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 10/20/2021

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) COMPLETION DATE
F 000	INITIAL COMMENTS The SA conducted a complaint survey to investigate MS #17886, and MS #17999 at the facility from 10/19/21 through 10/20/21. The SA did not substantiate MS #17886 related to an allegation of inappropriate room transfer. The SA substantiated MS #17999 for the allegation related to resident's rights to visitation but was unable to substantiate the allegations of failure to provide services in accordance with physician orders, not providing Activities of Daily Living (ADL) care, misappropriation, or weight loss. The SA determined the facility was not in compliance with requirements for participation in Medicare and Medicaid and cited F563. The census at the time of the survey was 198 and the facility held a license for 230 beds.	F 000		
F 563 SS=E	Right to Receive/Deny Visitors CFR(s): 483.10(f)(4)(ii)-(v) §483.10(f)(4) The resident has a right to receive visitors of his or her choosing at the time of his or her choosing, subject to the resident's right to deny visitation when applicable, and in a manner that does not impose on the rights of another resident. (ii) The facility must provide immediate access to a resident by immediate family and other relatives of the resident, subject to the resident's right to deny or withdraw consent at any time; (iii) The facility must provide immediate access to a resident by others who are visiting with the consent of the resident, subject to reasonable clinical and safety restrictions and the resident's right to deny or withdraw consent at any time; (iv) The facility must provide reasonable access to a resident by any entity or individual that	F 563		11/20/21

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

Electronically Signed | 11/09/2021

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F 563	Continued From page 1 provides health, social, legal, or other services to the resident, subject to the resident's right to deny or withdraw consent at any time; and (v) The facility must have written policies and procedures regarding the visitation rights of residents, including those setting forth any clinically necessary or reasonable restriction or limitation or safety restriction or limitation, when such limitations may apply consistent with the requirements of this subpart, that the facility may need to place on such rights and the reasons for the clinical or safety restriction or limitation. This REQUIREMENT is not met as evidenced by: Based on observation, review of facility policy and records, and interviews the facility failed to ensure residents' right to visitation for three (3) of six (6) residents investigated for visitation rights. Findings include: A review of the facility policy titled "VISITATION GUIDANCE", dated "5/21", revealed "follow the state or local guidance regarding re-opening and resident visitation...CMS recommends visitation be allowed for all except for these exclusions: Indoor visitation for unvaccinated residents in a facility that has less than 70% of the residents vaccinated and a county positivity rate greater than 10%, visitation should be compassionate only. Any resident with active COVID, regardless of vaccination status. A review of the facility's "RESIDENT BILL OF RIGHTS" revealed "Facility residents shall have the right to...receive and privately meet with visitor of his or her choosing at the time of his or her choosing...in a manner that does not impose on the rights of another resident and subject to	F 563	1. Resident # 1, #2, and #4 were assessed on 10/21/2021 by Director of Nursing and had no ill effects from this deficient practice. 2. All Residents who receive visitors or request visitors have the potential to be affected. 3. The Executive Director and the Director of Nursing was in-serviced by the Vice President on 10/19/2021 regarding Residents' rights and visitation guidelines. On 10/19/2021, A resident council was held by the Activity Director. The Social Worker and Executive Director attended the Resident Council as well. The residents were notified during the council that the facility had reviewed and revised the current visitation protocol and no restrictions would be placed on visitation unless there was a Covid-19 outbreak. In the event of a Covid-19 outbreak, the facility would immediately notify residents	

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F 563	Continued From page 2 clinical and/or safety restrictions". On 10/19/21 at 10:00 AM, State Agency (SA) entered the facility to investigate MS CI #17999 with an allegation that the facility was limiting resident visitation even though there were no COVID positive cases. Resident #1 A record review of Resident #1's facility face sheet revealed he had been admitted by the facility on 4/12/21 with an admitting diagnosis of Dementia. A review of the Admission Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 04/19/21 revealed the resident had a Brief interview for Mental Status (BIMS) score of 00 which indicated the resident had severe cognitive impairment. On 10/19/21 at 2:25 PM, an interview with the Responsible Party (RP) for Resident #1 revealed she understood the need for the COVID-19 visitation restrictions during outbreaks, but she felt the facility "went overboard" and she was upset that she had not gotten to visit Resident #1 more after his observation period had ended. She stated that she was concerned because she felt she was severely restricted from visiting him. Resident #2 A record review of the Facility's Face Sheet for Resident #2 revealed he had been admitted by the facility on 7/08/19 with an admitting diagnosis of Malignant Neoplasm of the Prostate. A review of Resident #2's most recent annual MDS, with an Assessment Reference Date (ARD) of	F 563	and family members. The department heads initiated phone calls to family members on 10/21/2021 to notify them of the facility's revised visitation policy and to ensure that they were aware of the Covid-19 hotline to check for updated as needed. A letter was mailed to family members by the Executive Director on 10/21/2021 to inform them of the facility's visitation protocol. 4. The Executive Direct/Department Managers will make random calls to 50 family members 1 X week X 4 weeks to ensure there are no issues with visitations beginning on 10/21/2021. The Executive Director/Department managers will make rounds once a week X 4 weeks and X 3 months to monitor visitation of 10 residents per day to ensure Residents have no issues or concerns with visitation. Any concerns will be immediately addressed. QA&A met on 10/22/2021 to discuss survey findings from State agency exit on 10/20/2021. The result of the audits will be forwarded to the monthly Quality Assurance Committee X 3 month. The Quality Assurance Committee will determine the continuation or discontinuation of the audits based upon the results from November 2021 QA&A. 5. Date of completion: 11/20/2021	

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F 563	Continued From page 3	F 563		

04/30/21 revealed Resident #2 had a BIMS score of 15 out of a possible 15 which indicated no cognitive impairment.

On 10/19/21 at 10:45 AM, in an interview with Resident #2, he stated visitors had to make an appointment, and because there were so few appointments available visitors may have to wait a week or more to visit. He stated visitors were limited to two (2) visitors at a time. He stated when he had visits staff would notify him and his visitors "when time was up". He stated he was not happy with the policy because he had grown up in the area and his family still lived nearby but could not stop by to visit him due to the facility policy restricting and limiting visitation.

Resident #4

A review of the Facility's Face Sheet for Resident #4 revealed she had been admitted by the facility on 5/31/21 with a diagnosis of Major Depressive Episode. A review of the Admission MDS with and ARD of 06/07/21 revealed Resident #4 had a BIMS score of 14 out of a possible 15 which indicated no cognitive impairment.

On 10/19/21 at 2:00 PM an observation and an interview with Resident #4 and her sister on the outdoor patio revealed the resident and her sister were both very critical of the facility visitation policy. Resident #4 stated she did not like it and it made her unhappy. Resident #4 stated "I want to see my family. I want to have them visit me. My daughter lives nearby and she can't even come see me until an appointment is open, which may be a week". The sister of Resident #4 stated it (the visitation policy) severely limited visits with family. The resident's sister stated she had to

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F 563	Continued From page 4	F 563		

call a week ahead of time to schedule a visit, and if she visited no other family members could visit for that day. Resident #4's sister stated, "After all these people have been through it is ridiculous that they still can't see their family".

On 10/19/21 at 4:30 PM, an interview with Responsible Party (RP) for Resident #4, her daughter, revealed she had to call the facility and make an appointment to visit her mother, only two people at a time could visit, and the length of the visits were limited to an hour, after which staff would notify the visitors that time was up. She stated she did not get to visit her mother as much as either one of them would like.

On 10/19/21 at 10:30 AM, an interview with Corporate Vice President (VP) for the facility's corporation revealed she had not been aware the facility continued to limit and restrict visitation. She stated the facility had not had an outbreak since August of 2021. She stated "Oh, no. That's not right. They can't do that".

On 10/19/21 at 11:00 AM, an interview with the Director of Nursing (DON) revealed visitation should be allowed and accommodated if possible.

On 10/19/21 at 12:19 PM an interview with the Social Services Director (SSD) revealed the facility was scheduling visits by appointment only. If residents had a roommate there were areas in the facility where residents could receive visitors and a patio for outside visitation if the weather was good. When asked if the facility was limiting time for visits, the SSD responded "Thirty (30) to forty-five (45) minutes". The SSD stated the front desk took calls and made appointments because of COVID. The SSD stated the facility was trying

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F 563	Continued From page 5	F 563		

to prevent exposure to COVID. The SSD further stated there had been complaints from residents and family members about the facility visitation policy. The SSD stated "If all the time slots are already taken, we try to reschedule.

On 10/20/21 at 11:40 AM, an interview with the facility Receptionist confirmed the facility had been using a log to make appointments for visits, and there were three (3) slots per hour from 9:00 AM to 5:00 PM.

Record review revealed the "Visitation Log" revealed there were three (3) entries for each hour for visits, and visits were scheduled from 9:00 AM until 5:00 PM each day. There were no visits scheduled before 9:00 AM or after 5:00 PM.

On 10/20/21 at 11:55 AM an interview with the Administrator confirmed the facility had not had any residents or staff test positive for COVID-19 since August 2021 but had not adjusted their visitation policy. The Administrator stated the facility vaccination rate was above eighty percent (80%) for residents and for staff.