Mississippi State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(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
M0000	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 Minimum Standards for Institutions for the Aged or Infirm, state licensure requirements, and cited M640 and M815.	M0000		08/15/2025
M0640	45.21.8 Accidents Accidents. The facility shall ensure that the residents ' environment remains as free of accident hazards as possible, and adequate supervision shall be provided to prevent accidents. If an unexplained accident occurs, this injury must be investigated and reported to appropriate state agencies. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Level II Based on observation, interview, and record review, the facility failed to ensure that residents were transferred in a manner that could prevent accidents and potential injury for one (1) of three (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	M0640	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

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

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M0640	Continued from page 1 the resident from behind, with no method to stabilize the chair or catch the resident if she were to fall. 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.	M0640		
M0815	45.29.1 Safe Food Handling Procedures Safe Food Handling Procedures. Food shall be prepared, held, and served according to current Mississippi State Department of Health Food Code Regulations. This LICENSURE REQUIREMENT is NOT MET as evidenced by:	M0815	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.	09/04/2025

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M0815	Continued from page 2 Level II 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. 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	M0815	Continued from page 2 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 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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M0815	Continued from page 3 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.	M0815		