STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255266	A. BUILDING _____ B. WING _____	C 06/23/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRANDON COURT	100 BURNHAM ROAD BRANDON, MS 39042

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F 000	INITIAL COMMENTS The State Agency (SA) conducted Compliant Investigations (CI) at the facility for two (2) complaints, CI MS #21795 and CI MS #21799 from 6/22/23 through 6/23/23. During the survey, the SA determined the facility was not in compliance with the requirements for participation in Medicare and Medicaid. The SA investigated CI MS #21795 for Dietary Services, Resident Rights, and Environment and the facility was found to be in compliance with no deficiencies cited. The SA investigated CI MS #21799 for Quality of Care related to grooming, provision of incontinent care, bed mobility and care/services not provided according to physician orders and cited F690. At the time of survey the facility was licensed for 100 beds and had a census of 77 residents.	F 000		
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;	F 690		8/11/23

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

Electronically Signed | 07/12/2023

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F 690	Continued From page 1 (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 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 Nursing Proceudre review, the facility failed to ensure that a resident who was incontinent of bladder received appropriate treatment and services for one (1) of five (5) residents reviewed for incontinent care. Resident #2. Findings Include: Record review of the facility document titled "Perineal Care," with Revision Date 10/18, revealed, "PURPOSE To cleanse the perineum, To eliminate odor, To prevent irritation or infection, To enhance the resident's dignity and self-esteem ..." Record review of the "RESIDENT COUNCIL" meeting notes dated 6/12/23 revealed, "NEW BUSINESS (Grievances & Recommendations)	F 690	a. Resident # 2 was assessed on 6/23/23 by the Director of Nurses for any adverse effects related to how the facility failed to ensure that a resident who was incontinent of bladder received appropriate treatment and services for incontinent care. There were no adverse effects noted. b. All Residents who are incontinent of bladder has the potential to be affected by this deficient practice. c. Beginning on 6/23/23, an audit was conducted by Director of Nursing to ensure all residents who are incontinent of bladder received appropriate treatment and services for incontinent care and was completed on 6/28/23. Certified Nurse	

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F 690	Continued From page 2 Nursing: Residents stated that ...appropriate care is not being provided by the Certified Nurse Assistants (CNAs) when the residents ask." On 6/22/23 at 3:00 PM, an interview with CNA #3 revealed the facility had provided monthly in-service training to CNAs that included instructions that CNAs were to make rounds every two (2) hours to assess needs and provide care for incontinent residents. On 6/22/23 at 3:10 PM, an interview with CNA #4, also revealed the facility had provided monthly in-service training to CNAs that included instructions that rounds were to be conducted every two (2) hours to assess and provide care for incontinent residents. On 6/23/23 at 11:20 AM, observation and interview with Resident #2 revealed the resident had thrown her bed covers off to the left against the wall and there was a dried tea-colored ring on her fitted sheet beneath the incontinence pad that the resident was lying on. The incontinence pad was colored yellow around the resident. The resident's incontinence brief was obviously wet. There was a strong smell of urine in the room which was strongest at the bedside of Resident #2. Record review of the "Completed Care Details" for Resident #2 dated 6/21/22 through 6/23/23 revealed there were no entries which documented toilet use for the 7:00 AM-3:00 PM shift on 6/23/23. The report also documented that Resident #2 required "Extensive Assistance" to "Total Dependence" for Toilet Use. On 6/23/23 at 11:25 AM, during an interview and	F 690	Aide # 1 was educated on 6/23/23 regarding Perineal Care Policy by the Director of Nursing. Beginning on 6/23/23, the Director of Nursing in-serviced Certified Nurse Aides regarding Perineal Care Policy and the in-service was completed on 7/12/23. The Facility Administrator and Director of Nursing will ensure all residents that are incontinent of bladder receives appropriate treatment and services for incontinent care. d. Beginning on 6/23/23 the Director of Nurses and/or Registered Nurse Supervisor will perform room rounds on 10 residents to ensure residents who are incontinent of bladder receive appropriate treatment and services for incontinent care 5 times a week for 4 weeks, then 6 residents 5 times per week for 4 weeks, then 4 residents 5 times per week for 2 months. Areas of concern will be brought to the Quality Assessment and Improvement Committee for review on 7/26/23 then monthly x 3 months, then quarterly there after. Additional training and/or disciplinary action will be considered as warranted.	

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F 690	Continued From page 3	F 690		

observation with the Administrator at the bedside of Resident #2, the Administrator described the resident's fitted sheet as "stained brown" and said the resident "smells loud." She also commented that it appeared to her that the resident "hadn't been changed since sometime last night." The Administrator confirmed that incontinent residents required assessment and assistance every two (2) hours and that the facility had provided in-service training routinely to CNAs to ensure that they were aware of expectations and requirements for care.

On 6/23/23 at 11:28 AM, during an interview and observation with the Director of Nurses (DON) at the bedside of Resident #2, the DON confirmed that the resident's incontinence brief was saturated and that the incontinence pad and fitted sheet showed signs of dried urine. She acknowledged that it would have taken an extended amount of time for the sheet, pad, and brief to have reached the condition noted. The DON confirmed that residents with incontinence required assessment and assistance every two (2) hours.

On 6/23/23 at 11:30 AM, during an interview with CNA #1 at the bedside of Resident #2, the CNA confirmed that she had not provided incontinence care for Resident #2 on 6/23/23.

Record review of the "Face Sheet" for Resident #2 revealed the resident was admitted by the facility on 10/21/20 and had diagnoses that included Heart Failure, Type 2 Diabetes, and Dementia.

Record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date

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F 690	Continued From page 4 (ARD) of 4/21/23, revealed the resident had a Brief Interview for Mental Status (BIMS) score of 6, which indicated significant cognitive impairment. Further MDS review revealed Resident #2 required Extensive two-person physical assistance for bed mobility, dressing, toilet use and limited one person assistance for personal hygiene and was frequently incontinent of bowel and bladder.	F 690		