and during stay, of these rights and is given a statement of the facility's rules and regulations and an explanation of the resident's responsibility to obey all reasonable regulations of the facility and to respect the personal rights and private property of other residents; 2. is fully informed, and is given a written statement prior to or at time of admission and during stay, of services available in the facility, and of related charges including any charges for services covered by the facility's basic per diem rate; 3. is assured of adequate and appropriate medical care, is fully informed by a physician or nurse practitioner/physician assistant of his medical conditions unless medically contraindicated (as documented by a physician or nurse practitioner/physician assistant in his medical record), is afforded the opportunity to participate in the planning of his medical treatment, to not be limited in his/her choice of a	M 500		1/3/25

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M 500	Continued From page 1 pharmacy or pharmacist provider in accordance with state law, as referenced in House Bill 1439, which states that the facility shall not limit a resident ' s choice of pharmacy or pharmacy provider if that provider meets the same standards of dispensing guidelines required of long term care facilities, to refuse to participate in experimental research, and to refuse medication and treatment after fully informed of and understanding the consequences of such action; 4. is transferred or discharged only for medical reasons, or for his welfare or that of other residents, or for nonpayment for his stay (except as prohibited by sources of third-party payment), and is given a two weeks advance notice in writing to ensure orderly transfer or discharge. A copy of this notice is maintained in his medical record; 5. is encouraged and assisted, throughout his period of stay, to exercise his rights as a resident and as a citizen, and to this end may voice grievances, has a right of action for damages or other relief for deprivations or infringements of his right to adequate and proper treatment and care established by an applicable statute, rule, regulation or contract, and to recommend changes in policies and services to facility staff and/or to outside representatives of his choice, free from restraint, interference, coercion, discrimination, or reprisal; 6. may manage his personal financial affairs, or is given at least a quarterly accounting of financial transactions made on his behalf should the facility accept his written delegation of this responsibility to the facility for any period of time in conformance with State law;	M 500		

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M 500	Continued From page 2 7. is free from mental and physical abuse; 8. is free from restraint except by order of a physician or nurse practitioner/physician assistant, or unless it is determined that the resident is a threat to himself or to others. Physical and chemical restraints shall be used for medical conditions that warrant the use of a restraint. Restraint is not to be used for discipline or staff convenience. The facility must have policies and procedures addressing the use and monitoring of restraint. A physician order for restraint must be countersigned within 24 hours of the emergency application of the restraint; 9. is assured security in storing personal possessions and confidential treatment of his personal and medical records, and may approve or refuse their release to any individual outside the facility, except, in the case of his transfer to another health care institution, or as required by law of third-party payment contract; 10. is treated with consideration, respect, and full recognition of his dignity and individuality, including privacy in treatment and in care for his personal needs; 11. is not required to perform services for the facility that are not included for therapeutic purposes in his plan of care; 12. may associate and communicate privately with persons of his choice, may join with other residents or individuals within or outside of the facility to work for improvements in resident care, and send and receive his personal mail unopened, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical	M 500		

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M 500	Continued From page 3 record); 13. may meet with, and participate in activities of, social, religious and community groups at his discretion, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 14. may retain and use his personal clothing and possessions as space permits, unless to do so would infringe upon rights of other residents, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 15. if married, is assured privacy for visits by his/her spouse; if both are inpatients in the facility, they are permitted to share a room, unless medically contraindicated (as documented by the attending physician or nurse practitioner/physician assistant in the medical record); and 16. is assured of exercising his civil and religious liberties including the right to independent personal decisions and knowledge of available choice. The facility shall encourage and assist in the fullest exercise of these rights. This Statute is not met as evidenced by: Level II Based on interviews, record reviews, and facility policy reviews, the facility failed to ensure grievances regarding rude staff were resolved in a timely manner for five (5) of the 19 sampled residents. (Residents #3, #8, #9, #45 and #55) Findings included:	M 500	a. On 11/21/2024 residents #3, #8, #9, #45, and #55 were assessed by the Director of Nursing on any adverse effects related to how the facility failed to appropriately resolve grievances. There were no adverse effects noted. b. All residents who file grievances have the potential to be affected by this	

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M 500	Continued From page 4 A review of the facility's policy titled "Grievances-Residents," revised 05/24, revealed, "All residents are to be encouraged and assisted (if necessary) in filing grievances to include those with respect to care and treatment, the behavior of staff and other residents, and other concerns regarding their facility stay, in the event that they have a need to make a concern known ... The facility shall make prompt efforts to resolve the grievances ..." A review of the facility's policy titled "Resident Rights," dated 12/23, revealed, "Every resident in this facility has the right to ... 12. Be treated courteously, fairly, and with the fullest measure of dignity ..." On 11/20/2024 at 2:00 PM, during an interview with Resident Council members, several residents (Residents #3, #8, #9, #45, and #55) expressed concerns about rudeness from staff working the 11:00 AM to 7:00 PM shift. Residents reported that Certified Nurse Aides (CNAs) consistently displayed rude and dismissive behavior, often entering rooms with negative attitudes and phrases such as, "What do you want?" or "Didn't someone help you earlier?" Residents noted instances where CNAs turned off call lights without assisting or providing explanations. The Resident Council concluded that the issue had not been adequately resolved despite multiple complaints. On 11/21/2024 at 10:23 AM, during a follow-up interview, Resident #8 recounted that CNAs working the 11:00 AM to 7:00 PM shift frequently displayed rude behavior. She described an incident where she requested assistance pulling up her brief due to hand pain and muscle	M 500	deficient practice. c. On 11/21/2024 an audit was conducted by the Facility Administrator and the Social Services Director to review and resolve any unresolved grievances. The Staffing Coordinator was in-serviced by the Director of Nursing on 11/22/2024 on training duties to ensure that all staff, including 11pm-7am Nurses and CNAs, are in-serviced on Resident's Rights. The Facility Administrator and Social Services Director will ensure that grievances are resolved in a timely manner, and Resident's Rights are not violated. d. Beginning on 12/04/2024 the Facility Administrator and Social Services Director will conduct Resident Council meetings 1 time a week for 4 weeks, then bi-weekly for 4 weeks, then monthly unless additional meetings are needed. Areas of concern will be brought to the Quality Assessment and Improvement Committee for review. The Quality Assessment and Improvement Committee will convene on 01/03/2025, and meet once a month for 3 months to discuss further recommendations as needed. Additional training and/or disciplinary action will be considered as warranted.	

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BRANDON COURT	100 BURNHAM ROAD BRANDON, MS 39042

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M 500	Continued From page 5	M 500		

weakness. The CNA responded rudely, questioning, "Can't you do that yourself?" before reluctantly assisting her. Resident #8 expressed disappointment over the recurring rudeness and stated this issue had persisted for some time.

On 11/21/2024 at 10:46 AM, during an interview, Resident #45 shared negative experiences with CNAs on the 11:00 PM to 7:00 AM shift. She stated that CNAs assigned to her usually entered with short tempers, expressing irritation at having to assist her.

On 11/21/2024 at 11:00 AM, during an interview, the Social Services Director confirmed conducting Resident Council meetings and acknowledged persistent complaints about rude CNAs on the overnight shift. She noted that residents reported CNAs entering rooms with negative attitudes, turning off call lights without helping, and being unwilling to assist. These grievances were forwarded to the Staff Development Nurse, and copies were sent to the Administrator.

On 11/21/2024 at 11:14 AM, during an interview, the Staff Development Nurse confirmed receiving the grievances and acknowledged the issue of CNA rudeness on the night shift. She explained that staff in-service training is typically used to address such concerns and disapproved of the CNAs' behavior, stating it could make residents feel uncomfortable and disrespected.

A record review of the in-service sign-in sheets provided by the Staff Development Nurse revealed that in-services were conducted on 03/28/24, 05/29/24, and 07/25/24. All of these in-service sign-in sheets revealed that the attitude and rude behavior that had been reported was

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BRANDON COURT	100 BURNHAM ROAD BRANDON, MS 39042

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M 500	Continued From page 6	M 500		

addressed. However, review of the sign-in sheets did not have signatures of any of the CNAs that work the 11:00 PM to 7:00 AM shifts.

On 11/21/2024 at 11:36 AM, during an interview, the Administrator confirmed that all grievances are discussed during morning meetings, with a goal of resolving them within forty-eight (48) hours. She acknowledged the recurring complaints regarding rude CNAs on the 11:00 AM to 7:00 PM shift, which had been raised in previous Resident Council meetings.

A record review of the corrective action plan for grievances revealed that concerns regarding rude CNAs on the 11:00 PM to 7:00 AM shift were documented on 05/22/2024 and 07/16/2024.

A record review of Resident #3's "Admission Record" revealed the facility admitted the resident on 06/17/2021. The resident had diagnoses that included Generalized Osteoarthritis and Hemiplegia and Hemiparesis affecting the left non-dominant side.

A record review of Resident #3's Annual Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 09/03/2024, revealed a Brief Interview for Mental Status (BIMS) score of (15), which indicated the resident was cognitively intact.

A record review of Resident #8's "Admission Record" revealed the facility admitted the resident on 02/0/2008. The resident had diagnoses that included Generalized Muscle Weakness and Unsteadiness of Feet.

A record review of Resident #8's Quarterly MDS with an ARD of 09/09/2024, revealed a BIMS

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BRANDON COURT	100 BURNHAM ROAD BRANDON, MS 39042

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M 500	Continued From page 7 score of (14), which indicated the resident was cognitively intact. A record review of Resident #9's "Admission Record" revealed the facility admitted the resident on 06/20/2024. The resident had diagnoses that included Parkinson's Disease with Dyskinesia and Muscle Weakness. A record review of Resident #9's Quarterly MDS with an ARD of 09/23/2024, revealed a BIMS score of (14), which indicated the resident was cognitively intact. A record review of Resident #45's "Admission Record" revealed the facility admitted the resident on 03/16/2021. The resident had diagnoses that included Unspecified Osteoarthritis and Muscle Weakness. A record review of Resident #45's Quarterly MDS with an ARD of 08/29/2024, revealed a BIMS score of (14), which indicated the resident was cognitively intact. A record review of Resident #55's "Admission Record" revealed the facility admitted the resident on 07/26/2023. The resident had diagnoses that included Morbid Obesity and Gout. A record review of Resident #55's Quarterly MDS with an ARD of 09/06/2024, revealed a BIMS score of (14), which indicated the resident was cognitively intact.	M 500		
M1570	48.58.1 Infection Control The following infection control standards shall be met:	M1570		1/3/25

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	61BC	A. BUILDING: _____ B. WING _____	11/21/2024

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BRANDON COURT	100 BURNHAM ROAD BRANDON, MS 39042

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M1570	Continued From page 8 1. The facility must maintain and document an effective infection control program that protects patients, families, visitors, and facility personnel by preventing and controlling infections and communicable diseases. 2. The facility must have an active surveillance program that includes specific measures for prevention, early detection, control, education, and investigation of infections and communicable diseases in the facility. There must be a mechanism to evaluate the effectiveness of the program(s) and take corrective action when necessary. The program must include implementation of nationally recognized systems of infection control guidelines to avoid sources and transmission of infections and communicable diseases. 3. The facility must follow accepted standards of practice to prevent the transmission of infections and communicable diseases, including the use of standard precautions. This Statute is not met as evidenced by: Level II Based on observation, interviews, record review, and facility policy review, the facility failed to prevent the possible spread of infection during Percutaneous Endoscopic Gastrostomy (PEG) tube care for one (1) of three (3) residents with PEG tubes. (Resident #57) Findings included: A review of the facility's policy titled "Hand Hygiene," revised 01/24, revealed, "Purpose * To cleanse hands to prevent transmission of	M1570	a. On 11/20/2024 resident #7 was assessed by the Director of Nursing on any adverse effects related to how the facility failed to ensure infection control measures related to hand hygiene were met during a Percutaneous Endoscopic Gastrostomy (PEG) insertion site care. There were no adverse effects noted. b. Three of eighty six residents that have a Percutaneous Endoscopic Gastrostomy (PEG) insertion site have the potential to be affected by this deficient practice.	

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	61BC	A. BUILDING: _____ B. WING _____	11/21/2024

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BRANDON COURT	100 BURNHAM ROAD BRANDON, MS 39042

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M1570	Continued From page 9 infection or other conditions * To provide clean, health environment for residents, staff and visitors ... Indications for Hand Washing... 4. Before and after applying gloves ..." On 11/20/2024 at 9:30 AM, during an observation of PEG tube care performed by Registered Nurse (RN)/Wound Care Nurse #1, after beginning care, she removed the dressing from the PEG tube site, removed her gloves, and applied clean gloves without performing hand hygiene. She cleaned the wound, removed her gloves, and applied another set of clean gloves, again without performing hand hygiene. She dried the wound and removed her gloves. Hand hygiene was not completed during the entire procedure. On 11/20/2024 at 9:40 AM, during an interview, RN #1 confirmed that she forgot to perform hand hygiene between glove changes. She acknowledged contaminating clean gloves by not washing her hands between changes and stated this could potentially result in an infection for the resident. On 11/20/2024 at 11:22 AM, during an interview, the Director of Nurses (DON) stated that RN#1 should have performed hand hygiene after each glove change. She emphasized that the resident could develop an infection at the PEG site due to this oversight and stated her expectation that all staff perform hand hygiene consistently. On 11/20/2024 at 11:34 AM, during an interview, Licensed Practical Nurse (LPN) #1 /Infection Preventionist (IP) confirmed that the RN #1 should have performed hand hygiene between glove changes. She stated that failing to do so constitutes cross-contamination and increases the risk of infection for Resident #57. She noted	M1570	c. On 11/20/2024 the Director of Nursing completed a one-on-one education with Wound Care Registered Nurse on Hand Hygiene. The Director of Nursing and Infection Prevention Nurse also initiated an in-service with Licensed Practical Nurses and Registered Nurses regarding Hand Hygiene on 11/20/2024 and was completed on 11/25/2024. d. An initial Quality Assurance Committee Meeting was conducted on 12/03/2024 to discuss findings from annual health survey in reference to Infection Prevention and Control to prevent the possible spread of infection during Percutaneous Endoscopic Gastrostomy (PEG) tube care. Beginning on 11/22/2024 the Director of Nursing and/or Registered Nurse Supervisor will observe wound care with emphasis on hand hygiene, before and after treatment, and in between glove changes 5 times a week for 4 weeks, then 3 times a week for 4 weeks, then 1 time a week for 4 weeks. The Director of Nursing and/or RN Supervisor will report any issues identified to the Quality Assessment and Improvement Committee. The Quality Assessment and Improvement Committee will convene on 01/03/2025, and meet once a month for 3 months to discuss further recommendations as needed. Additional training and/or disciplinary action will be considered as warranted.	

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BRANDON COURT	100 BURNHAM ROAD BRANDON, MS 39042

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M1570	Continued From page 10 that she conducts hand hygiene in-services quarterly and as needed. A record review of the "Admission Record" revealed Resident #57 was admitted by the facility on 11/02/22. The resident had diagnoses that included Dysphagia, Pharyngoesophageal Phase. A record review of Resident #57's Annual Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 9/23/2024, revealed a Brief Interview for Mental Status (BIMS) score of (99), indicating that the resident could not complete the interview. Further review of the MDS revealed staff assessment of mental status indicated that Resident #57 had severe cognitive impairment. Review of Section K revealed the resident had a PEG tube. A record review of the in-service dated 9/25/2024, revealed the signature of RN #1 on the sign-in sheet for training related to Infection Control.	M1570		