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	03/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brandon Nursing and Rehabilitation Center	355 Crossgate Blvd Brandon, MS 39042

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. 42807 Based on observation, interview, record review, and facility policy review, the facility failed to ensure residents were treated in a dignified manner when Resident #5's urinary catheter bag was left uncovered with urine visible in a public common area for one (1) of eight (8) residents reviewed. Resident #5 Findings Included: Policy review of the facility-provided Resident [NAME] of Rights with Review Date 1/15 (January 2015) revealed the document stated, It is the objective of the Facility to herein forth the rights of Residents so as to assure the protection and preservation of dignity . Facility Residents shall have the right to: 1. Privacy in treatment and personal care .26. Treated with consideration, respect, and full recognition of his/her dignity and individuality. Observation on 3/04/25 at 5:50 PM, in the Unit 2 Dining Room revealed Resident #5 was seated in a wheelchair with a urine collection bag beneath the wheelchair, uncovered, with approximately eighty (80) milliliters of golden yellow urine visible in the collection bag. Observation and interview on 3/06/25 at 11:20 AM, with the Administrator in Resident #5's room, the Administrator confirmed the resident did not have a privacy/dignity cover on his urine collection bag for his urinary catheter. Observation and interview on 3/06/25 at 11:35 AM, Licensed Practical Nurse (LPN) #4 confirmed that Resident #5 did not have a cover on his urine collection bag to ensure the resident's dignity. She stated that she was not aware of catheter care or monitoring prior to 3/06/25 because she was new to the facility. Observation and interview on 3/06/25 at 2:35 PM, with the Minimum Data Set (MDS) Nurse revealed she was not sure if Resident #5 had a catheter. Observation of the resident in the Unit 2 Dining Room with the MDS Nurse confirmed that Resident #5 had an indwelling catheter. The MDS Nurse confirmed there should be a collection bag cover to ensure the privacy and dignity of the resident. In an interview on 3/06/25 at 3:08 PM, Registered Nurse (RN) #1, who is the Unit 2 Manager, stated that Resident #5 had the indwelling urinary catheter upon arrival at the facility on 1/15/25 and had the catheter in place since arrival. (continued on next page)

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

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	03/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brandon Nursing and Rehabilitation Center	355 Crossgate Blvd Brandon, MS 39042

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Record review of the Admission Record for Resident #5 revealed the facility admitted the resident on 1/15/25. The resident had diagnoses of Chronic kidney disease, Neuromuscular dysfunction of the bladder and Prostatic hyperplasia. Record review of the 5-Day MDS with an Assessment Reference Date (ARD) of 2/17/25 revealed the resident had a Brief Interview for Mental Status (BIMS) score of 3, which indicated severe cognitive impairment.

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	03/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brandon Nursing and Rehabilitation Center	355 Crossgate Blvd Brandon, MS 39042

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. 42807 Based on observation, interview, record review, and policy review, the facility failed to develop and implement care plans for two (2) of eight (8) residents reviewed, Resident #5 and Resident #6. Findings Included: Policy review of the facility policy titled COMPREHENSIVE PERSON-CENTERED CARE PLANS dated 8/11 (August 2011) revealed POLICY: Each resident will have a person-centered plan of care to identify problems, needs, strengths, preferences, and goals that will identify how the interdisciplinary team will provide care . Resident #5 Record review of the comprehensive care plan revealed there was not a care plan developed related to catheter care for Resident #5. Record review of the comprehensive care plan revealed I am at risk for UTI's (urinary tract infections) and skin breakdown r/t (related to) bladder incontinence. Date Initiated 1/24/25 revealed there were no interventions that addressed the presence of an indwelling urinary catheter. Record review of comprehensive care plan included a new care plan initiated on 3/06/25 for The resident has Foley Catheter related to dx (diagnosis) of BPH (benign prostatic hypertrophy), with no mention of a collection bag cover. Observation on 3/04/25 at 5:50 PM, in the Unit 2 Dining Room revealed Resident #5 was seated in a wheelchair with a urine collection bag beneath the wheelchair, uncovered, with approximately eighty (80) milliliters of golden yellow urine visible in the collection bag. Observation and interview on 3/06/25 at 11:20 AM, with the Administrator in Resident #5's room the Administrator confirmed the resident did not have a privacy/dignity cover on his urine collection bag for his urinary catheter. On 3/06/25 at 11:35 AM, Licensed Practical Nurse (LPN) #4 confirmed that Resident #5 did not have a cover on his urine collection bag to ensure the resident's dignity. She stated that she was not aware of catheter care or monitoring prior to 3/06/25 because she was new to the facility. On 3/06/25 at 2:35 PM, an interview and observation with the Minimum Data Set (MDS) Nurse said she was not sure if Resident #5 had a catheter. Observation of the resident in the Unit 2 Dining Room with the MDS Nurse confirmed that Resident #5 had an indwelling catheter. The MDS Nurse confirmed that she had not noted an indwelling catheter at the time of the admission assessment on or around 1/15/25. She confirmed that Resident #5 needed a care plan to address his indwelling urinary catheter and that the care plan should include the provision of a collection bag cover to ensure the privacy and dignity of the resident. (continued on next page)

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	03/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brandon Nursing and Rehabilitation Center	355 Crossgate Blvd Brandon, MS 39042

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 3/06/25 at 3:08 PM, during an interview, Registered Nurse (RN) #1 who is the Unit 2 Manager, stated that Resident #5 had the indwelling urinary catheter upon arrival at the facility on 1/15/25 and had the catheter in place since arrival. Resident #6 Record review of the care plan for Resident #6 revealed Focus: I have ADL (activities of daily living) self-care performance deficit r/t (related to) Dementia with behaviors .requires extensive to total dependence with ADL's .Interventions .Assist with ADL's as needed or as requested .Provide showers three (3) x weekly . On 3/05/25 at 12:00 PM, during an interview, Resident #6 reported that he needed a shower. He said he was not provided with a shower on 3/04/25 or 3/05/25 and could not recall the last time he was taken to the shower room. He stated, I need a shower, I don't want to just lay here and rot. He said he did not feel he should have to request to go to the shower because the staff had told him he was scheduled to go to the shower three times each week, so he felt they should already know. On 3/05/25 at 12:05 PM, during an interview, Certified Nurse Aide (CNA) #5 revealed Resident #6 was supposed to be assisted with a shower three times each week and upon request. She stated that she was assigned to the care of Resident #6 and had not taken Resident #6 to the shower on Thursday, 3/05/25, because his showers were scheduled for Monday, Wednesday, and Friday on the Weekly Shower List. She stated that she was not assigned to the daily care of Resident #6 on Wednesday, 3/04/25. She was unable to determine the last time Resident #6 was taken to the shower. She stated that the resident was dependent on staff for bath/shower activities and able to transfer with a mechanical lift into a shower chair. She stated that she was not aware of Resident #6 refusing care. On 3/06/25 at 2:35 PM, an interview and observation with the MDS Nurse revealed that she and the other MDS nurses developed care plans for the residents and that any nurse could update the care plans as needed based on changes to the resident's condition. She stated the purpose of care plans was to provide instructions for taking care of residents and that the development and implementation of care plans were very important. She explained that care plans were entered into the computer software and selected care instructions were pulled over into the Kardex, which all CNAs had access to via facility computers available to them. She confirmed that on 3/06/25, she had removed the specific days from the care plan for Resident #6 and left the care plan intervention as Provide Showers three (3) times weekly. On 3/06/25 at 4:45 PM, during an interview, the Director of Nurses (DON) confirmed that Resident #5 had an indwelling catheter and no care plan for catheter care. She confirmed that a discrepancy between the resident's care plan and the Weekly Shower List may have caused Resident #6 to miss scheduled showers. On 3/06/25 at 5:30 PM, during an interview, the Administrator confirmed the expectation that each resident be assessed upon admission, with reconciliation of the visual assessment, physician orders, and diagnoses. He confirmed that he expected individual care plans for each resident to be developed and implemented based on resident needs and abilities.

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	03/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brandon Nursing and Rehabilitation Center	355 Crossgate Blvd Brandon, MS 39042

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0676 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason. 42807 Based on observation, record review, facility policy review, and interviews, the facility failed to provide necessary care for hygiene, bathing, and grooming for two (2) of eight (8) sampled residents, Resident #4 and Resident #6. Findings Included: Record review of the facility policy titled SHAVING-MALE AND FEMALE dated 8/11 (August 2011) revealed the policy stated, POLICY: Residents will be free of facial hairs - both male and female. If the resident is alert and oriented and requests not to be shaved, this will be noted in the Care Plan. RESPONSIBILITY: All Nursing Assistants monitored by Charge Nurse. Record review of the facility policy titled BATH/SHOWER-DEPENDENT dated 8/11 (August 2011) revealed, POLICY: A bath (shower/tub) for cleanliness and comfort is scheduled at least weekly for each resident. RESPONSIBILITY: Nursing Assistants or Licensed Nurses monitored by Charge Nurse . Resident #4 On 3/04/25 at 3:10 PM, observation revealed Resident #4 was seated in the Unit 1 Dining/Activity Room across from the nurses' station with a long white mustache and beard. The resident was pulling his mustache into his mouth with his tongue. His mustache hair was long enough to curl over his top lip into his mouth. He reported that the long mustache hairs were too long and were bothering him. He said they interfered with his eating. He said that he wished someone would trim them for him. On 3/04/25 at 3:20 PM, an interview with Certified Nurse Aide (CNA) #1, CNA #2, CNA #3, and CNA #4 revealed all reported that grooming was traditionally done during AM and PM care, with shaving/unwanted hair removal done during showers, but that Activities of Daily Living (ADL) and grooming care could be provided at any time. On 3/04/25 at 3:35 PM, an interview with Licensed Practical Nurse (LPN) #2 and LPN #3 revealed nurses and Unit Managers supervise the care of residents to ensure care is provided according to the resident needs and abilities. Resident #6 During an interview on 3/04/25 at 4:30 PM, Resident #6 revealed the resident reported that he needed a shower. He stated that he was scheduled to have a shower three (3) times each week and had not been taken to the shower for at least two (2) weeks. (continued on next page)

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	03/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brandon Nursing and Rehabilitation Center	355 Crossgate Blvd Brandon, MS 39042

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0676 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 3/05/25 at 12:00 PM, Resident #6 reported that he needed a shower. He said he was not provided with a shower on 3/04/25 or 3/05/25 and could not recall the last time he was taken to the shower room. He stated that the nursing staff had told him that he was not going to the shower because the facility no longer had a shower bed. He stated, I need a shower, I don't want to just lay here and rot. He said he did not feel he should have to request to go to the shower because the staff had told him he was scheduled to go to the shower three times each week, so he felt they should already know. During an observation and interview on 3/05/25 at 12:05 PM, CNA #5 revealed that Resident #6 was supposed to be assisted with a shower three times each week and upon request. She explained that the CNAs also used the printed Weekly Shower List located at the nurses' station as a guide for which residents were provided with showers each day. She stated that she was assigned to the care of Resident #6 and had not taken Resident #6 to the shower on Thursday, 3/05/25, because his showers were scheduled for Monday, Wednesday, and Friday on the Weekly Shower List. She stated that she was not assigned to the daily care of Resident #6 on Wednesday, 3/04/25. She was unable to determine the last time Resident #6 was taken to the shower. She stated that the resident was dependent on staff for bath/shower activities and able to transfer with a mechanical lift into a shower chair. During an observation and an interview on 3/06/25 at 4:30 PM, with the Administrator and LPN #1 revealed there was one (1) black and white shower bed labeled by the manufacturer with a five hundred (500) pound weight limit and one (1) shower chair in the Unit 1 shower room, which were available for all staff/resident use. LPN #1 stated that Resident #6 could use either the shower bed or shower chair. She confirmed the resident was to receive a shower every Tuesday, Thursday, and Saturday, and the printed Weekly Shower List at the nurses' station stated that the resident was to receive a shower every Monday, Wednesday, and Friday, but that regardless, the resident was to be provided with a shower three (3) times weekly and as requested. The Administrator stated the shower bed was stored in the Unit 1 shower room because there were more residents who required it, but that it was available for all units' use. During an interview on 3/06/25 at 4:45 PM, the Director of Nurses (DON) stated that it was important for staff to identify the residents' needs and abilities at the time of admission and on an ongoing basis and that she expected care to be provided. During an interview on 3/06/25 at 5:30 PM, the Administrator confirmed that he expected each resident to be assessed upon admission with reconciliation of the visual assessment, physician orders, and diagnoses. He confirmed that he expected care to be provided.

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	03/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brandon Nursing and Rehabilitation Center	355 Crossgate Blvd Brandon, MS 39042

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. 42807 Based on observation, interview, record review, and facility policy review, the facility failed to meet current professional standards of care as evidenced by no physician order written for a resident who had an indwelling foley catheter for one (1) of eight (8) residents reviewed. Resident #5. Findings Included: Policy review of the facility policy titled PHYSICIAN ORDERS dated 1/25 (January 2025) revealed Orders received from a physician must be written on a hard script and signed by a physician. RESPONSIBILITY: All Licensed Nursing Personnel . During an observation on 3/04/25 at 5:50 PM, in the Unit 2 Dining Room revealed Resident #5 was seated in a wheelchair with a urine collection bag beneath the wheelchair, uncovered, with approximately eighty (80) milliliters of golden yellow urine visible in the collection bag. During an observation and interview on 3/06/25 at 11:20 AM, the Administrator confirmed the resident did not have a privacy/dignity cover on his urine collection bag for his urinary catheter. During an interview on 3/06/25 at 11:35 AM, Licensed Practical Nurse (LPN) #4 confirmed that Resident #5 did not have a cover on his urine collection bag to ensure the resident's dignity. She stated that she was not aware of catheter care or monitoring prior to 3/06/25. During an interview and observation on 3/06/25 at 2:35 PM, the Minimum Data Set (MDS) Nurse revealed she was not sure if Resident #5 had a catheter. Observation of the resident in the Unit 2 Dining Room with the MDS Nurse confirmed that Resident #5 had an indwelling catheter. She confirmed that there were no physician orders for a catheter for Resident #5. During an interview on 3/06/25 at 3:08 PM, Registered Nurse (RN) #1 who is the Unit 2 Unit Manager, stated that Resident #5 had the indwelling urinary catheter upon arrival at the facility on 1/15/25 and had the catheter in place since arrival. Record review of the Order Summary Report with active orders of 3/6/25 revealed the resident had no physician's order for a urinary catheter. Resident #5's orders included an order for Foley catheter care every shift with an order date and start date of 3/04/25. There were no other orders for the catheter noted. During an interview on 3/06/25 at 4:45 PM, the Director of Nurses (DON) stated that it was important for staff to identify the residents' needs and abilities at the time of admission and on an ongoing basis. She explained that the nurses used the Physician Orders, Care Plans, and Treatment Administration Record as a guide for providing resident care. She stated that the RN's, Unit Managers, and she supervised the care of residents and that she expected care to be provided in accordance with the residents' physician orders. She confirmed that Resident #5 had an indwelling catheter with no physician's order in his medical record for the catheter. (continued on next page)

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	03/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brandon Nursing and Rehabilitation Center	355 Crossgate Blvd Brandon, MS 39042

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 3/06/25 at 5:30 PM, the Administrator confirmed that he expected each resident to be assessed upon admission with reconciliation of the visual assessment, physician orders, and diagnoses. The Administrator confirmed that meeting these expectations was necessary for care to be provided according to current standards of practice. Record review of the Admission Record for Resident #5 revealed the facility admitted the resident on 1/15/25. The resident had diagnoses of Chronic kidney disease, Neuromuscular dysfunction of the bladder and Prostatic hyperplasia. Record review of the 5-Day Minimum Data Set (MDS) for Resident #5 with an Assessment Reference Date (ARD) of 2/17/25 revealed the resident had a Brief Interview for Mental Status (BIMS) score of 3, which indicated severe cognitive impairment.