STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255106	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRANDON NURSING AND REHABILITATION CENTER	355 CROSSGATE BLVD , BRANDON, Mississippi, 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
F0000	INITIAL COMMENTS The State Agency (SA) conducted an annual recertification survey and a complaint investigation (CI) MS #490767 at the facility from 7/28/25 through 7/31/25. The SA investigated CI MS #490767 for resident rights and environment. There were no citations related to the complaint investigations. During the annual recertification survey, the SA determined the facility was not in compliance with the requirements of participation in Medicare and Medicaid and cited F561, F689, F800 and F812. The facility had a census of 205 and was licensed for 230 beds.	F0000		08/11/2025
F0561 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 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.	F0561	1. Resident #216 was assisted back to bed on 7.29.25. Residents Care plan and Kardex updated to reflect patients choice to be put back to bed after therapy daily. 2. All residents who require assistance with transfers have the potential to be affected by this deficient practice. 3. Facility in-serviced staff on residents right and adhering to residents preferences in regards to care by Staff Development Coordinator 8.4.25 4. Director of Nursing Services and Assistant Director of Nurses to interview 5 different residents 3 times per week for 4 weeks then weekly for 4 weeks starting 8.4.2025. Results of interviews to be forwarded to Quality Assurance Committee for review and recommendation starting 9.4.25 then monthly for 2 months.	09/04/2025

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

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F0561 SS = D	Continued from page 1 §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 staff honored a resident's preference to be put back to bed after therapy, resulting in the resident experiencing pain and emotional distress for one (1) of (35) sampled residents. Resident #216. Findings include: A review of the facility's policy, "Resident Bill of Rights," no date, "A...1...15. Self-determination, which the facility must promote and facilitate through support of resident choice, consistent with his or her interest, assessment and plan of care and make other choices about aspect of his or life in the facility that are significant to the resident. Including but not limited to: activities, healthcare schedules (including sleeping, waking, bathing and eating times) and how she or he spends time... On 7/28/25 at 2:34 PM, Resident #216 shared that she typically attends therapy around 8:00 AM and finishes by 10:30 AM or 11:00 AM, after which therapy staff assist her in returning to her room. She reported that after therapy, she requested her assigned Certified Nursing Assistant (CNA) to place her back in bed due to comfort and health needs. However, she expressed that some CNAs respond dismissively, refusing to assist her. Resident #216 explains that these delays can last for hours, even after she activates her call light multiple times, staff will enter her room, turn off the light, and leave without explanation. She adds that there have been occasions when she has contacted her daughter for help. She also noted that she has brought the issue to the attention of the facility's administration, who have made temporary improvements, but a lasting solution has not yet been achieved. On 7/29/25 at 2:30 PM, during a follow-up interview, Resident #216 reported a comparable experience that day. She stated she finished therapy at approximately 11:00 AM and was taken to her room. She requested assistance from CNA #2 to return to bed but was told to wait. The resident noted discomfort due to her spinal condition when sitting for extended periods and said she was placed back in bed around 1:30 PM.	F0561		

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F0561 SS = D	Continued from page 2 On 7/30/25 at 8:36 AM, during an interview with Certified Nursing Assistant (CNA) #1, she confirmed that Resident #216's preference is to be laid back down after therapy sessions. CNA #1 stated the resident had made it known that she experiences pain when left sitting in her wheelchair for extended periods. She further stated it is common knowledge among most of the CNAs assigned to the unit that the resident wants to be in bed after therapy. Despite this knowledge, she added that some staff members refuse the resident's request and instead wait until their two o'clock rounds. CNA #1 acknowledged that staff should honor the resident's request, stating, "It's not right to treat residents that way." On 7/30/25 at 8:50 AM, during an interview with CNA #2, she confirmed being assigned to Resident #216 on 7/29/25 and acknowledged awareness that the resident prefers to be put to bed after therapy. However, she stated she did not return the resident to bed until approximately 1:30 PM. On 7/31/25 at 8:30 AM, during an interview with the member of the Therapy team, she reported that it has been an ongoing challenge to get assigned CNAs to honor Resident #216's preference of lying down after therapy. She stated the resident repeatedly complains of pain and emotional turmoil from sitting too long in her wheelchair. The therapist emphasized that because the therapy sessions are physically demanding, the resident is usually tired and uncomfortable and should be returned to bed when requested. On 7/31/25 at 10:30 AM, during an interview with the Director of Nursing (DON), she stated she had no prior knowledge that Resident #216 had concerns about not being put back to bed after therapy. However, she acknowledged it is the CNAs' responsibility to honor resident preferences regardless of whether they are passing trays or engaged in other tasks. On 7/31/25 at 12:51 PM, during an interview with Resident #216's daughter, who is the Resident Representative, she stated that although she had not witnessed it personally, her mother frequently calls her in tears after therapy, reporting that the CNAs will not return her to bed. The daughter stated she had contacted the Administrator and DON multiple times, and although they resolved it temporarily, the issue continued to recur without a lasting solution. On 7/31/25 at 2:31 PM, during an interview with the Administrator, she stated she was not aware of any complaints from the resident or her daughter regarding	F0561		

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F0561 SS = D	Continued from page 3 not being returned to bed after therapy. She acknowledged that it is the responsibility of the CNAs to follow the needs and preferences of the residents. A record review of the “Admission Record” revealed the facility admitted the resident on 5/21/25 with diagnoses including, Spondylosis, Lumbar Region and Idiopathic Scoliosis, Thoracic Region. A record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 5/28/25 revealed a Brief Interview Mental Score (BIMS) of (15), indicating the resident was cognitively intact.	F0561		
F0689 SS = D	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. 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 were transferred in a manner that could prevent accidents and potential injury for one (1) of (3) residents reviewed for accident hazards and safety. Resident #11. Findings included: Record review of facility policy titled " Accident and Incident Documentation and Investigation Resident Incident” History 7/18 revealed “...Accidents and incidents will be analyzed for trends or patterns to enable the facility to enhance preventive measures to reduce the occurrence of incidents…” On 7/30/25 at 1:15 PM, during an observation, Certified Nurse Aide (CNA) #6 was observed transporting Resident #11 from her room to the day room on the 400-hall using a wooden chair with no wheels. CNA #6 was seen pushing the resident from behind, with no method to stabilize the chair or catch the resident if she were to fall.	F0689	1. Resident #11was assessed by Charge Nurse for any injuries or negative outcomes from improper transfer on 7.30.25. Certified Nursing Assistant #6 was in-services on proper transport procedure on 8.1.25. 2. All residents that require assistance with transfers have the potential to be affected by this deficient practice. 3. All nursing staff in-serviced on using proper transfer procedure for the protection of residents from accidents and incidents on 8.4.25 by Staff Development Coordinator. 4. Staff Development Coordinator to observe 3 Certified Nursing Assistants 2 times per weeks and complete competencies related to resident transfers starting 8.4.25 for 4 weeks, then 3 Certified Nursing Assistants weekly for 4 weeks. In-service and copies of competencies forwarded to Quality Assurance Committee for review and recommendations 9.4.25 then monthly for 2 months.	09/04/2025

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F0689 SS = D	Continued from page 4 Resident #11 typically sat in a rolling padded chair to support her trunk. By the end of the transport, Resident #11 had slid dangerously low in the wooden chair after being jostled during transport and required repositioning. On 7/30/25 at 1:18 PM, during an interview, CNA #6 confirmed she pulled and pushed the resident in the wooden chair to get her to the dining room. She stated the resident refused to sit in her rolling chair and kept trying to get out of it, which she also believed was a fall risk. On 7/30/25 at 1:43 PM, during an interview with Licensed Practical Nurse (LPN) #1, she stated that the proper way to transport a resident was using a wheelchair or rolling chair. She explained that using a wooden chair posed a risk for falling, especially for a resident who could not support herself. During an interview on 7/31/25 at 2:00 PM, with the Director of Nursing (DON), she stated that the resident was put at risk by being transported in this manner, she easily could have fallen out of the chair and been hurt. The DON stated that the correct way to transfer the resident would have been to roll in her wheelchair. During an interview with the administrator on 7/31/25 at 2:32 PM, she stated it is her expectation that staff follow facility policy to transfer residents in a manner to prevent accidents and hazards so they can help and not hurt their residents. A record review of Resident #11's "Admission Record" revealed the facility admitted the resident on 3/17/25 with current diagnoses including Dementia. Record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 4/25/25 revealed Resident #11 had a Brief Interview for Mental Status (BIMS) score of 03, which indicated the resident's cognition was severely impaired and the resident uses a wheelchair for mobility.	F0689		
F0800 SS = D	Provided Diet Meets Needs of Each Resident CFR(s): 483.60 §483.60 Food and nutrition services. The facility must provide each resident with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs, taking into consideration the preferences of each	F0800	1.On 8/1/25 the Dietary Manager met with resident #42 in regards to her food preferences. For any discrepancies found in the resident's preferences, the Dietary Manager and the Registered Dietitian updated meal tickets and resident care-plan, if needed. The dietary staff will review resident #42's meal tickets daily to ensure all future meals align with the resident's preferences. Resident #42 was provided a zip-lock bag filled with plastic utensils. The dietary Manager will check weekly to ensure that resident #42	09/04/2025

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F0800 SS = D	Continued from page 5 resident. This REQUIREMENT is NOT MET as evidenced by: Based on observations, interviews, facility policy review and record review, the facility failed to provide a diet taking into consideration preferences of the resident for one (1) of 35 sampled residents. Resident #42 Findings include: Record review of the facility policy revealed " residents have a right to reside and receive services in the facility with reasonable accommodation of resident's preferences except when to do so would endanger the health or safety of the resident or other residents." During an observation on 07/29/2025 at 12:27 PM, Resident 42 was served a tray consisting of turkey, dressing, and a sweet potato. During an interview on 7/29/25 at 12:27 PM, Resident #42, asked CNA#4 to exchange her meal for a turkey sandwich. CNA #4 went to the kitchen and brought back a tray consisting of a piece of ham, broccoli and cheese and mandarin fruit cup and black-eyed peas. She stated that she was told by kitchen staff that they were out of sandwiches but would send this instead since it was the alternative. This tray included metal silverware. Resident #42 had previously made the kitchen staff aware that she prefers not to have metal silverware since it "doesn't seem clean" to her. She stated she's been trying to get a salad since she's stayed here in April but never gets what she wants from the kitchen. She stated the staff doesn't come from the kitchen to address preferences and follow up. Residents do not get a choice prior to the meal arriving, they are simply brought a tray. The residents have to send it back if they don't want it, and "if you ask for something else like a sandwich a lot of times the kitchen tells the CNA they're out of it." During an interview on 07/29/2025 at 2:37 PM, the Dietary Manager stated that residents are always allowed to get an alternate tray. They can just send the tray back and tell the staff what the resident wants, or the resident can come and catch us and tell us they'd rather have something else. "We always have sandwiches available as well so they can exchange trays for the resident." She stated that there is no time cutoff for notifying the kitchen of wanting the alternate and they can get it. She said that she makes	F0800	Continued from page 5 has plastic utensils for all meals. Dietician completed audit of all resident food preferences on 8.6.25 2. All residents have the potential to be affected by this deficient practice. 3. All dietary staff was in-serviced in regards to residents food preferences and needs by the Assistant Executive Director on 8.4.25 4. Dietary Manager and Registered Dietitian will monitor resident #42 for adherence to food preferences. Dietary Manger and Registered Dietitian starting 8.4.25 will audit 3 residents 3 times per week for 4 weeks, then 5 residents weekly for 4 weeks to ensure food preferences are being meet. Results of audit will be forward to Quality Assurance Committee starting 9.4.25 for review and recommendation, then monthly for 2 months	

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F0800 SS = D	Continued from page 6 rounds and asks the residents what they want. She confirmed that the resident liked to get plastic silverware but was unsure why or how she was sent metal silverware on the alternate tray rather than the sandwich as was requested. She also stated that she goes often to the residents' rooms to talk to them about preferences and update them and would go talk to Resident #42 later today to update preferences. During an interview on 7/29/25 at 3:05 PM with CAN# 3 who noted that the resident often has asked for a salad and never gets it from the kitchen staff. CNA's go to the kitchen on her behalf but has not gotten but maybe one since she's been staying in the facility, and one time about a month ago. CNA #3 stated she even went to Wal-Mart herself to bring back the resident a salad because she did not get it from the kitchen. During an interview on 7/29/25 at 12:30 PM, CNA # 4 stated that she carried Resident #42's tray to the kitchen but was told sandwiches were unavailable and they could only send the alternate tray. When asked, she said "this happens a lot (like every day I work)". Staff are told the kitchen is out of something the resident wants, and the facility does not get it for them. She stated there is no process where residents know what is on the menu and can ask ahead of time. It is like the kitchen sends the food and it's up to the residents to send staff to the kitchen to get it changed out for something they like. During an observation on 7/30/25 at 12:40 PM, Resident #42 was served a tray consisting of a pork chop, au gratin potatoes and vegetables. During an interview on 7/30/25 at 12:45 PM, Resident #42 confirmed that she asked staff members again for a salad to come with her lunch tray, but instead she got the primary meal offered of pork chop covered in gravy, mixed veggies and noodles. She confirmed that the prior day she received an alternate tray, instead of the sandwich like she had asked for and never got. She stated she hates to complain, but feels frustrated because this is her home and at home she gets a choice of what she wants to eat but doesn't get it here. She stated she never gets a choice because she eats in her room, and a menu is never brought to her. She stated she must first see what they bring her, then send it back if it's not what she wants and is often told they are out of an alternative or don't have sandwiches by staff. During an interview on 7/31/25 at 2:09 PM, the Dietary Manager confirmed that she had not gone to Resident #	F0800		

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F0800 SS = D	Continued from page 7 42 yet to update her preferences. She stated that she was unaware that she wanted a salad but had talked to her Monday and told her she would come back today and speak with her about her preferences. She stated “it is an easy fix to get resident's what they want, and salad has been available at all times. Anything the residents want we can get.” She confirmed that the resident should have been sent a sandwich when she asked for it instead of the alternate meal on 7/29/25. During an interview on 7/31/25 at 2:13 PM, the Administrator shared that her expectation of staff is that facility policy be followed with regards to dietary preferences and choices and resident rights and the facility provide them to the best of their abilities. During an interview on 07/31/2025 at 2:22 PM, the District Dietician Manager and facility Dietary Manager confirmed that the dietary staff attend regular in-services given by staff development from the nursing home staff monthly on the 29th of each month. Record review of a facility in-service dated May 2025 in-service covering resident's rights revealed the Dietary Manager signed and completed on 5/29/25. Record review of the “Admission Record” revealed Resident #42 was admitted on 4/18/25 with diagnoses that included of Type 2 Diabetes Mellitus, Chronic kidney disease., Record review of Resident #42’s Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 4/25/25 revealed the resident had a Brief Interview for Mental Status (BIMS) score of 15 indicating the resident was cognitively intact.	F0800		
F0812 SS = D	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations.	F0812	1. District Dietary Manger was in-serviced on proper food handling and glove wearing on 7.31.25 by Executive Director. 2. All residents that received food from the dietary department have the potential to be affected by this deficient practice. 3.. The Dietary Manager and the Registered Dietitian in-serviced all Dietary staff on 8.4.25 for Proper food handling requirements as it references how food is prepared, stored, and distributed. 4. Dietary Manager and Dietitian to observe food preparation and serving line starting 8.4.25 (3) times per week for 4 weeks then, weekly for 4 weeks to ensure	09/04/2025

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F0812 SS = D	Continued from page 8 (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is NOT MET as evidenced by: Based on observation, interview and facility policy review, the facility failed to practice hand hygiene in accordance with professional standards for food services as evidenced by the District Dietary Manager (DDM) placing her fingers in food on the food line for one (1) of three (3) kitchen observations. Findings include: Record review of the facility policy, Proper Hand Washing and Glove Use", 2016, revealed, "All employees will use proper hand washing procedures and glove usage in accordance with State and Federal Sanitation Guidelines…Procedures…5…Gloves are to be used whenever direct food contact is required…" On 7/30/25 at 11:11AM, during an observation and interview with kitchen staff the District Dietary Manager (DDM) used her bare finger to poke holes in the aluminum foil which covered the pans sitting on the hot food line and peel it back to expose the food. During the tray preparation the DDM was observed holding plates in such a way as to allow rolls to touch her bare hands at the thumb. In an interview with DDM, she failed to acknowledge the need for glove use during tray service. The DDM stated "we don't have to wear gloves because that's not in our policy, we are only supposed to wear gloves if our hands might come into contact with foods we are serving or are serving ready-to-eat items such as sandwiches. When the SA informed her that she was observed touching the rolls multiple times, she stated "I don't think they did, but I guess it is possible if you saw it, and gloves would have prevented this or possible contamination." The DDM noted that the dietary staff attend in-services on infection control once monthly on the 29th each month; however, she does not attend in-services training because she is rarely in the building.	F0812	Continued from page 8 staff are utilizing proper hand hygiene and glove use. Results of audit to be forwarded to Quality Assurance Committee 9.4.25 then monthly for 2 months	

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F0812 SS = D	Continued from page 9 On 07/31/2025 at 2:11 PM, an Interview with the Infection Preventionist (IP) Nurse she confirmed that dietary staff should wear gloves during the process of plating food and serving in case they are asymptomatic with certain illnesses like covid and flu which could spread very easily as the plates and food are touched by bare hands and plates are passed from the bare hands of the dietary staff to Certified Nursing Assistants (CNAs) to the residents because their hands might not have been clean. On 7/31/25 at 2:13 PM, an interview with the Administrator acknowledged the unsanitary handling of ready-to-eat food in the kitchen. The Administrator reported it is her expectation that policy be followed regarding infection prevention, to protect the residents rather than placing them at risk. Record review of “Food Service Glove Usage Competency & Skills Evaluation” dated 4/22/2025 and7/22/2025 revealed dietary staff had completed and met handwashing guidelines.	F0812		