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 _____	04/18/2019

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 An Annual Recertification survey was conducted at Brandon Health and Rehab from 4/15/19 through 4/18/19. In addition, Complaint Intake Number CI MS#15817 was investigated in conjunction to this Recertification survey. The complaint was not substantiated for quality of care, call lights not answered by staff. The recertification survey revealed that the facility was not in substantial compliance with Medicare/Medicaid regulations requirements for Long Term Care Facilities. The following deficiencies resulted from the facility's noncompliance related to the Annual Recertification survey: F-656 and F-690. The facilitiy's census on 4/15/19 was 228 residents and held a license for 230 beds.	F 000		
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights	F 656		5/24/19

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

Electronically Signed | 05/24/2019

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F 656	Continued From page 1 under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv)In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. This REQUIREMENT is not met as evidenced by: Based on record review, observation and interviews, it was determined that the facility failed to develop/implement a care plan for one (1) (Resident #186) of three (3) residents reviewed for Foley catheter care. A care plan for Resident #186 was not developed/implemented with specific instructions on how to prevent cross contamination during catheter care to avoid Urinary Tract Infection (UTI) for the resident. Findings include: 1. Record review revealed Resident #186 was admitted on diagnosis of Inflammation/ Infection of the Bladder, with a history of Urinary Tract	F 656	1. Resident # 186 care plan for catheter care has been reviewed/revised by Minimum Data Set Director (MDS) on 4/18/19 to include use of multiple incontinent wipes during catheter care to prevent cross contamination during catheter care to avoid urinary tract infection. 2. Residents with catheters have the potential to be affected by the deficient practice. 3. Measures put in place to ensure the alleged deficient practice does not recur; Licensed Nurses and Certified Nursing Assistants have been inserviced by the	

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F 656	Continued From page 2 Infection (UTI). 2. Review of the resident's admission Minimum Data Set dated 10/15/18 documented the resident was admitted to the facility a Foley catheter. The Care Area Assessment indicated the resident triggered for indwelling catheter, meaning a care plan should be developed. 3. A review of the medical record for Resident #186 revealed the resident had a care plan dated 10/19/18 for the, " Foley catheter and its risk for development of a Urinary Tract Infections (UTI's). The care plan interventions included the following: - Foley catheter care every day with soap and water; - Provide fluids frequently throughout the day and while awake; - Monitor urine for any foul odor, cloudiness; - Monitor intake and output each shift daily, - Obtain and monitor lab as ordered by the MD; - Notify the MD of any signs and symptoms of UTI's; and - Catheter strap when allowed." The care plan interventions did not provide specific instructions for providing Foley catheter care according to the training provided to the CNA's in accordance with accepted standards of Infection Prevention and Control. There was no guidance to use more than one wash cloth or wipe when providing catheter care, or how to prevent cross contamination of rinse water when providing catheter care to avoid UTI infections. 4. Review of the facility document titled "Catheter Care Competency and Skills Evaluation" with dates of May 2012 and June 2017 documented	F 656	Staff Development Coordinator starting 4/18/19 regarding following the care plan on catheter care to prevent cross contamination during catheter care by usage of multiple incontinent wipes-utilization of one incontinent wipe for each stroke during catheter care and review/revision of the each residents care plan to include catheter care via incontinent wipes. The Staff Development Coordinator will complete catheter care skills checklist starting 4/18/19 two times weekly times two weeks, three times weekly times two weeks, and once weekly times one month. The MDS Coordinator will do care plan audits to include intervention of catheter care with incontinent wipes at least weekly times two weeks, and biweekly times one month to ensure plan of care for catheter care has been reviewed/revised as indicated for each resident with catheters. 4. Corrective actions will be monitored by the Quality Assurance Committee monthly with reports from the Director of Nursing regarding catheter care checklist audit results and catheter care plan audit results reviewed with recommendations to change the plan if indicated.	

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F 656	Continued From page 3 CNAs were trained to the following: - Clean around the area where the catheter enters the urethral meatus with a wipe in a downward motion about four (4) inches; - Avoid pulling on catheter during cleansing. Remove gloves, wash hands and re-glove; - Secure catheter with a catheter strap, remove gloves, wash hands and reposition resident's clothing and bedding. Review of the facility's training records for CNA #1 revealed this employee met all requirements on the skills checklist on 8/17/18. 5. Observation on 4/17/19 at 10:50 AM revealed Resident #186 receiving catheter care. Certified Nursing Assistant (CNA) #1 was observed to use a clean washcloth dampened with soap and water in a wash basin and clean the resident's penis in a downward motion. CNA #1 rinsed the washcloth in the clean water and used the same wash cloth in the same basin of water and repeated the procedure. CNA #1 cleansed the residents' penis in a downward motion, rotating the washcloth, and again then placed the washcloth in the contaminated water basin that had been used to rinse. CNA #1 then rinsed the washcloth in the contaminated water basin, and cleansed the residents' urinary catheter tubing, and then placed the washcloth in the contaminated water basin that had been used to rinse. Again, CNA #1 took the same washcloth put it in the wash basin of contaminated water, wrung it out, and wiped the tubing in a downward motion with the same washcloth that had been rinsed in the contaminated water basin. CNA #1 provided catheter care while catheter strap secured the catheter to the resident's leg. CNA #1 did not change the catheter strap after	F 656		

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F 656	Continued From page 4 providing catheter care. 6. During an interview on 4/17/19 at 12:07 PM CNA #1 confirmed that she had cross contaminated the catheter tubing by using the same wash cloth over and over again, rinsed this wash cloth in the water basin each time contaminating the water in the basin, and then she proceeded to wipe Resident #186's catheter tubing with the same washcloth. 7. Interview with the Director of Nursing on 4/18/19 at approximately 10:30 a.m. confirmed the steps for catheter care is not in the resident's care plan.	F 656		
F 690 SS=D	Bowel/Bladder Incontinence, Catheter, UTI CFR(s): 483.25(e)(1)-(3) §483.25(e) Incontinence. §483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain. §483.25(e)(2)For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that- (i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; (ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition	F 690		5/24/19

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F 690	Continued From page 5 demonstrates that catheterization is necessary; and (iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible. §483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review and review of facility policy, it was determined the facility failed to ensure staff utilized appropriate aseptic technique during catheter care for one (1) resident, Resident #186, from three (3) residents reviewed for catheter care. This failure to provide appropriate catheter care had the potential to promote Urinary Tract Infections (UTI's) in the resident. Findings include: 1. Review of the facility policy titled "Catheter Care" with dates of November 2010 and July 2018 documented the following: - Cleanse around the area where the catheter enters the meatus with a wipe in a downward motion about four (4) inches. Cleanse around the site of insertions for suprapubic catheters. - Avoid pulling on the catheter during cleansing. Remove gloves, wash hands and re-glove. - Secure the urinary catheter with a catheter strap, remove gloves, wash hands and reposition	F 690	1. Resident # 186 was assessed by Licensed Nurse Unit Manager with no signs or symptoms of infection. Resident # 186 is provided catheter care via incontinent wipes with one wipe used for each cleaning stroke/wipe. Catheter care wipes are discarded after each stroke with a new incontinent wipe utilized for each stoke to minimize the potential for urinary tract infections. 2. Thirteen residents with catheters have the potential to be affected by the alleged deficient practice with catheter care provided with an aseptic technique and no other residents have been affected. 3. Measures put in place to prevent the alleged deficient practice from recurring: Licensed Nurses and Certified Nursing Assistants have been inserviced by the Staff Development Coordinator starting 4/18/19 regarding catheter care to prevent cross contamination during catheter care via usage of multiple incontinent wipes	

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F 690	Continued From page 6 resident's clothing and bedding. 2. Foley catheter care was observed for Resident #186 on 4/17/19 at 10:50 a.m. with Certified Nursing Assistant (CNA) #1. CNA #1 took a clean washcloth, dampened it with water and soap in the water basin, and cleaned the resident's penis in a downward motion towards the scrotum. CNA #1 rinsed the washcloth in the clean water basin and used the same wash cloth from the same basin of water and repeated the procedure. CNA #1 cleansed the residents' penis in a downward motion, rotating the washcloth, and again then placed the washcloth in the contaminated water basin that had been used to rinse. CNA #1 then rinsed the washcloth in the contaminated water basin, and cleansed the residents' urinary catheter tubing, and then placed the washcloth in the contaminated water basin that had been used to rinse. Again, CNA #1 took the same washcloth put it in the wash basin of contaminated water, wrung it out, and wiped the catheter tubing in a downward motion away from the insertion site with the same washcloth that had been rinsed in the contaminated water basin. The resident's catheter strap remained in place during the catheter care and was not changed during this procedure of catheter care. 3. Review of the medical record revealed that Resident #186 was re-admitted on 1/19/19 with an admitting diagnosis on the admission evaluation of Inflammation/ Infection of the bladder, and a history of Urinary Tract Infections (UTIs'). 4. During an interview on 4/17/19 at 12:07 p.m. with CNA #1, who performed the catheter care on	F 690	--utilization of one incontinent wipe for each stroke/wipe during catheter care. Catheter care wipes are discarded after each stroke/wipe with a new incontinent wipe utilized for each stoke to minimize the potential for urinary tract infections. The Staff Development Coordinator will complete catheter care skills checklist audits starting 4/18/19 with Licensed Nurses and Certified Nursing Assistants two times weekly times two weeks, three times weekly times two weeks, and once weekly times one month to ensure compliance. 4. Corrective actions will be monitored by the Quality Assurance Committee monthly with reports from the Director of Nursing regarding catheter care checklist audits results with recommendations to change the plan if indicated.	

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F 690	Continued From page 7 Resident #186, she confirmed that she had cross contaminated the catheter tubing with the one (1) wash cloth she used repeatedly, rinsed this wash cloth in the water basin each time contaminating the water in the basin, and then she proceeded to wipe Resident #186's catheter tubing with the same washcloth. 5. Review of the facility's document titled "Catheter Care Competency and Skills Evaluation" dated 8/17/18 revealed CNA #1 was documented as having met all the requirements on the skills checklist for catheter care. 6. Interview with the Director of Nursing (DON) on 4/18/19 at approximately 10:30 a.m. confirmed the CNA providing catheter care should have used several wash cloths throughout the procedure, never rinsed the same wash cloth used for catheter care and the same water used throughout the process. She stated she did not care if the CNA had used 10 wash cloths, she was to prevent contamination. CNA #1 had received training that she performed catheter care correctly.	F 690		

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	255106	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**04/22/2019**

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BRANDON NURSING AND REHABILITATION CENTER	**355 CROSSGATE BLVD** **BRANDON, MS 39042**

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K 000	INITIAL COMMENTS 42 CFR 483.70(a) The facility meets the applicable provisions of the 2012 (existing) Edition of the Life Safety Code (LSC) of the National Fire Protection Association (NFPA). There were no LSC deficiencies cited during this survey.	K 000		

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

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	255106	A. BUILDING **02 - BRANDON HEALTH & REHABILITATION** B. WING _____	**04/22/2019**

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	255106	A. BUILDING **03 - BRANDON HEALTH AND REHAB CENTER** B. WING _____	**04/22/2019**

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K 000	INITIAL COMMENTS 42 CFR 483.70(a) The facility meets the applicable provisions of the 2012 (existing) Edition of the Life Safety Code (LSC) of the National Fire Protection Association (NFPA). There were no LSC deficiencies cited during this survey.	K 000		

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E 000	Initial Comments *EMERGENCY PREPAREDNESS* Survey conducted on 4/22/19 the above facility meets all applicable Federal, State and local emergency preparedness requirements. No deficiencies were identified.	E 000		

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